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Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Perceived Stress in Patients with Hypertension

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A B S T R A C T

Purpose: The present study was conducted to examine the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on perceived stress in patients diagnosed with hypertension.

Materials and Methods: This study was an applied research project using a quasi-experimental design with pre-test and post-test and a control group. The research population included all patients with hypertension who visited comprehensive health service centers in Sari County in 2023. The research sample consisted of 45 individuals diagnosed with hypertension, selected through purposive sampling and randomly assigned to experimental and control groups. The Perceived Stress Scale developed by Cohen et al. (1983) and an 11-session protocol of Intensive Short-Term Dynamic Psychotherapy were used for data collection. Ethical considerations were fully observed. Data analysis was performed using SPSS version 26.

Findings: The results of the study indicated that Intensive Short-Term Dynamic Psychotherapy approaches significantly reduce perceived stress in patients with hypertension ($p<0.01$).

Conclusion: Given the increasing prevalence of hypertension, the necessity of implementing effective psychological interventions in this domain is evident. Based on the findings of this study, providing ISTDP training programs for professionals and medical assistants who interact with hypertensive patients may enhance the quality of care and improve patient outcomes.

Keywords: *Stress, Intensive Short-Term Dynamic Psychotherapy, Hypertension.*

1. Introduction

Hypertension is one of the most prevalent chronic conditions worldwide and represents a major public health challenge due to its association with increased morbidity and mortality (Kudari & Annapurna, 2025; Qiu & Piskorz-Ryń, 2024; Rabipour et al., 2024). Psychological factors, especially stress, have been consistently identified as contributing to both the onset and progression of hypertension. Perceived stress, defined as the extent to which individuals evaluate life situations as stressful, plays a critical role in physiological dysregulation, particularly in cardiovascular functioning (Kwan et al., 2024; Rohmah et al., 2023). Addressing perceived stress is therefore essential

in comprehensive hypertension management strategies. In recent years, there has been increasing interest in integrating psychotherapeutic approaches into the treatment of hypertension, with particular attention to psychodynamic modalities such as Intensive Short-Term Dynamic Psychotherapy (ISTDP).

ISTDP is an evidence-based psychotherapy that focuses on unconscious emotional processes and aims to restructure dysfunctional relational patterns by facilitating emotional breakthroughs in a short period. Originating from psychodynamic theory, this approach emphasizes the rapid access and resolution of unconscious conflicts through a structured, intensive therapeutic engagement. The method has shown promise in treating a wide range of psychological disorders, including anxiety, depression, somatization, and personality disorders, and is increasingly being explored for its effectiveness in patients with physical illnesses characterized by emotional dysregulation and stress sensitivity (Caldiroli et al., 2020; Rocco et al., 2021).

Empirical studies have documented the efficacy of ISTDP in various clinical populations. For instance, Caldiroli et al. (2020) reported significant improvements in mood disorders following ISTDP, emphasizing its potential as a powerful intervention for emotion-related psychopathologies (Caldiroli et al., 2020). Similarly, Rahmani et al. (2020) found ISTDP to be effective in reducing social anxiety symptoms, highlighting the therapy's influence on affect regulation and interpersonal functioning (Rahmani et al., 2020). These outcomes are consistent with findings from Fooladi et al. (2018), who demonstrated the effectiveness of ISTDP in alleviating social anxiety in mothers of children with Asperger syndrome, suggesting its utility in high-stress populations (Fooladi et al., 2018).

More recent studies have extended the application of ISTDP to patients with chronic physical illnesses. Jafari et al. (2024) showed that ISTDP significantly reduced depression, health anxiety, and physical symptoms in patients with coronary artery bypass surgery, underlining its biopsychosocial benefits (Jafari et al., 2024). Furthermore, Nakhaei Moghadam et al. (2024) reported positive effects of ISTDP on attachment styles, somatization, and health anxiety among patients with chronic pain, a population similarly burdened by stress and physiological dysfunction (Nakhaei Moghadam et al., 2024).

