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The Comparison of General Self-efficacy, Personal Growth Initiative and Quality of Life in Mo'takef and Non-Mo'takef Student

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ABSTRACT

The present study aimed at comparing mo'takef and non-mo'takef students' general self-efficacy, personal growth initiative and quality of life. For this purpose, 114 mo'takef students partaking in mosques and 114 non-mo'takef students were chosen among students of Rudehen and Pardis universities of district 6 of Islamic Azad university and also Tehran and Allameh Tabatabayee governmental universities by the multi-stage random sampling method and they were tested by the general self-efficacy, the personal growth initiative and the quality of life inventories. Results achieved by MANOVA test showed that the general self-efficacy and also subscales of quality of life, social performance, general health, mental health, energy and vitality are higher in mo'takef students compared to non-mo'takef ones.

Keywords: General self-efficacy, personal growth initiative, quality of life, mo'takef, non-mo'takef.

1. Introduction

The human need for religion is as old as the history; because from the beginning of his life, human has felt the need for a strong and powerful support. Religion is an organized system of beliefs, including partnerships, traditions, moral values, customs, as well as participation in a religious community for having a stronger belief in God or a greater power [1]. Today, as a specific subject in the social and experimental sciences, spirituality is a knowledge of the existence or a force beyond the material aspects of life; which creates a deep sense of unity or union with the universe in humans [2]. The human being is a combination of body and spirit. One of these two aspects has certain innate needs in order to nurture itself. Part of the religious rules that is called "worship" has been canonized to meet the needs of the human spirit [3]. Various acts of worship in Islam are exactly because of the different needs of human beings. Each act of worship will meet a specific need of the soul. “I,tikaf”(The literal definition of the Arabic word I’tikaf is to seclude or stay in a particular place. However, in Islam it means to stay in a mosque for a particular time period — for the purpose of worshiping God — while maintaining certain conditions) can be considered as a combination of different forms of virtuous worships including prayer, fasting, self-determination, etc. [3].

2. Literature Review

In the real sense of the word, I’tikaf is sticking around and then continuing. In Islamic law, staying in the mosque for the aims of worship, purification, as well as being close to God is called I’tikaf. Also in Sufism, I’tikaf is to release the heart from worldly preoccupations and submission of the soul [3]. Development of religious studies in the field of scientific psychology can be considered as the result of Jung's psychoanalytical studies in this context. Jung believed that all phenomena including dreams and illusions are the realities, religious concepts are the best explanation of human; and psychology could not be realized except by the faith [4].

To reduce morbid mental disorders such as anxiety and depression, psychologists have used different methods, among which may be drug therapy, psychoanalysis, cognitive therapy, behavioral therapy and meaning therapy [5]. In recent years, in addition to the methods from psychological theories, the use of spiritual and religious healing methods has opened its scientific position [6]. Results of the research conducted on the mental-health correlations show that the spirit of religion had a positive correlation with the mental health [7, 8, 9; 10; 11; 12; 13; 14; 4; 15], life satisfaction [16], psychological adjustment [17; 15; 18; 19], self-control, better self-performance [20], and satisfaction [21]. The studies that have examined the relationship between worship and mental health, have shown that there is a significant and positive relationship between the level of worship and reluctance to depression of neurotic [22; 23; 24; 25; 26; 27; 4; 6], anxiety and addiction [27], hypochondrias, increased happiness, long life, ability to cope with stress, social support, finding meaning in life, optimism, self-acceptance and considering life as a positive challenge [28, 29]. Research conducted by [30; 31; 32; 33; 3] has shown that participation in religious-spiritual rituals significantly lead to the increased happiness and welfare. Numerous behavioral and social research have been done on positive emotions. Positive

emotion is one of the aspects of quality of life which includes life satisfaction, sense of happiness [34] and welfare [35] which are aspects of human health [36]. Quality of life is the most important component of the general sense of the health. World Health Organization definition of "quality of life" is as follows: quality of life is the individual's assessment and understanding of the status of their life under the influence of cultural and value system- a situation in which they live; in fact, goals, expectations, standards and demands of the people are - to a large extent - effective on their physical and psychological status, level of independence, social relationships and beliefs. Therefore, based on this comprehensive definition, quality of life is closely related to people's living environment[3].

