

Simple and Multiple Correlation Between Religious Belief, Life Expectancy and Self-Efficacy of Students

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Background: Self-efficacy is one of the major topics in psychology; reflecting the beliefs of a person in his/her abilities.

Objectives: The aim of this study is to examine the relationship between religious belief, life expectancy and self-efficacy of students in the city of Shiraz.

Patients and Methods: The statistical population of the present study followed a correlation type and consisted of all students in Shiraz in academic year 2013-2014, of whom 243 individuals were selected using Morgan table through stratified sampling method and Temple and Sherer's Life expectancy and self-efficacy questionnaires. The regression and independent t-test were used to determine and analyze the variables.

Results: The results showed that students' religious beliefs and life expectancy predict their self-efficacy ($P < 0.01$).

Conclusions: According to the results of this study, it can be concluded that people with religious beliefs enjoy higher self-expectancy and self-efficacy.

Keywords: Life Expectancy; Religious Beliefs; Self-Efficacy, Students

1. Background

Throughout history, motivation has driven individuals toward success and achieving their aims and is the most essential element for success. In addition, knowledge, skills, talents and abilities are also the most effective factors, but not sufficient, for successful completion of a task. The guarantee for individuals' success in all aspects of life requires other factors, which include believing in capabilities and other attributes of the subject (1). Self-efficacy is an essential and pivotal component of motivation (2) that was formed by Albert Bandura (3).

According to Bandura, self-efficacy represents the thinking, feeling and acting of an individual (4). The review of on self-efficacy revealed that it does not only affect the predictor for job performance, but was also a predictor for psychological well-being and the isolationist behavior. The self-efficacy is so powerful that Bandura in 2001 called it "the principle of human action". In other words, humans are autonomous, creative, and deep-thinking and self-organized so that they create favorable outcomes which influence their actions.

Learning environments are the most important factor for suitable formation and development of self-efficacy (5). Students who believe they can succeed in education, show more willingness, endeavor, perseverance in fulfilling educational duties and have more confidence in

their abilities (6). Studies suggest that self-efficacy has an important role in the application of knowledge, academic skills and acquiring knowledge and improving skills (7, 8).

The ability and belief of an individual in performing a specific action are assessed by dealing with a particular situation (4). The conviction has an important implication in different aspects of life (9). In this context, religion is an aspect that affects self-efficacy. In addition, the application and quality of religious and spiritual literature have been increased in psychotherapy in more than two decades. Religion has a powerful impact on the lives as well as emotional and psychological states and behavioral problems of individuals (10). Awareness in this area has been developed in 1970s and 1980s, with psychotherapy emerging as a thorough and valuable tool (11).

James, the renowned psychologist, (12-14) investigated the important impact of religion on people's lives. Considering that religion and its orientation is not a new entity, it has nevertheless attracted the attention of scientists for many years in relation to its impact on the behavior of human beings. Religion constitutes a major part of the lives of millions of people around the world. Psychologists believe that the only windows that are able to remove inconvenience from human body is believing

in God as a single source of truth and supernatural power that can overcome difficulties. Religion gives religious individuals a typical feeling of control and efficiency that has Divine root and can compensate the reduction of personal control (15).

People with strong and reasonable beliefs have higher self-efficacy (16). The findings have shown that people with strong belief and self-efficacy, have stronger and more meaningful religious commitment (17). Believing in and practicing religion protects alcoholics against recurrence of the syndrome because of acquired capability and self-efficacy. Attending religious gathering has a positive effect on the sense of well-being and self-efficacy and is inversely related to desperation (18). According to many researches, there is a relationship between religion and more positive emotions and feelings in life. For example, many studies showed positive relationship between religious commitment and well-being, including happiness, life satisfaction, positive effect, optimism and hope (19). There is only one research indicating a negative relationship between them (19).

Studies have shown that religious coping, including belief in God plays an important role in overcoming helplessness, vulnerability and low self-esteem under difficult situations, and help increase personal restraint and self-esteem (15).

According to Bandura, perceived inefficacy plays an important role in depression, anxiety, stress, delirium and other adverse emotional states. Also, people with poor religious beliefs suffer disorders in general health (20). People with strong religious beliefs are less likely to experience depression. Also, individuals with high self-efficacy cope with specific stressors and interpersonal demands more favorably and are less vulnerable to stress and crime, and more efficiently overcome anxiety and depression in relation to educational attainment and social interactions (21).

