



Studying the Relationship between Self-efficacy and Psychological Well-being Components

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ABSTRACT: This study investigates the relationship between self-efficacy and psychological well-being components. It also examines which one of these components can predict self-efficacy. Study sample consisted of 392 Young Researchers Club members. They were selected by random clustering technique. Then, they were asked to fill out Sherer General Self-Efficacy Scale (SGSES) and Ryff Psychological Well-being Scale. Results indicated that psychological well-being components explain %42 of self-efficacy variance. Regression coefficients calculation showed that, among the components, life satisfaction ($p=0.81, 0.02$) and spirituality ($p=0.78, 0.01$) have no significant effect on self-efficacy. Yet, other components including happiness ($p=0.00, 0.20$), personal growth and development ($p=0.05, 0.22$), autonomy ($p=0.00, 0.32$), and effective communication ($p=0.00, 0.39$) have significant effect on self-efficacy.

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INTRODUCTION

After World War II, psychology extensively investigated treatment and healing. It was focused on modifying human's function based on diseases model (Snyder and Lopez, 2002). Generally, it can be said that clinical psychology was traditionally emphasized disabilities and shortages (Carr, 2004). This exclusive attention to pathology has ignored the notion of satisfied humans and prosperous society as well as the empowerment which is the effective tool in treatment (Snyder and Lopez, 2002).

On the other hand, psychology pays little attention to the growth and self-actualization of health individuals (Luthans et al., 2007). Martin Seligman – American psychologist – founded positivistic psychology as the complement of shortage-based and deficiency-based approaches. This new area of psychology mainly considers scientific studies regarding human's bliss and abilities (Carr, 2004). Positivistic psychology aims to change psychology from merely regarding improper and wrong affairs in life to establish better qualities in it.

Namely, mental diseases are prevented rather than being treated (Snyder and Lopez, 2002), and health is defined as a state of perfect physical, mental, and social health rather than the absence of disease, per se (Ryff and Singer, 1996).

Some psychologists have taken mental health to be the same appropriate psychological function. They call it (mental) psychological well-being meaning optimal psychological function (Rayan and Desi, 2001). Psychological well-being is defined as cognitive and emotional reactions to perceive personal qualities and abilities, effective interaction with environment, connection with society, and positive progress in life (Karademias, 2007).

One of the concepts discussed in positivistic psychology is psychological capital. This is an organized positive structure. It is a combination of four components including self-efficacy/confidence, optimism, hope, and resilience (Luthans et al., 2007). Psychological capital includes positive psychological capacities. Its components are measurable, expandable, and effective on performance (Luthans et al., 2004; Luthans and Josef, 2004). Self-efficacy is one of psychological capital components. This is individuals' belief (or confidence) in their abilities to apply motivation, cognitive sources, and practice patterns required for the successful fulfillment of a certain task (Stajkovich and Luthans, 1998).

This concept is one of the key concepts in Bandura cognitive-social theory. Self-efficacy implies individual's abilities rather than his judgments about them. Self-efficacy beliefs help individual to face with obstacles and cope with his self-handicapping emotional stresses and states which prevent him from doing activities (Bandura and Locke, 2003). In addition, Bandura (1977) puts it that self-efficacy is a creative power by which human's cognitive, social, emotional, and behavioral skills are organized in an effective way. In his opinion, previous knowledge, skills, and achievements are not suitable predictor of individual's future performance. Rather, it is human's belief in his abilities that affects his performance. Self-efficacy is the same individual's judgment about his abilities and trust in having personal capabilities. Research showed that there is positive significant relationship between self-efficacy and psychological well-being (Bahadori Khosroshahi and Hashemi Nosratabad, 2012; Najafi and Foadchang, 2007). Jalilian et al. (2011) also demonstrated that there is statistically negative significant relationship between self-efficacy and

depression and social support and depression. Staudinger et al. (2005) reported that having a feeling of control over events and high self-efficacy enhances mental well-being and life satisfaction. Again, Bagheri et al. (2013) showed that there is significant relationship between life satisfaction and self-efficacy ($p=0.001$, $r=0.49$). Miller et al. (2007) did not find positive significant relationship between self-efficacy and spirituality. Cheraghali Gol et al. (2013) showed that there is positive correlation between mental health and joy and self-efficacy.