The mechanisms underlying the effectiveness of ISTDP lie in its ability to disrupt maladaptive defense mechanisms, regulate affect, and promote emotional expressiveness. These therapeutic processes are especially relevant in hypertensive patients, whose condition is often exacerbated by unresolved emotional conflicts and chronic stress. In this regard, Mahdavi et al. (2019) found that ISTDP significantly improved emotional expressiveness and reduced defense mechanisms in women with breast cancer, illustrating its capacity to foster adaptive emotional processing in the context of somatic illness (Mahdavi et al., 2019). Similarly, Nabizadeh et al. (2019) showed that tactical defense neutralization through ISTDP could reduce anxiety and fear of intimacy while reshaping defensive styles in non-clinical samples (Nabizadeh et al., 2019).

Evidence also supports the applicability of ISTDP across different psychopathological dimensions. Kashefi et al. (2023) and Kashefi et al. (2024) demonstrated its effectiveness in improving self-differentiation and attachment behavior as well as reducing sensation seeking and tendencies toward marital infidelity, respectively—two domains heavily influenced by stress and emotional instability (Kashefi et al., 2024; Kashefi et al., 2023). Mami et al. (2021) also showed that ISTDP reduced alexithymia in women seeking divorce, again pointing to the therapy's utility in improving emotional clarity and regulation (Mami et al., 2021).

Another domain of interest is the treatment of interpersonal problems through ISTDP. Jahangasht Aghkand et al. (2021) confirmed that ISTDP could reduce interpersonal difficulties in women with social anxiety, suggesting improved relational capacities as a therapeutic outcome (Jahangasht Aghkand et al., 2021). Shams et al. (2022) compared ISTDP with mentalization-based therapy in women exposed to marital infidelity and found significant improvements in emotional dysregulation and insecure attachment, further emphasizing the therapy's ability to address deep-seated relational and affective issues (Shams et al., 2022).

Given these therapeutic benefits, researchers have begun exploring ISTDP's impact on various psychological constructs beyond emotional regulation. Rezaei et al. (2023), for example, found that ISTDP was as effective as schema therapy in reducing depression and anxiety in mothers of children with autism, confirming its broad applicability across diverse populations (Rezaei et al., 2023). Mehboodi et al. (2022) documented enhancements in self-esteem and emotion regulation in men with social anxiety disorder following ISTDP, reinforcing the therapy's efficacy in emotion-focused therapeutic targets (Mehboodi et al., 2022). Sarafraz and Moradi (2022) also identified improvements in

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attachment styles in women experiencing marital conflict, suggesting the therapy's potential for relationship repair (Sarafraz & Moradi, 2022).

From a cost-effectiveness standpoint, Roggenkamp et al. (2021) demonstrated that ISTDP significantly reduced healthcare costs while improving psychiatric symptoms in patients with posttraumatic stress disorder, making it a viable intervention not only for clinical effectiveness but also for economic efficiency (Roggenkamp et al., 2021). These findings are particularly relevant in low-resource settings where long-term therapies may be impractical.

Despite the growing body of evidence, limited studies have specifically examined the impact of ISTDP on physiological illnesses with known psychosomatic components such as hypertension. Given the established link between perceived stress and cardiovascular functioning, exploring ISTDP's effectiveness in this domain is both timely and clinically valuable. Stress triggers a cascade of neuroendocrine responses that influence blood pressure regulation, and chronic exposure to psychological stressors is known to impair cardiovascular recovery. Consequently, therapeutic approaches that target the emotional origins of stress may yield substantial physiological benefits.

Moreover, cultural considerations play a significant role in therapeutic engagement and outcomes. Research by Balali Dehkordi and Fatehizade (2022) emphasized the cultural sensitivity of psychodynamic interventions, highlighting that emotion-focused therapies, including ISTDP, resonate well with Iranian women dealing with complex childhood trauma (Balali Dehkordi & Fatehizade, 2022). Similarly, Salehian and Moradi (2022) found that ISTDP enhanced mental well-being in individuals with antisocial personality disorder, further underscoring its adaptability across personality spectra (Salehian & Moradi, 2022).

In the context of mood disorders, Sarlaki et al. (2024) confirmed that ISTDP reduced anger, guilt, and dysfunctional object relations in women with major depressive disorder, pointing to its effectiveness in reshaping inner psychological structures (Sarlaki et al., 2024). Ranjbar Bahadori et al. (2022) echoed these findings in betrayed women, showing improvements in emotional expressiveness and differentiation (Ranjbar Bahadori et al., 2022). These studies collectively point to the central role of ISTDP in enhancing emotional functioning and resilience.