Adegbola (22) found a strong and significant relationship between spirituality and self-efficacy and quality of life in adults suffering from disease. A significant and positive correlation was found between spirituality and the rate of hope in the elderly in nursing homes (23). The religious-related motivation is stronger than other incentives in people with internal religious orientation (16). These individuals believe that they can tolerate others and make themselves more efficient, since their religious beliefs and behaviors are internalized and have taken roots in their hearts.

Research findings suggest that the increased self-efficacy is associated with improved mental health (24). Students with high religious beliefs had better status in two areas of public health and self-efficacy, reveal positive impact of religious beliefs, and in general adjust better to life compared to their peers with low religious beliefs (25). As a result, self-efficiency is increased by pious and spiritual lifestyle (26).

Carl Manager in his speech at the panel of American

psychologists, referred to hope as the strength point in clients for the first time, and urged his colleagues to investigate the role of hope in the treatment process in earnest. This called for identifying the power of hope among physicians and patients in regard to understanding and treating the disease, an approach leading to recognize the different theories on hope in the medicine and psychology fields (16).

Snyder was among those who have scientifically studied this structure. In 1990, he introduced his theory as "expectancy (hope) theory", which later attracted the attention of researchers and specialists. So far, many psychologists have commented on hope, and considered it as "the ability to design a passage toward the desired goals despite existing obstacles, and the agent or motivating factor for the use of this passage" (27). The hope and optimism for the future have been referred to in the Quran several times and in various contexts that generally can be studied and followed up in relation to belief and behavior (28).

Thus, hope is an ability that helps a person to maintain his/her motivation despite the difficulties in reaching the goal (29). The results of recent researches suggest that promoting self-efficacy leads to better outcomes of self-management and increases life expectancy (30). A research showed that people who are more hopeful, experience more positive emotions (27). Also, there are several studies have shown a significant relationship between hope and religious attitudes (31, 32). Also people with strong religious beliefs are less frustrated (33). Sometimes the religious beliefs may be even more important than the physical and mental health (34), which make people more hopeful with increasing life expectancy. Studies on religious belief have shown that it reduces despair and depression and increases self-efficacy and authoritarianism.

Some researchers conducted inside and outside of the country indicated a strong relationship between religion and self-efficacy (35). People with religious beliefs move towards self-efficacy because they have found how to relax and discard the cynical thoughts (36). Religious beliefs can be used as a valuable experimental model to explore the relationship between purity of faith, personality and self-efficacy, the empirical research recently considered in the literature on the psychology of religion (37). The study of Bahrami showed that religion and religious attitudes improved mental health and reduced the inefficiency and desperation (38). These results have been confirmed in some other researches (39).

Religious beliefs in family efficacy are also important and it has shown that families with strong religious beliefs have higher efficacy and life expectancy (40). Ramezani in a research on 25 to 55 years-old Zoroastrian, Christian and Muslim men and women in Tehran found a positive correlation between practicing religion and mental health (41).

2. Objectives

The aim of this study is to examine the relationship between religious belief, life expectancy and self-efficacy of students in the city of Shiraz.

3. Patients and Methods

In this descriptive study, which is a correlation type, religious beliefs and life expectancy are considered as predictor variables and self-efficacy as criterion. The statistical population consisted of all students, in Shiraz in 2013-2014 academic year, of whom 243, including 114 females (46.9%) and 129 males (53.1%) were selected by stratified sampling on the basis of Morgan table.

3.1. Research Tools

The data on the variables of the study were collected using the following tools:

Maabad (Temple) questionnaire: This standardized questionnaire (42) has 25 items that measures the practice of religious beliefs. The test questions have been chosen according to the common religious behaviors of the religious youth in Islam. The reliability of this test was determined as 76% by test-retest method, 0.91 by split-half method and 0.94 by Cronbach's alpha coefficient.

Sherer efficacy scale questionnaire: This questionnaire that measures the general and specific self-efficacy was introduced by Sherer et al. (43) and included two sub-scales

and 33 items. The subjects answered each item based on a five-option scale. The total score of each person was calculated according to the scores of the two subscales. Cronbach's alpha coefficient and test-retest reliability of the scale were 0.81 and 0.61, respectively. The Cronbach's alpha coefficient of this scale was determined by another study as 0.67 and its validity as 0.59 (44).

Hope index questionnaire: This questionnaire included 12 items and developed by Snyder, CR (45) to measure the hope by self-assessment. The questionnaire's score for each subject was obtained by considering the subject's responses in a four Likert scale from "completely correct" to "completely wrong". Many researches support the reliability and validity of this questionnaire as a measurement scale. The total internal consistency of the test was 0.74 to 0.84 and its validity through test-retest method was 0.80, where these values were higher in more than 8 to 10 weeks.

