Self-efficacy As Predictor of Quality of Life Among Girl Students

Mehfooz Ahmad¹*, Aqeel Khan² and Aminah Abdul Mannan³

¹Clinical Psychologist, Bijnor, UP 246701 7
*Email- mehfooz.alig@gmail.com

²School of Education, Universiti Teknologi Malaysia (UTM), Skudai 81310, Johor, MALAYSIA
Email: draqeelkhan@gmail.com

³School of Education, Universiti Teknologi Malaysia (UTM), Skudai 81310, Johor, MALAYSIA
Email: aminahfp@gmail.com

Abstract

The self-efficacy consists of beliefs and/or perceptions which individuals have about their own potential. Quality of life has been conceptualized as multi-dimensional, including aspects such as physical function, psychological state, social, physical and emotional functioning. The self efficacy may influence the quality of life among girl students. The aim of present study was to examine Self-efficacy As Predictors of Quality of Life Among girl Students. The General Self efficacy scale and WHOQOL-BREF (1996) Questionnaire was administered on 70 girl participants age ranging from 18-25 years. Multiple regression was done for data analysis. Results revealed that the self efficacy has been found to be effective in predicting psychological, social and the environmental domain of quality of life among girl students.

Key words: Self-efficacy, physical, psychological, social and environment

Corresponding author- Dr. Mehfooz Ahmad, Clinical Psychologist, Bijnor, UP 246701
Email- mehfooz.alig@gmail.com
Introduction

Quality of life is a comprehensive concept involving the state of personal well-being beyond personal health. Health-related quality of life can be expressed as the individual response given in daily life to the physical, mental and social impacts of the disturbances that affect the individual satisfaction under certain life conditions. Therefore, measurement of quality of life has a more comprehensive concept and understanding compared to the criteria on the health state (Orley and Kuyken (1993; Eser, Yüksel, Baydur, Erhart, Saatlı, Özyurt, Özcan and Sieberer, 2008). Quality of life has been conceptualized as multi-dimensional, including aspects such as physical function, psychological state, social, physical and emotional functioning (Schumaker, Anderson, & Czajkowski, 1990). The relationships between social influences, self-efficacy, knowledge, and healthy lifestyle behaviors were examined with analyses based on Bandura’s social cognitive theory’s predictions (1991) and findings with children and adults (Duncan & McAuley, 1993; Shannon, Bagby, Wang, & Trenkner, 1990; Slater, 1989).

According to Bandura (1997; 2001), self-efficacy consists of beliefs and/or perceptions which individuals have about their own potential to develop any type of activity provided that it generates the results desired. This belief in personal competence provides the basis for motivation of the human being, well-being, self-fulfillment and expectations of results (Bandura, 2001). A study conducted by Sanna (1977) found people with high in self efficacy reported high capability of coming-up with solutions and experience in performing the task successfully as compared to low level of self-efficacy. Those with high self-efficacy levels tend to consider the difficulties and obstacles with less apprehension and, in some cases, even see them as occasions to put themselves to the test, confident as they are of being capable of coping with them efficaciously, unlike, those with low self-efficacy levels who would be more likely to feel themselves in danger, exacerbating adversity and underestimating potential and opportunity (Garmezy, Rutter M (Eds.) (1983; Rutter, 2006).
Self-efficacy has been described as a predictor of physical activity intervention outcomes rather than an independent outcome. Authors have concluded that self-efficacy served as a covariate, which impacted other psychosocial factors and indirectly influenced the success of an intervention (Sherwood, Taylor and Treuth M. et al. 2004). Self-efficacy is a central concept in the field of public health, and is also fundamental in strength-based social work by empowering people to enhance their well-being (Parrish, 2014). In their study, Pajares and Valiante (1997: 353) suggested that “the beliefs that students develop about their academic capabilities help determine what they do with the knowledge and skills they possess”. Schunk, & Pajares (2002) compared with students who doubt their learning capabilities, those who feel efficacious for learning or performing a task participate development of academic self-efficacy more readily, work harder, persist longer when they encounter difficulties, and achieve at a higher level. Dishman and colleagues recently reported that the positive effect of a Physical Activity intervention targeting adolescent girls was partially mediated by increased efficacy beliefs about PA participation. Similarly, Allison and colleagues showed a significant and positive correlation between girls’ self-efficacy to participate in Physical A and self-reported PA levels. David et al. (2009) investigated that perceived bicultural Self Efficacy was found to be positively related to bicultural college students' psychological Well-Being and Mental Health. Bandura (2000) found that people with high self-efficacy tend to have greater cognitive resourcefulness, strategic flexibility and effectiveness in managing their environment, and set motivating goals for themselves. Students who expressed high levels of self-efficacy and well-being were motivated to participate in relevant academic activities and to develop positive attitudes that led to success at school (Ozer & Bandura, 1990; Lyubomirsky, 2001; Khramtsova et al., 2007) and were likely to perform well in their academic goals (Zimmerman, Bandura, & Martinez-Pons, 1992). Teachers with high levels of self-efficacy have strong communication in the workplace which leads to job satisfaction (Caprara, Barbaranelli, Steca, & Malone, 2006). According to Tsang et al. (2012), Self-efficacy represents people’s beliefs about their ability to perform in different situations and functions, as a multi-level and multi-faceted set of beliefs that influence how people feel, think, motivate themselves and behave during various tasks. When uncontrollable stressful
events are encountered, greater self-efficacy helps to protect the individual from depression, and perhaps other somatic symptoms too (Muris, Schmidt, Lambrichs and Meesters, 2001).