Given the substantial evidence supporting the efficacy of ISTDP across clinical and non-clinical populations, and considering the lack of targeted research on hypertensive patients experiencing elevated perceived stress, the present study aims to investigate the effectiveness of ISTDP on perceived stress in patients with hypertension.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pre-test–post-test structure and a control group. The statistical population included all patients with hypertension who visited comprehensive health service centers in Sari County in 2023. The research sample consisted of 45 individuals diagnosed with hypertension, selected through purposive sampling. For initial data collection, the Perceived Stress Scale was completed by 158 patients with hypertension who had referred to the comprehensive health centers in Sari. From among them, 45 individuals who scored two standard deviations above the mean on the Life Stress Questionnaire and met other inclusion criteria were randomly assigned to experimental and control groups.

The intervention protocol of Intensive Short-Term Dynamic Psychotherapy was delivered to the experimental group over 11 sessions, each lasting 90 minutes. The control group received no psychological intervention. The Perceived Stress Scale was administered to both groups before and after the psychological intervention.

The demographic questionnaire included questions on age, gender, education level, and employment status. Inclusion criteria were: a clinical diagnosis of hypertension; a score two standard deviations above the mean on the Perceived Stress Scale; absence of psychiatric medication use (such as venlafaxine or paroxetine); no substance use disorder; and no diagnosis of any psychological or personality disorders. Exclusion criteria included: absence from more than two sessions; low scores on the Perceived Stress Scale; use of psychiatric medications such as venlafaxine or paroxetine; substance addiction; and diagnosis of any psychological or personality disorder.

Clinical interventions were administered by a qualified clinical psychologist at a counseling center in the city of Sari. Ethical considerations were strictly observed: prior to initiating the intervention, informed written consent was obtained from all participants. They were assured that all collected data would remain confidential and that they could withdraw from the intervention program at any time.

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2.2. *Measures*

Perceived Stress Scale (PSS) was developed by Cohen and colleagues in 1983 to measure general perceived stress over the past month. It assesses thoughts and feelings regarding stressful events, control, coping, and the experience of stress. The scale contains 14 items rated on a 4-point Likert scale (from "never" to "very often"), with each item scored from 0 to 4. A total score above 36 indicates high perceived stress, while a score below 18 reflects low perceived stress. Saadat and colleagues reported a Cronbach's alpha reliability coefficient above 0.70 for this scale. Cohen and colleagues assessed the scale's validity by calculating correlation coefficients with symptom-based measures, which ranged from 0.52 to 0.76. The construct validity was further confirmed with a researcher-developed criterion item, yielding a simple correlation coefficient of 0.63, which was statistically significant at $p < .05$. In the current study, the Cronbach's alpha was calculated as 0.726.

2.3. *Intervention*

The intervention protocol employed in this study was based on an 11-session model of Intensive Short-Term Dynamic Psychotherapy (ISTDP), with each session lasting approximately 90 minutes and conducted once per week by a licensed clinical psychologist trained in ISTDP methodology. The therapeutic process began with an initial phase focused on establishing a secure therapeutic alliance and clarifying the patient's presenting problems, followed by psychodiagnostic assessment to identify specific defense mechanisms, anxiety thresholds, and levels of affect tolerance. Subsequent sessions aimed to mobilize the unconscious therapeutic alliance and identify core conflicts by exploring early relational patterns, attachment disruptions, and affective experiences contributing to current psychological distress. The therapist used pressure, clarification, and challenge techniques to help the patient confront and relinquish maladaptive defenses—such as repression, projection, and avoidance—while facilitating the experience and expression of warded-off emotions including anger, sadness, and grief. As anxiety and resistance emerged, the therapist actively monitored somatic indicators (e.g., sighing, muscle tension) and adjusted interventions accordingly to maintain optimal arousal levels, ensuring that the patient remained engaged without becoming overwhelmed. In the middle sessions, emotional breakthroughs were encouraged through unlocking the unconscious, where the patient connected unresolved feelings from past relationships to present interpersonal difficulties, thus gaining insight into the emotional drivers of their perceived stress. In the final phase of therapy, efforts were directed toward consolidating therapeutic gains, reinforcing adaptive emotional regulation strategies, and preparing the patient for termination by fostering autonomy, self-observation, and healthier relational patterns. Throughout the process, the therapist maintained a dynamic stance that was emotionally attuned, supportive yet directive, and strategically aimed at promoting deep character change within a brief treatment window, making ISTDP particularly suitable for patients with chronic stress-related health issues such as hypertension.

