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Predicting Self- Efficacy to Deal With the Problems Based On the Dimensions of Students' Hope and Mental Well-Being

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A B S T R A C T

This study aimed to predict the Self- Efficacy to Deal with the Problems based on the dimensions of hope and mental well-being of students. The research method was descriptive-correlation. The statistical population included all students of the Islamic Azad University in Iran, which was equal to 14,100 people (7470 boys and 6630 girls) in the academic year 1396-97. Statistical sample According to Cochran's formula, 374 people (196 boys and 178 girls) were select by stratified random sampling. Data collection tools were standard questionnaires of Self-Efficacy to Deal with the Problems, Schneider's hope (2002), and mental well-being. The content validity of questionnaires, according to the experts and their reliability was confirmed by Cronbach's alpha test of 0.87, 0.84, and 0.84, respectively. Descriptive and inferential statistics (Pearson correlation tests and multivariate regression analysis) was use to analyze the data. The dimensions of mental well-being (positive and negative emotional well-being, psychological well-being, and social well-being) predicted 44.6% of the variance of self-efficacy in coping with problems ($P \leq 0.05$). Students who have high hopes and mental well-being have higher Self- Efficacy to Deal with the Problems.

Keywords: Self- Efficacy to Deal with the Problems, Hope, Mental well-being, Students.

INTRODUCTION

One of the new trends in psychology that emerged in the late twentieth century is positivist psychology, which considers its ultimate goal to identify the structures and methods that pursue human well-being and happiness. Positive psychology tries to focus not only on psychological problems but also on the positive aspects of life(Asli Azad, Shariat, Farhadi, & Shahidi, 2018). Therefore, the factors that make the individual more adaptable to the needs and threats of life are the most basic structures studied in this approach(Mazaheri & Bahramian, 2016).

Self-efficacy is one of the critical constructs in Bandura's cognitive-social theory, which means confidence and belief in one's abilities to control thoughts, feelings, activities, and effective performance in stressful situations(Rahimi & Zarei, 2016). Self-Efficacy to Deal with the Problems is a person's belief in dealing with stress and problems that affect a person's behavior through four processes (cognition, motivation, self-motivation, and environment). These processes may improve or stabilize psychological stress(Navid, Khiavi, Nezgad, Fathi, & Haghighi, 2016). Managing changeable, ambiguous, unpredictable, and stressful situations

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requires coping with self-efficacy beliefs(Mazaheri & Bahramian, 2016). A person's perception of coping self-efficacy with life's challenges and threats has a significant effect on a person's thinking, motivation, behavior, and performance. In general, a person's behavior in situations where he or she is confident in his or her abilities is different from his or her behavior in situations where they feel insecure and incompetent. Therefore, people with high coping self-efficacy are livelier due to redoubled effort and insistence on problem-solving(Cunningham, Cramer, Cacace, Franks, & Desmarais, 2020). For this reason, in recent decades, the attention of educational organizations to the promotion of mental health in the university environment has been attracted as one of the most critical aspects of human resource development and improvement(Chesney, Neilands, Chambers, Taylor, & Folkman, 2006).

The structures of hope and mental well-being are also among the positive features considered in positive psychology(KarimiNia, Ahmadi Tahour-Soltani, Bagherian-Sararoudi, & Moulavi, 2013). Hope and a sense of mental well-being are closely related. Hope is an emotional force that drives the imagination to positive things. Hope is the link between goal-related behaviors and one's beliefs to achieve those goals(Asgari & Sharafodin, 2009). According to Schneider's theory of hope, hope is a positive motivational state based on a sense of success, an active factor (goal-oriented energy), and a path (goal-planning). According to this theory, hope includes two subscales of operational thinking and strategies. In other words, hope enables the achievement of goals through two critical concepts, namely, purposeful and successful orientation and succession planning. Hence, optimism creates an irreplaceable variance for optimism and can help to predict different variables(Giti Qureshi, 2009). The function of hope in life is as a support mechanism that improves the quality of life of individuals(Khosro Shahi & Hashemi Nosrat Abad, 2012). Research has shown that people with higher hopes have depression(Sun, Tan, Fan, & Tsui, 2014). Also, hope and self-efficacy are related to each other and can predict the symptoms of depression and anxiety(May, Hunter, Ferrari, Noel, & Jason, 2015). Psychologists have stated that hope leads to positive organizational behaviors(Malik, 2013) and consider it an essential factor in the mental health and psychological and physical well-being of individuals(Taghlidabadi & Tasbihsazan Mashhadi, 2016). Therefore, the hope of having a better life improves and increases people's adjustment. These people can overcome life's challenges more quickly, are happier, and are more satisfied with their lives(KarimiNia et al., 2013).