Personal Growth Initiative (PGI) is defined as an active, voluntary and informed participation of an individual in the process of changing and evolution [38]; and self-efficacy refers to a person's belief in his/her ability to deal with [problems] in specific circumstances which affects thinking, behavioral and emotional patterns in different levels of human experience, and determines whether or not treatment will start; and if so, how much he/she will attempt to do and how much strength he/she will show in dealing with the problem [39]. Students are outstanding people from various sectors of society and creators of their own country's future. Therefore, their health and quality of life has a great influence on their learning, increased scientific knowledge, and academic success.

The research also shows that the sense of self-efficacy has a positive relationship with the responsibility for doing homework, the high average scores on final exams [40] and the academic achievement of students [40]. Also, studies have shown that the students' quality of life is associated with their academic performance [41]. Therefore it seems necessary that the health issues, and physical and mental aspects of the quality of life, self-efficacy and personal growth initiative of people belonging to this big sector of the society to be seriously considered and dealt with. Therefore, planning to improve the quality of life, self-efficacy and personal growth of students, which contributes to the improvement of the educational environment is essential. This study aimed to compare the efficacy, quality of life and personal growth initiative in the students performing I'tikaf with those who do not perform it.

3. Methodology

This study is an applied research conducted using post-hoc analysis (causal-comparative).

Statistical population of this study consisted of the students performing I'tikaf and those who do not perform I'tikaf from universities of Roudehen, and Pardis (from among different branches of Azad University), and universities of Tehran and Allameh Tabatabai (from among public universities). Of this population, 114 students who have performed I'tikaf in the mosques and 114 students who have not performed I'tikaf were selected by multistage random sampling method.

Data Collection Tool

Schwarzer's General Self-Efficacy (GSE) test

This test was developed in 1995 by Schewarzer and Jerusalem and contains ten questions that measure efficacy based on the orientation of the participants. Participants show their level of

agreement with any item in the 4-point Likert scale from "strongly disagree" with a score of 1 to "completely agree" with the score of 4. The reliability of this test which was measured by Cronbach's alpha ranged between 0.75 and 0.90 [42]; and the high scores on this scale indicate high efficacy of the individual [43]. Cronbach's alpha of this test was reported to be 0.82 indicating that this scale is a one-dimension tool which explains 69.38 percent of the variance of items; and therefore has an acceptable reliability [44].

Personal Growth Initiative Scale (PGIS)

This test was developed by Robitschel in 1998 to evaluate the tendency of individuals to deal with issues related to the changing, growth and progress as a human. This is a 9-word self-report tool; by which the participants should indicate their agreement or disagreement with each of the items in a 6-point Likert scale (from strongly agree to strongly disagree). The scores of personal growth scale ranges between 1 and 54. High scores on this scale indicate the willingness of participants to personal growth and taking measures to achieve this goal; and low scores indicate a reluctance to participate in personal growth. The internal consistency of the test in different studies was calculated to be between 0.78 and 0.88. Test-retest reliability of this scale during different times was reported to be between 0.73 and 0.84.

Preliminary studies on English-American samples shows that this scale has a single-factor structure, but in another study conducted on a Mexico-American sample, a two-factor structure was confirmed between the two factors with a correlation of 0.75. In Iran, this test has been standardized by Joshanlou and Ghaedi (2009) [38]. In order to standardize the personal growth scale in Iran, 205 students of the University of Tehran (117 females and 88 males) were included in the study. The internal consistency of this scale was equivalent to 0.78 indicating the appropriate reliability of this scale in the present sample. The results of exploratory factor analysis showed that this scale has a single-factor structure in the above-mentioned research sample. This result has also been confirmed by the statistical analysis. The correlation between this scale and the measures of psychological well-being, positive emotions, and negative emotions showed convergent validity of the test.

Short Form Health Survey (SF-36)

Health Related Quality Of Life Chart Form (SF-36) was developed by the World Health Organization Quality of Life (WHOQOL). The questionnaire consisted of 36 questions which measure the quality of life in general health, physical functioning, role limitations due to physical reasons (Role physical), role limitations due to emotional reasons (Role emotional), bodily pain, social functioning, vitality and mental health [45].