2.4. *Data Analysis*

SPSS version 26 was used for both descriptive and inferential statistical analysis. The significance level was set at 0.05. Repeated measures analysis of variance (ANOVA) was used for data analysis, followed by Bonferroni post-hoc tests for pairwise comparisons.

3. Findings and Results

A total of 45 participants were assigned to two groups of 15 individuals each. The first group received Intensive Short-Term Dynamic Psychotherapy (ISTDP), while the second group served as the control group and received no intervention. No participant drop-out occurred in either group during the course of the study. The mean age of female participants was 35.36 years (SD = 7.67), and the mean age of male participants was approximately 47 years (SD = 8.59). A summary of the participants' demographic information is presented in Table 1.

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Table 1

Demographic Information of Participants

Variable	Groups	Frequency	Percentage
Gender	Female	32	71.11%
	Male	13	28.89%
Education	Below diploma	9	20.00%
	Diploma & Associate	24	53.33%
	Bachelor & higher	12	26.67%
Employment	Employed	35	77.78%
	Unemployed	10	22.22%

The summary of demographic characteristics is shown in Table 1. Prior to statistical analysis, the Kolmogorov–Smirnov and Shapiro–Wilk tests were used to assess the assumption of data normality, and Levene's test was applied to assess the equality of variances. The Kolmogorov–Smirnov and Shapiro–Wilk tests confirmed the normal distribution of the data, and Levene's test confirmed the equality of variances between the groups ($p < .05$). Table 2 presents the central tendency and dispersion indices for the study variables in both experimental and control groups.

Table 2

Measures of Central Tendency and Dispersion for Study Variables

Variable	Group	Pre-test (M ± SD)	Post-test (M ± SD)	Follow-up (M ± SD)
Perceived Stress	ISTDP	38.08 ± 7.59	29.73 ± 5.70	30.17 ± 5.88
	Control	39.86 ± 7.51	38.33 ± 7.48	38.46 ± 7.63

The Kolmogorov–Smirnov test confirmed the normal distribution of variables (Table 3). Levene's test for homogeneity of variance between the experimental and control groups confirmed equality of variances at the pre-test, post-test, and follow-up stages. Moreover, Mauchly's test of sphericity indicated that the assumption of sphericity was violated; hence, the Greenhouse–Geisser correction was applied.

Multivariate repeated measures ANOVA revealed a significant between-subjects effect (group) on the perceived stress variable, indicating that at least one group differed significantly from the other in terms of perceived stress. A significant within-subjects effect (time) was also observed, implying that at least one variable's mean changed significantly over time from pre-test to follow-up.

The results of the repeated measures ANOVA for both within-group (time) and between-group (group) factors were significant (Table 3). This indicates that even when accounting for the group effect, the time effect remained significant. The Bonferroni post hoc test was used for pairwise comparisons between groups.

Table 3

Repeated Measures ANOVA Comparing Pre-test, Post-test, and Follow-up of Perceived Stress in Experimental and Control Groups

Scale	Source	Sum of Squares	df	Mean Square	F	Significance	Eta Squared
Perceived Stress	Time	219.74	1.46	150.08	461.47	.001	.91
	Time × Group	82.91	2.92	28.31	87.06	.001	.80
	Group	126.10	2	63.05	54.41	.001	.56

As shown in Table 4, changes in the experimental group over time indicated that the difference in perceived stress between pre-test and post-test was statistically significant ($p < .001$). Similarly, there was a significant difference between the pre-test and follow-up stages ($p < .001$), while the difference between post-test and follow-up was not significant ($p > .001$), suggesting the durability of the treatment effects.