The feeling of mental well-being is another the most important topics that can be researched in universities; Because students, as the future makers of the country, are part of the group to which most of the planning and budget of the society is allocated(Safarzadeh & Marashiyan, 2016). Mental well-being includes important principles that can be identified through the effect of emotions on all aspects of human behavior and development (including physical and mental health, skill and educational development, social competence, and the creation of positive social relationships) (Abdel-Khalek & Lester, 2013). Mental well-being was defined as the cognitive and emotional evaluation of individuals' lives. These assessments include emotional reactions to events as well as cognitive judgments about satisfaction and goal achievement. Mental well-being is a broad concept that includes experiencing pleasant emotions, low levels of negative mood, and high levels of life satisfaction. Keyes and Magyarmo in 2003 included mental well-being in three dimensions: emotional well-being (positive and

negative emotions of individuals), psychological well-being (evaluation of one's personal life), and social well-being (social acceptance, social participation, social realism, social realism). And social solidarity) (Heizomi, Allahverdipour, Jafarabadi, & Safaian, 2015). People with higher mental well-being experience personal growth and development, life satisfaction, happiness, positive relationships with others, self-control, meaningfulness, adaptability and mastery of the environment, optimism and purpose in life(Haghranjbar, Shirzad, Taghdisi, Sarami, & Ahadi, 2016).

Although the effort to understand different factors as determinants of hope and mental well-being has been relatively high(Galinha & Pais-Ribeiro, 2012; Li & Monroe, 2019), it should be noted that life events do not affect different people equally, but the way people interpret events. In other words, self-efficacy beliefs are people's coping when facing life challenges that have a significant effect on their thinking, motivation, behavior, and performance and affect people's mental health(Haghranjbar et al., 2016; Mazaheri & Bahramian, 2016). Based on the theoretical background, it seems that there is a relationship between hope and mental well-being with self-efficacy. Mental well-being promotes the notion of self-efficacy(Farhadi Amjad & Mirkamali, 2016). Mental vitality, which is one of the effective components in mental well-being, has a positive and significant relationship with self-efficacy and can predict 34% of the variance of self-efficacy(Ghanbaritalab & Sheikholeslami, 2015). Also, several studies have reported a positive and significant relationship between hope and self-efficacy(Fraser & MSCN, 2005; Robinson & Snipes, 2009; Shen et al., 2014; Swanepoel, Botha, & Rose-Innes, 2015).

Because in today's world, people of tomorrow spend most of their personal and social lives in classrooms and universities, and many students are already pursuing science in various courses, pay attention to issues related to students' mental health. Moreover, universities are a fundamental and necessary issue(Ghavam, Shahabizadeh, & Miri, 2015). The student education period is considered a stressful period due to the presence of various factors such as distance from the family, holding exams, coping with the conditions of student life, and the formation of emotional attachments(Chan, 2013). As a result, students who are under severe stress will experience less self-efficacy in coping with problems. It is hypothesized that some of the psychological constructs proposed in positivist psychology can predict the self-efficacy of coping with problems in students. Considering that most of the studies on self-efficacy in the field of general self-efficacy or academic self-efficacy have been done based on research findings and the above, the present study aims to predict self-efficacy in dealing with problems based on hopeful dimensions Kerman was done. This research has been done to investigate this issue and supplement the previous researches. It is hoped that the results of this study will help officials to provide strategies to improve the level of self-efficacy to deal with problems in students. Accordingly, the main issue of the research is whether the dimensions of hope and mental well-being can predict self-efficacy in dealing with the problems of Islamic Azad University students in Iran? Based on this, the hypotheses of this study were formulated as follows:

1. Dimensions of hope can predict students' self-efficacy in coping with problems.

2. Dimensions of mental well-being can predict the self-efficacy of coping with problems

in students.