In this study, merely the presence of positive relationship or positive correlation between variables under study (or their components) was examined. But the present study investigates the relationship between psychological capital components and psychological well-being. It also explores which one of these components can predict self-efficacy.

MATERIALS AND METHODS

Participants consisted of 392 Young Researcher Club members. Sample size was estimated by Cochran formula ($n=396$). To select sample group, random clustering technique was used. First, 20 units were randomly selected among Young Researchers Club units. Then, 420 members were randomly selected among all units' members. They were asked to fill out questionnaires. Yet, due to the great number of questions, some participants withdrew from filling them. Hence, 392 questionnaires were finally analyzed per se.

Instrument:

1) Sherer General Self-Efficacy Scale (SGSES): This scale was developed by Sherer et al. (1982). It consisted of 17 items measuring general self-efficacy. Each item is scored between 1 and 5 (1=strongly disagree and 5=strongly agree). Items 1, 3, 8, 9, 13, and 15 increases from right to left yet others left to right. Sherer and Maddux (1982) calculated correlation between this questionnaire scores and some personality characters scores to determine construct validity. Asgharnejad (2006) examined the scale reliability using Cronbach's alpha of total test ($\alpha=0.83$). In this study, alpha was calculated as 0.74.

2) Ryff Psychological Well-being Scale: This scale was developed in Medical Sciences Center, Wisconsin

University in 1989 and revised in 2002. This consisted of 77 questions and 6 axes including life satisfaction, spirituality, happiness, personal growth and development, autonomy, positive communication. Scoring procedure is based on Likert scale (between 1 and 5).

However, some questions are reversely scored including questions 2, 12, 13, 14, 18, 19, 20, 24, 26, 29, 35, 40, 43, 44, 50, 53, 56, 58, 70, 73, and 77. Construct validity was calculated based on correlation between total test and its sub-tests. It was gained as follow: life satisfaction (0.51), happiness (0.66), spirituality (0.63), positive communication (0.48), personal growth and development (0.59), autonomy (0.46). All of them are significant at $\alpha=0.01$ (Zanjani Tabasi, 2004). Reliability coefficient gained in Zanjani Tabasi (2004) study by internal consistency (Cronbach's alpha) was 0.94 for total test. It was between 0.63 and 0.89 for sub-tests. Correlation coefficient by retest method was 0.79 and between 0.67 and 0.73 for total test and sub-tests, respectively. They are all significant at $\alpha=0.01$. In this study, α was calculated as 0.97.

RESULTS

As seen in the table, regression coefficients for life satisfaction ($p=0.81$, 0.02) and spirituality ($p=0.78$, 0.01) have no significant effect on self-efficacy. Happiness variable ($p=0.00$, 0.20) has significant effect on self-efficacy. Regarding the coefficient, self-efficacy enhances 0.2 units for a unit increase in joy variable. Personal growth and development ($p=0.05$, 0.22) has significant effect on self-efficacy.

Regarding the coefficient, self-efficacy enhances 0.22 units for a unit increase in personal growth and development variable. Autonomy ($p=0.00$, 0.32) has significant effect on self-efficacy. Regarding the coefficient, self-efficacy enhances 0.32 units for a unit increase in autonomy variable. Positive communication ($p=0.00$, 0.39) has significant effect on self-efficacy. Regarding the coefficient, self-efficacy enhances 0.39 units for a unit increase in positive communication variable. It must be noted that null hypothesis - all regression coefficients gained equal 0 - is rejected with respect to F-statistic (49.11) and reliability level (0.00). Besides, these variables explain %42 of self-efficacy variance.