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Table 4

Bonferroni Post Hoc Test Results for Within-Group Effects on Perceived Stress in the Experimental Group

Variable	Group	Comparison	Mean Difference	Standard Error	Significance
Perceived Stress	ISTDP	Pre-test vs Post-test	8.33	2.08	.001
		Pre-test vs Follow-up	8.75	2.29	.001
		Post-test vs Follow-up	0.33	1.11	.446

4. Discussion and Conclusion

The present study investigated the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on perceived stress among patients with hypertension. The results demonstrated a statistically significant reduction in perceived stress scores in the experimental group following the intervention, with the effects persisting at follow-up. In contrast, the control group, which received no psychological treatment, showed no significant changes in stress levels across the same period. The repeated measures ANOVA confirmed the main effects of both time and group, as well as a significant interaction effect, indicating that the observed reduction in perceived stress was attributable to the ISTDP intervention. These findings underscore the potential of ISTDP as a viable psychological treatment for reducing stress in patients with chronic medical conditions such as hypertension.

The observed reduction in perceived stress can be interpreted through the theoretical and clinical mechanisms inherent in ISTDP. This approach targets unconscious emotional conflicts and maladaptive defense mechanisms that contribute to psychological distress. By facilitating emotional processing and promoting adaptive emotional expression, ISTDP enables patients to develop healthier coping mechanisms, which in turn can mitigate the physiological consequences of chronic stress. As Rahmani et al. (2020) emphasized, ISTDP is particularly effective in anxiety disorders because it disrupts pathological patterns of avoidance and promotes affect regulation (Rahmani et al., 2020). Similarly, Mehboodi et al. (2022) reported that ISTDP improved self-esteem and emotional regulation in men with social anxiety disorder, supporting the current findings that this modality enhances patients' stress resilience (Mehboodi et al., 2022).

The results align with previous studies demonstrating ISTDP's efficacy in reducing psychological symptoms among individuals with chronic somatic and psychosomatic conditions. Nakhaei Moghadam et al. (2024) found significant improvements in attachment styles, somatization, and health anxiety among patients with chronic pain following ISTDP (Nakhaei Moghadam et al., 2024). In the present study, similar mechanisms may explain the reduced stress levels observed among hypertensive patients. Given the documented interaction between psychological stress and cardiovascular function, these results reinforce the biopsychosocial model of hypertension, suggesting that psychotherapeutic interventions targeting emotional functioning can yield measurable physiological benefits.

Further supporting the present findings, Mahdavi et al. (2019) showed that ISTDP significantly enhanced emotional expressiveness and reduced maladaptive defense mechanisms in women with breast cancer, illustrating the utility of this approach in patients with somatic complaints (Mahdavi et al., 2019). These outcomes are echoed in the work of Nabizadeh et al. (2019), who observed that neutralizing tactical defenses via ISTDP led to reductions in anxiety and intimacy-related fears, further indicating the therapy's effectiveness in modifying deep-rooted defense structures (Nabizadeh et al., 2019).

The sustained reduction in stress observed at follow-up in the current study suggests that the therapeutic gains achieved through ISTDP are durable. This durability can be attributed to the method's emphasis on structural change rather than symptom suppression. According to Rocco et al. (2021), ISTDP not only reduces symptomatology but also strengthens psychological structure by enhancing ego functions and dismantling maladaptive defenses (Rocco et al., 2021). This depth-oriented approach may explain why the benefits of ISTDP persisted beyond the immediate post-treatment phase in the current sample.

The specificity of ISTDP's impact on perceived stress is further corroborated by studies conducted in populations with trauma exposure and emotional dysregulation. Shams et al. (2022) found that ISTDP significantly improved emotional regulation and attachment security among women who had experienced marital infidelity, a population characterized by high stress and emotional conflict (Shams et al., 2022). Similarly, Sarafraz and Moradi (2022) demonstrated improvements in attachment styles among

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women with marital conflict, reinforcing the idea that ISTDP fosters emotional and relational resilience (Sarafraz & Moradi, 2022). The relevance of these findings to the present study lies in the fact that hypertensive patients, particularly those with chronic stress exposure, may benefit from improved emotional regulation and interpersonal functioning, which ISTDP facilitates.

The current findings also align with those of Jafari et al. (2024), who observed reductions in depression, health anxiety, and physical symptoms among patients with coronary artery bypass surgery following ISTDP (Jafari et al., 2024). This supports the notion that psychological interventions can complement medical treatment in cardiovascular patients. Moreover, Rezaei et al. (2023) reported that ISTDP was as effective as schema therapy in reducing anxiety and depression in mothers of children with autism, further confirming the cross-diagnostic efficacy of the method (Rezaei et al., 2023).