**Current Study**

This study aims, within the theoretical framework outlined above, Quality of life was one of the important concerns among girls in the recent time. Researchers have identified many factors that are predicting individuals’ life quality, important factors may be personal performance, attitude, personality, self esteem and the self-efficacy belief and personal spirituality, circumstances of life and rate of social support perceived by a person. Self-efficacy was the perception of the individual about his/her own abilities which may predict the quality of life among girls. A large amount of work has been done in the west but there was dearth of studies on this aspect in India therefore we planned to examine **Self-efficacy As Predictors of Quality of Life Among girls Students.**

**Methods**

**Participants:**

The present study comprised 70 girls students participants age ranging 18-25 years. The data was collected from the college of Bijnor, Uttar Pradesh, India. Exclusion criteria: girls who were out of age range and those who had a history of psychiatric disorders.

**Measures:** The following measures were used for the study:

**Socio-demographic data sheet:** It was prepared by the investigator to collect information about demographic details.

**General Self efficacy scale:** Self efficacy has been measured with the General Self-Efficacy Scale which was originally developed in Germany and translated into English by Jerusalem & Schwarzer(1992) and in Hindi by Sud (1998). The English version used in the present study is a four
point scale for identifying the subjects in categories of high and low self efficacy. This scale has 10 items, where the scores range from minimum 10 to a maximum of 40. The scale is highly reliable and its psychometric precision has been tested in 25 countries (Dona, Scholz, Schwarzer, & Sud, 2002). It yields the internal consistencies between alpha .75 and .91 respectively. For the present study the cronbach alpha for the scale is .84.

**WHOQOL-BRIEF (1996):** The WHOQOL-BREF (1996) was used to measure the QOL of working and non-working women. It is a 26 item instrument consisting of four domains: Physical domain (7 items), psychological domain (6 items), social domain (3 items) and environmental domain (8 items). It is the 5 point scale in which response categories are 1. Very Poor 2. Poor 3. Neither poor nor good 4. Good 5. Very good. The internal consistency of the WHO QOL-Brief as determined by Cronbach’s alpha coefficient for the responses of all subjects for physical health in the healthy individuals was (0.070) and for the ill individuals was (.73), for psychological health in the healthy individuals was (0.073) and for ill individuals is (0.55), for social relationships in the healthy individuals (.055) and for ill individuals (.84), for environmental health in the healthy individuals (.084) and for ill individuals (.072).

**Procedure:** Informed consent was taken prior to the administration of tools. The demographic data sheet, The General Self efficacy scale and WHOQOL-BREF (1996) Questionnaire were administered on 70 girl participants age ranging from 18-25 years. The participants were briefed about the purpose of the study. Then participants were given the questionnaires and proper instructions for completing the questionnaires. Confidentiality of data was ensured. Data analysis was performed by using Statistical Package for Social Science (SPSS) 21.0 version. Obtained data was analyzed with multiple regression.

**Table 1: Summary of Demographic Profile of Girl Students**

<table>
<thead>
<tr>
<th>Education</th>
<th>Religion</th>
<th>Married</th>
<th>Rural/Urban</th>
</tr>
</thead>
</table>

Table 1: revealed that there were eighteen Post Graduate students and fifty two graduate students in the sample collected. Forty eight participants were hindues, sixteen muslims, four sikh and two Christians. There were 55 unmarried girls and fifteen married girls. Out of total sample forty eight belonged to urban area and twenty two to rural area.

Result:

Table 2: Summary of multiple regression analysis of Self-efficacy on Physical domain of Quality of life among girl students

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>Adjusted R square</th>
<th>F</th>
<th>Level of significance</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>.173</td>
<td>.016</td>
<td>2.109</td>
<td>.151</td>
<td>.173</td>
<td>1.452</td>
<td>NS</td>
</tr>
</tbody>
</table>

Table 2: It can be seen from table 1 that the full model is not statistically significant (F =2.109, sig. = .151). This indicated that our model did not account variance in physical domain of quality of life among girls which could be attributed to self-efficacy.

Table 3: Summary of multiple regression analysis of Self-efficacy on Psychological domain of Quality of life among girl students

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>Adjusted R square</th>
<th>F</th>
<th>Level of significance</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>.384</td>
<td>.135</td>
<td>11.751</td>
<td>.001</td>
<td>.384</td>
<td>3.428</td>
<td>.001</td>
</tr>
</tbody>
</table>
Table 3: It can be seen from table 2, that the adjusted R square value was .135 which shows that our model accounts for 13.5% of the variance in psychological domain of quality of life, it could be attributed to self efficacy. This model was significant at .001 levels. The beta value and significance value for self efficacy was .384 and significant at .001 levels, it indicates that this variable was contributing in psychological domain of quality of life.