METHODOLOGY

The statistical population of the present study included all students of the Islamic Azad University of Iran, 14,100 people (7470 boys and 6630 girls) who were studying in the first semester of the 2017-18 academic year. The sample in this study, according to the population size based on Cochran's formula (with an error level of 5%), was 374 students who were selected using a stratified random sampling method from the total statistical population of which 176 girls and 198. The people were boys. The following three questionnaires were used to collect data:

1. Problem Self-Efficacy Scale: This scale was developed in 2006 by Chesney et al. To assess self-efficacy in how a person copes with problems. The short form of this scale is a 13-phrase test in which the subject is asked to specify an 11-point Likert scale (from = I can never pass it to 10 = I am sure I can pass it) that when confronted to what extent, he can do any of the above with problems? To get the overall test score, the score of all its expressions is added together. Simultaneous and differential validity of the coping self-efficacy scale through its significant relationship with other mental health scales, its structural validity through the results of factor analysis and reliability through Cronbach's alpha (0.91) has been reported to be desirable(Chesney et al., 2006).

2. Schneider Hope Questionnaire: This scale was developed by Schneider in 2002 to determine the level of hope of people 15 years and older. This test consists of 12 items and two subscales of factor thinking and strategies. The subject should indicate the extent to which he or she agrees or disagrees with each of the statements on an 8-point Likert scale (from strongly agree = 8 to disagree = one strongly). The scores of this test are between 8 and 64, with a score of 8 indicating the lowest level of hope and a score of 64 indicating the highest level of hope. Phrases 3, 5, 7, and 11 are deviant and, therefore, do not score. Phrases 2, 9, 10, 12 are related to the factor thinking subscale, and expressions 1, 4, 6, and 8 are related to the strategies subscale and show the individual's overall hope score(Kermani, Khodapanahi, & Heidari, 2011). Examining construct validity using confirmatory factor analysis showed that the scale has a two-factor structure, including factor thinking and strategies. Examining the validity simultaneously with calculating the correlation between this scale and the Suicide Thoughts Scale, perceived social support and meaning showed a negative relationship between the Hope Scale scores with the Suicide Thoughts Scale scores and a positive relationship between the scores of the Life Support Scales and Perceptions social اد Perception scales. The reliability coefficient of this scale was obtained using Cronbach's alpha formula (0.86) for subscales of factor thinking (0.77) and strategies (0.79) (Kermani et al., 2011).

3. Mental Well-Being Questionnaire: This scale included 3 dimensions of emotional well-being, psychological and social well-being. From the sum of emotional, psychological, and social well-being scores, a mental well-being score is obtained. The emotional well-being dimension, with 12 terms, evaluates the positive and negative emotions of individuals over the past month. The expressions of the positive emotions section (the first 6 phrases) or the expressions of the

negative emotions section (the second 6 phrases) are added together, and the total emotional well-being score is obtained. All expressions in the negative emotion segment, except for expression 5 of the Emotional Well-Being Scale, are scored in reverse and then added together. According to the rating 1 to 5 for the "absolutely" to "full time" options in this subscale, the minimum score is 12, and the maximum score is 60. The psychological well-being dimension has 18 terms. In this section, the expressions 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18 are scored in reverse, and the sum of the scores is the total score of psychological well-being. The social welfare dimension has 15 terms in which expressions 3, 4, 5, 6, 11, 12, and 14 are inverted. According to the evaluation of 1 to 7 for the options "I strongly disagree" to "I strongly agree" in both subscales of psychological well-being and social well-being, the minimum score in the psychological well-being subscale is 18, and the maximum score is 126, and in the subscale, it is maximum 15 The score is 105. Diagnostic validity of this scale was performed on Beck by Depression Inventory and Mental Well-Being and Happiness Questionnaire. The correlation coefficients of Beck scale with the mental well-being questionnaire were 0.52, and its sub-scales included emotional well-being -0.46, psychological well-being -0.47, and social well-being -0.43. Reliability coefficients based on Cronbach's alpha for the mental well-being questionnaire were 0.80 and its sub-comparisons, including emotional well-being 0.86, psychological well-being 0.80, and social well-being 0.61.