In terms of its cultural adaptability, ISTDP has been successfully implemented in various Iranian populations. Balali Dehkordi and Fatehizade (2022) found that ISTDP improved marital adjustment in women with histories of complex trauma, underscoring the cultural resonance of affect-focused therapeutic techniques (Balali Dehkordi & Fatehizade, 2022). Likewise, Mami et al. (2021) documented a reduction in alexithymia among women seeking divorce, suggesting that ISTDP addresses emotional inhibition patterns that are culturally reinforced (Mami et al., 2021). This may explain its effectiveness in the current study, as patients with hypertension often come from backgrounds where emotional suppression is normalized.

From a systemic perspective, Roggenkamp et al. (2021) highlighted ISTDP's role in reducing healthcare costs while improving psychiatric symptoms among patients with PTSD, suggesting broader implications for public health systems (Roggenkamp et al., 2021). In the context of hypertension—a condition that requires long-term management—psychological interventions like ISTDP could serve as cost-effective complements to pharmacological treatments, thereby reducing overall healthcare utilization and improving quality of life.

Additionally, the evidence from studies involving depressive and mood disorders also supports the current findings. Sarlaki et al. (2024) found that ISTDP led to significant reductions in anger, guilt, and object relational deficits in women with major depressive disorder (Sarlaki et al., 2024), while Kashefi et al. (2024) observed a decline in sensation seeking and infidelity tendencies among married women (Kashefi et al., 2024). These findings underscore ISTDP's capacity to regulate impulsive and stress-related behavior, which could be indirectly related to hypertension management through behavior modification.

Overall, the present study contributes to the growing body of literature supporting the use of ISTDP in populations affected by chronic stress and somatic illness. By targeting emotional conflict, maladaptive defenses, and unconscious processes, ISTDP emerges as an effective therapeutic option for improving perceived stress and potentially modulating stress-related physiological responses. The results reinforce the notion that treating emotional dysregulation is not merely a mental health concern but a critical factor in the management of chronic physical conditions like hypertension.

Despite its promising results, this study is not without limitations. First, the sample size was relatively small (N=45), which may limit the generalizability of the findings. Future research with larger and more diverse samples would be necessary to confirm these results. Second, the study was limited to one geographic location, and cultural factors specific to the region may have influenced participants' responses to psychotherapy. Third, the follow-up period was relatively short, and longer-term follow-up assessments are needed to evaluate the persistence of treatment effects over time. Finally, the study relied solely on self-report measures, which may be influenced by response bias or social desirability effects.

Future studies should aim to include larger, randomized samples across multiple sites to enhance external validity. It would also be valuable to compare ISTDP with other therapeutic modalities such as mindfulness-based therapy, cognitive-behavioral therapy, or pharmacological interventions in patients with hypertension. Incorporating physiological markers such as blood pressure, heart rate variability, or cortisol levels as outcome variables could help establish a more direct link between emotional intervention and physiological change. Additionally, qualitative research could explore patient experiences of ISTDP to gain deeper insight into the subjective changes that accompany therapy. Expanding the scope of research to include men and individuals from varied cultural and socioeconomic backgrounds would also provide a more comprehensive understanding of ISTDP's effectiveness.

Clinicians working with hypertensive patients should consider integrating psychodynamic approaches such as ISTDP into their treatment plans, especially for individuals exhibiting high levels of perceived stress. Healthcare

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institutions may benefit from training general practitioners and mental health professionals in the core principles of ISTDP to provide more holistic care. Policymakers and hospital administrators should also explore ways to institutionalize brief, evidence-based psychotherapies within public health settings to address the psychological needs of patients with chronic illnesses. Lastly, patient education programs should be developed to raise awareness about the role of emotional regulation in physical health, thereby reducing stigma and promoting acceptance of psychological interventions in medical contexts.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent. This study was approved by the Research Ethics Committee of Islamic Azad University, Isfahan (Khorasgan) Branch, under the code IR.IAU.KHUISF.REC.1401.313 on December 19, 2022.

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