Table 4: Summary of multiple regression analysis of Self-efficacy on Social domain of Quality of life among girl students

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>Adjusted R square</th>
<th>F</th>
<th>Level of significance</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>.515</td>
<td>.254</td>
<td>24.513</td>
<td>.001</td>
<td>.515</td>
<td>4.951</td>
<td>.001</td>
</tr>
</tbody>
</table>

Table 4: It can be seen from table 3, that the adjusted R square value was .254 which shows that our model accounts for 25.4% of the variance in social domain of quality of life, it could be attributed to self efficacy. This model was significant at .001 levels. The beta value and significance value for self efficacy was .515 and significant at .001 levels, it indicates that this variable was contributing in social domain of quality of life.

Table 5: Summary of multiple regression analysis of Self-efficacy on Environmental domain of quality of life among girl students

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>Adjusted R square</th>
<th>F</th>
<th>Level of significance</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>.293</td>
<td>.073</td>
<td>6.400</td>
<td>.014</td>
<td>.293</td>
<td>2.530</td>
<td>.05</td>
</tr>
</tbody>
</table>

Table 5: It can be seen from table 4, that the adjusted R square value was 0.073 which shows that our model accounts for 7.3% of the variance in social domain of quality of life, it could be attributed to
self efficacy. This model was significant at .014 levels. The beta value and significance value for self efficacy was .293 and significant at .05 levels, it indicates that this variable was not contributing in social domain of quality of life.

Discussion
The aim of the present study was to examine Self-efficacy As Predictors of Quality of Life Among girl Students. The demographic data sheet, The General Self efficacy scale and WHOQOL-BREF (1996) Questionnaire was administered on 70 girl participants age ranging from 18-25 years in RBD college, Bijnor, Uttar Pradesh, India. The participants were briefed about the purpose of the study. Then participants were given the questionnaires and proper instructions for completing the questionnaires. Data analysis was performed using Statistical Package for Social Science (SPSS) 21.0 version. Obtained data was analyzed with multiple regression.

It can be seen from table 2, that the self efficacy was not statistically significant. This indicated our model did not account variance physical domain of quality of life which could be attributed to general self efficacy. Our finding was in disagreement with Dishman and colleagues who reported that the positive effect of a Physical Activity intervention targeting adolescent girls was partially mediated by increased efficacy beliefs about PA participation. Similarly, Allison and colleagues showed a significant and positive correlation between girls’ self-efficacy to participate in Physical A and self-reported PA levels.

Table 3: revealed that our model accounted variance in psychological domain of quality of life , it could be attributed to self efficacy. The beta value and significance value indicated that self-efficacy was contributing in psychological domain of quality of life. In support to our findings, David et al. (2009) investigated that perceived bicultural Self Efficacy was found to be positively related to bicultural college students' psychological Well-Being and Mental Health. Students who expressed high levels of self-efficacy and well-being were motivated to participate in relevant academic activities and to develop positive attitudes that led to success at school (Ozer & Bandura, 1990; Lyubomirsky, 2001;
Khramtsova et al., 2007) and were likely to perform well in their academic goals (Zimmerman, Bandura, & Martinez-Pons, 1992).

**Table 4:** It can be seen from table 4, that our model accounted variance in social domain of quality of life, it could be attributed to self efficacy. The beta value and significance value indicated that self-efficacy was contributing in social domain of quality of life. Agreeing with this, Tsang et al. (2012) viewed self-efficacy represented people’s beliefs about their ability to perform in different situations and functions, as a multi-level and multi-faceted set of beliefs that influence how people feel, think, motivate themselves and behave during various tasks.

**Table 5:** It can be seen from table 4, that our model accounted variance in environmental domain of quality of life, it could be attributed to self efficacy. The beta value and significance value indicated that self-efficacy was contributing in environmental domain of quality of life. Similarly, Bandura (2000) found that people with high self-efficacy tend to have greater cognitive resourcefulness, strategic flexibility and effectiveness in managing their environment, and set motivating goals for themselves. In their study Caprara, Barbaranelli, Steca, & Malone, (2006) found that Teachers with high levels of self-efficacy have strong communication in the workplace which leads to job satisfaction. In addition to that, Pajares and Valiante (1997: 353) suggested that “the beliefs that students develop about their academic capabilities help determine what they do with the knowledge and skills they possess”.

**Conclusion**

Self efficacy is the perception of an individual about his/her own abilities. Self efficacy did not predict physical domain whereas it has been found to be contributing in psychological, social and the environmental domain of quality of life among girls students. Students with high self-efficacy tend to have greater cognitive resourcefulness, develop positive attitudes, strong communication, strategic flexibility and effectiveness in managing their environment, and set motivating goals for themselves.

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**Competing interests**

The authors declare that they have no competing interests.

**Reference:**