In order to evaluate the validity of the questionnaires in the present study, face and content validity have been used. Therefore, the validity of the questionnaires has been confirmed by university professors and psychologists. The reliability of the questionnaires was evaluated in the present study by Cronbach's alpha coefficient method, and the obtained coefficients were as follows: problem coping self-efficacy (0.87), hope (0.84), and mental well-being (0.84).

After selecting the samples and providing them with the necessary explanations on how to respond to the questionnaires and assuring the participants that their information will remain confidential, the research questionnaires were distributed between the classes and collected after completion. It should be noted that 390 questionnaires were distributed to predict sample loss. The questionnaires were re-examined to identify and eliminate the distorted questionnaires. Excluding distorted questionnaires, 374 questionnaires (196 boys and 178 girls) were used in data analysis. Descriptive and inferential statistics were used to analyze the data. At the level of descriptive statistics, statistics such as mean and standard deviation and at the inferential level, after confirming the normality of data distribution by Kolmogorov-Smirnov test, Pearson correlation coefficient, and multivariate regression analysis with a hierarchical approach were used to investigate the hypothesis. Data analysis was performed in SPSS22 statistical software.

RESULTS

Table 1 presents the descriptive indicators and the normality test for the research variables.

Table 1. Descriptive index values and normality test for research variables

Variables	Mean± Std. deviation	Min.	Max.	K-S	p
Self- Efficacy To Deal With The Problems	5.69±1.239	1.85	9.38	1.241	0.084
Factor Thinking	4.56±1.35	1	8	1.335	0.059
Strategies	4.46±1. 39	1	7.75	0.8	0.544
Positive Emotional Well-Being	3.05±0.681	1.5	4.67	1.078	0.196
Negative Emotional Well-Being	2.95±0.794	1	5	1.348	0.853
Psychological Well-Being	3.93±0.745	1.94	6.06	0.639	8.808
Social Well-Being	4±0.898	1.8	5.93	1.011	0.108

According to Table 1, the average Self- Efficacy to Deal with the Problems is equal to (5.69), factor thinking (4.56), strategies (4.46), positive emotional well-being (3.55), and negative emotional well-being (2.95).), Psychological well-being (3.93) and social well-being (4). Also, the significance level of the Kolmogorov-Smirnov test for all research variables is more significant than 0.05. Therefore, all research variables have a normal distribution. Table 2 shows the results of Pearson correlation test between the research variables.

Table 2. Results of correlation test between research variables

		2	3	4	5	6	7
1	Self- Efficacy To Deal With The Problems	0.35	0.467	0.396	-0.453	0.597	0.511
2	Factor Thinking	1	0.411	0.297	-0.308	0.348	0.413
3	Strategies		1	0.288	-0.31	0.461	0.454
4	Positive Emotional Well-Being			1	-0.448	0.435	0.475
5	Negative Emotional Well-Being				1	-0.494	-0.528
6	Psychological Well-Being					1	0.585
7	Social Well-Being						1

As can be seen from Table 2, the significance level of the correlation test between all research variables is less than 0.05. As a result, the relationship between all research variables is significant at a 95% significance level. Also, considering the values of correlations, it is clear that the correlation between negative emotional well-being and other variables is negative. To test the hypotheses, a multivariate regression analysis method with a hierarchical approach was used. Thus, the dimensions of hope in the first stage and the dimensions of mental well-being in the second stage were entered into the analysis as predictor variables. Table 3 shows the results of hierarchical multivariate regression analysis in predicting the self-efficacy of coping with problems based on the dimensions of hope and mental well-being.