4. Results

Statistical methods were used to analyze the research data. Descriptive indices of research variables are presented in Tables 1, 2 and 3.

As shown in Table 1, the means of religious beliefs, life expectancy and self-efficacy are 55.34 ± 16.73 SD, 45.02 ± 12.39 SD and 48 ± 10.03 , respectively.

The results in Table 2 show that the religious beliefs ($r = 0.58$; $P < 0.01$) and life expectancy ($r = 0.68$; $P < 0.01$) have a significant positive relationship with self-efficacy.

Table 1. Descriptive Indices of Research Variables

Variables	Number	Mean \pm Standard Deviation	Maximum	Minimum
Religious beliefs	243	55.34 ± 16.73	101	30
Life expectancy	243	45.02 ± 12.39	89	27
Self-efficacy	243	48 ± 10.03	90	31

Table 2. Cross sectional Correlation Coefficient of the Research Variables

Variables	Religious Beliefs	Life Expectancy	Self-Efficacy
Religious beliefs	-		
Life expectancy	0.52 ^a	-	
Self-efficacy	0.58 ^a	0.68 ^a	-

^a $P < 0.01$.

Table 3. Linear Regression, Prediction of Self-Efficacy on the Basis of Religious Beliefs and Life Expectancy^a

Variables	R	R ²	B	Beta	T	P Value
Religious beliefs	0.71	0.50	0.19	0.31	6.08	< 0.001
Life expectancy	0.71	0.50	0.42	0.51	9.97	< 0.001

^a B, The unstandardized constant statistic; Beta, The standardized coefficients; R, multiple correlation coefficient; R², Coefficient of Determination; T, T-test.

According to Table 3, religious beliefs ($P < 0.01$, $B = 0.19$) and life expectancy ($P < 0.01$, $B = 0.42$) are the positive and significant predictors of self-efficacy. Out of the two predictors, the variables are the highest contributors toward Self-Efficient student.

5. Discussion

Based on the results obtained, there was a significant positive relationship between religious beliefs and self-efficacy. Overall, it has been shown that university students with high religious beliefs in two scales of public health and self-efficacy show positive impact of religious beliefs on their compatibility with life and self-efficacy (25).

Multi-dimensional structure of spiritual beliefs influence the psychological components including self-efficacy in facing with the current situations of life and help improvement in and adjustment to life and achievement of students and contributes to their growth and development (36).

In fact, individuals with self-efficacy enjoy psychological health. In addition, researches have shown that religion leads individuals towards mental health and its components (39). Study conducted by Malik et al. showed a relationship between mental health and religion, argues that there is a positive and significant relationship between the religious and spiritual beliefs and self-efficacy and also emotional self-regulation (35). Spirituality can play an important role as a coping strategy for solving problems and stressful situation in everyday life. Religious beliefs and spirituality are constructive coping elements which are correlated with psychological and physical health and the quality of life. Self-efficacy is expressed at high level in people with religious because of having faith at heart (46). Bergin et al. found that religious beliefs increase physical health, self-control and efficiency (47).

Also, life expectancy had a significant positive relationship with self-efficacy, and as indicated the athletes with higher hope and tenacity were more self-efficient than others and that hope is the best predictor of self-efficacy in athletes (48). Also, among patients with multiple sclerosis, those with higher life expectancy were more self-efficient and more optimistic (49, 50).

It was indicated that desirable lifestyle includes improved quality of life, hope, optimism and self-efficacy, which suggests that hope and self-efficacy are congruent with each other (51) Those who have life expectancy and tenacity can efficiently cope with challenges and pressures of life and believe and confide in their abilities (52).

In the present research, a positive and significant relationship was found between religious beliefs and hope that was consistent with the results of study by Fehring et al. (53). The results of a study showed that life expectancy has an important role in adjustment with threatening diseases such as cancer, and having hope improved the quality of life in patients with cancer (54). The results of

a research indicated a relationship between religion and hope; and a strong correlation was found between religious beliefs and hope in another study (33). Hope as a potential intrinsic source helps patients to be self-efficient and overcome the disease problems (55).

In this context, it is suggested that religious centers provide appropriate guidelines to strengthen religious beliefs, capability, and enhance life skills which increases the individual's self-efficacy and life expectancy.

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