Table 1. Regression coefficient of factors affecting self-efficacy

Predictors	Regression coefficient	SD	t	Sig. level
life satisfaction	0.02	0.07	0.24	0.81
Spirituality	0.01	0.05	0.28	0.78
Happiness	0.20	0.06	3.09	0.00
Personal growth and development	0.22	0.11	1.92	0.05
Autonomy	0.32	0.09	3.60	0.00
Positive communication	0.39	0.11	3.54	0.00

y-intercept: 18.33 ($r=0.00$)

Coefficient of determination: 0.43, adjusted coefficient of determination: 0.42

F-statistic: 49.11 ($r=0.00$)

DISCUSSION

Perceiving self-efficacy is a cognitive mechanism enabling the individual to cope with problems. Individuals with high self-efficacy have clear view of themselves. They have better mental health (Bandura, 1997). Indeed, these individuals not only believe that their capabilities are beyond challenging tasks and situations but also consider these challenges as opportunities to learn and experience. Hence, they fulfill these tasks with the least stress and deep interest and commitment (Cain et al., 2008). Research results show that there is relationship between high self-efficacy and better mental health (Bahadori Khosroshahi and Hashemi Nosratabad, 2012; Jalilian et al., 2011; Najafi and Foadchang, 2007; Staudinger et al., 2005, Siu-Kau and Stephen, 2000). On the contrary, low-self-efficacy is related to anxiety, depression, and high psychosomatic symptoms (Benight and Bandura, 2004). Similarly, results of this study also indicate that there is positive significant relationship between self-efficacy and psychological well-being. Again, psychological well-being components including life satisfaction, spirituality, joy, personal growth and development, autonomy, positive communication explain 42% of self-efficacy variance. Other variables which were not studied in this research explain the rest of variance. Accordingly, psychological well-being is a suitable predictor for self-efficacy variable.

Moreover, based on the effect each component has on self-efficacy, there is no significant relationship between life satisfaction and self-efficacy. This does not correspond with results reported by Bagheri Nesami et al. (2013) and Staudinger et al. (2005). Participants of this study had high educational degrees. Perhaps, they can be considered as perfectionists. Perfectionists have tough criteria for assessing their performance. These criteria will be satisfied hardly. Then, feeling of failure can generally affect the extent of their self-efficacy. This because perfectionists must do everything perfectly so as to feel satisfied. No significant relationship was found between self-efficacy and spirituality. This also corresponds with results reported by Miller et al. (2007). Maddux (2002) believes that self-efficacy is necessary for joy and having psychological well-being. Similarly, Cheraghali Gol et al. (2013) show that there is significant relationship between joy and self-efficacy. And, individuals' self-efficacy can be predicted based on their extent of joy. Individuals with higher self-efficacy beliefs trust in their abilities better. Then, they also have higher self-esteem and as a result they are regarded to be among autonomous individuals. Regarding self-efficient individuals' higher confidence and their abilities, they will be in challenging situations further. As a result, they provide more opportunities

for their own growth and development. This is also approved by the results of this study. In addition, Bandura (1999) believes that self-efficacy is among the main factors in developing healthy social communication. It makes individual's life joyful and enables him to cope with long term pressures. High self-efficacy leads to positive and healthy social communication. Rather, low self-efficacy pushes the individual toward avoidance and high-risk behaviors. This, in turn, results in individual's deprivation of social positive reinforcements. Adolescents with higher self-efficacy are more successful in making social relationships (Tahmasian et al., 2009). Yet, those evaluating their social relationships and self-efficacy high rarely feel helpless. They adapt better to painful physical and mental consequences and have less problems in social communication with family and others (Kim and Cicchetti, 2003). In general, high self-efficacy is related to better health and social relationships (Bandura, 1997). Results reported by Aghamohammadi et al. (2011) show that as self-efficacy enhances, individuals' positive social relationships improve further. It corresponds with the results of the present study.

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