Table 3. Results of hierarchical multivariate regression analysis in predicting self-efficacy in dealing with problems based on the dimensions of hope and mental well-being

Variables		B	Std, Error	Beta	t	P
First stage (hope)	Factor Thinking	0.175	0.045	0.191	3.859	0.001
	Strategies	0.346	0.044	0.389	7.876	0.001
	$R^2= 0.248$, $adj\ R^2= 0.244$, $F_{(2.371)}= 61.322$, $p < 0.001$					
Second stage (mental well-being)	Positive Emotional Well-Being	0.136	0.085	0.105	2.604	0.01
	Negative Emotional Well-Being	-0.19	0.076	-0.122	-2.5	0.01
	Psychological Well-Being	0.564	0.087	0.339	6.515	0.001
	Social Well-Being	0.15	0.075	0.109	2.003	0.04
	$R^2= 0.446$, $adj\ R^2= 0.437$, $F_{(6.367)}= 49.204$, $p < 0.001$					
	$\Delta R^2= 0.197$, $\Delta F= 32.669$, $p < 0.001$					

As Table 3 shows, the dimensions of hope that entered the equation of predicting problem-solving self-efficacy in the first stage significantly predicted problem-solving self-efficacy at the significance level of 0.01. The examination of the obtained multiple correlation squares showed that the value of the multiple correlation coefficients is equal to 0.248. The dimensions of hope explain 24.8% of the variance in self-efficacy in dealing with problems. The regression coefficient between coping self-efficacy and factor thinking was positive, and strategies was positive and significant at the level of 0.05. Thus, in testing the first hypothesis, it was concluded that the dimensions of hope (factor thinking and strategies) positively predict the self-efficacy of dealing with problems.

In addition, in Table 3, by entering the dimensions of mental well-being into the equation of predicting the self-efficacy of coping with problems in the second stage, the value reached 0.446. This finding means that the inclusion of the dimensions of mental well-being in the prediction equation has led to an explanation of 44.6% of the variance of self-efficacy in dealing with problems. The value of changes was equal to 0.197. This weave means that with the entry of mental well-being dimensions in the prediction equation and by controlling the effect of the dimensions of hope, the explained variance of the self-efficacy of coping with problems has increased by 19.7%, which is statistically significant at the level of 0.01. Evaluation of regression coefficients between the dimensions of mental well-being and self-efficacy of coping with problems showed that the regression coefficients related to negative emotional well-being are negative and significant at the level of 0.05. Also, the regression coefficient between coping with self-efficacy and positive emotional well-being (positive), psychological well-being, and social well-being was positive and significant at the level of 0.05. Thus, in the second hypothesis test, it was concluded that negative emotional well-being negatively and positive emotional well-being, psychological well-being, and social well-being positively predict self-efficacy in dealing with problems.

CONCLUSION

The results of the present study showed that there is a positive and significant relationship between the dimensions of hope (factor thinking and strategies) and self-efficacy of coping with problems, and the dimensions of hope can predict the self-efficacy of coping with problems. And self-efficacy has been reported positively(Fraser & MSCN, 2005; May et al., 2015; Shen et al., 2014). It can be said that hope makes people feel more satisfied with their lives. Also, in people with high hopes, stress is reduced, and they can deal with difficult situations more effectively. Therefore, promoting hope is an effective strategy to improve students' self-efficacy beliefs about coping with problems. In addition, the results showed that positive emotional well-being, psychological well-being, and social well-being have a positive and significant relationship with coping self-efficacy, but there is a negative and significant relationship between negative emotional well-being and coping self-efficacy. Thus, among the dimensions of mental well-being, negative emotional well-being in a negative way and positive emotional well-being, psychological well-being, and social well-being in a positive way(Farhadi Amjad & Mirkamali, 2016). It can be said that the higher the sense of mental well-being, the greater the level of self-efficacy in dealing with students' problems because with an increasing sense of mental well-being in life, positive emotions increase in people and cause their personal

life Evaluate the good and consider the problems as positive phenomena and with the ability to establish good social relations, use the help of others when needed, and thus suffer less stress in dealing with problems and try harder to deal with problems that increase belief in self-efficacy leads to confrontational individuals.

Due to the importance of self-efficacy in dealing with problems in people's daily lives, it is suggested that future research study further the factors that affect it and the consequences of this structure in the lives of students and other groups in society. According to the results of this study, it is suggested that psychologists and educational scientists pay special attention to strengthening these components in the academic period of individuals and in universities, appropriate programs, and training to improve and strengthen factors such as hope and mental well-being. Develop self-efficacy beliefs to deal with problems for students.

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