Questions has an ordinal scale of zero to five (the score of zero for the worst situation and the score of 5 for the best possible situation for each person); general scores of questions have been ordered from zero to hundred and the quality of life has been considered as good (percentiles between 75^{th} and above), somewhat favorable or moderate (percentiles between 25^{th} to 75^{th}), bad (Percentiles less than 25^{th}) based on the answers [45]. This survey has a global standard [46]. Validation studies have confirmed that this survey is a reliable and valid scale to assess quality of life in multi-cultural situations [47]. In Iran, its reliability and validity has also been confirmed

(Baraz et al., 2007). Its Cronbach's alpha and reliability coefficients have been reported to be equal to 0.80 and 0.83, respectively [48].

4. Finding

As shown in Table 1, the average scores of student performing I'tikaf was higher than that of students not performing I'tikaf in terms of the variable of self-efficacy. Also, as far as the quality of life subscales, the average scores of the group performing I'tikaf was significantly higher than that of not performing I'tikaf in terms of the social performance, energy and vitality, mental health and general health.

Table 1: Descriptive indices of dependent variables in the two groups of students performing I'tikaf and the students not performing I'tikaf

	Students performing I'tikaf		**Students not performing I'tikaf**	
Dependent variables	**Average**	**Standard Deviation**	**Average**	**Standard Deviation**
Self-efficacy	28.270	4.50793	18.617	3.36281
Personal growth	20.430	6.68688	20.681	6.74717
Social function	23.991	4.88911	19.748	2.91651
Physical health	6.157	1.46054	6.122	0.84964
Emotional health	4.426	1.11655	4.513	0.92115
Energy and vitality	13.496	3.40117	9.817	2.55667
Mental health	17.597	3.57107	14.393	3.53272
Physical performance	5.678	1.39264	5.297	1.83096
Pain	4.609	2.23487	4.870	2.04563
General health	13.461	3.01251	10.870	2.44060

Table 2 shows the results of multivariate analysis of variance. According to this table, the average self-efficacy (η =0.6) of students performing I'tikaf was significantly (0.000) higher than that of students not performing I'tikaf. There was no statistical significant difference between the two groups in terms of personal growth. Also in subscales of quality of life, there was no statistical significant difference (0.000) between the students performing I'tikaf and the students not performing I'tikaf in terms of the social functioning (η =0.22), energy and vitality (η=0.27), mental health (η =0.18) and general health (η=0.18).

Table 2: Results of MANOVA indicate the difference between the two groups of students performing I'tikaf and the students not performing I'tikaf, in relation to the dependent variables

Dependent variables	**Total Squares**	**Degree of freedom**	**Mean square**	**F**	**Significance level**	**Chi Eta share**
Self-efficacy	5356.957	1	5356.957	338.727	0.000	0.598
Personal growth	16.178	1	16.178	0.359	0.550	0.002
Social function	1035.409	1	1035.409	63.895	0.000	0.219
Physical health	0.070	1	0.070	0.049	0.825	0.000
Emotional health	0.435	1	0.435	0.415	0.520	0.002
Energy and vitality	777.952	1	777.952	85.940	0.000	0.274
Mental health	617.952	1	617.952	48.980	0.000	0.177
Physical performance	10.017	1	10.017	3.786	0.053	0.016
Pain	4.913	1	4.913	0.853	0.357	0.004
General health	386.104	1	386.104	51.372	0.000	0.184

5. Discussion & Conclusion

Positive effects on statistical approach to religion is massive and rapidly growing. In the meta-analysis of the related literature, researchers found that 47 percent of the studies show a positive relationship between religion and mental health [15]. This study aimed to compare the quality of

life, general self-efficacy and personal growth initiative between the students performing I'tikat and those who do not perform it and indicated that there is a difference between those who perform I'tikaf and the people who do not perform it in relation to the concept of self-efficacy; and the average score of students performing I'tikaf is higher than that of those who do not perform it. There was no significant difference between people performing I'tikaf and those who do not perform it in terms of personal growth initiative. In relation to the concept of quality of life in the subscales of social performance, energy and vitality, mental health and general health, the average scores of individuals performing I'tikaf were higher than that of those who do not perform it. The term "self-efficacy" which is based on the social-cognitive theory of Albert Bandura (1997) implies an individual's belief in how well he/she can be successful in changing. In social-cognitive system, self-efficacy refers to the feelings of competency and being qualified [4]. Human's achievement or success requires commitment, resourcefulness and perseverance which are achieved through self-efficacy. People with beliefs in self-efficacy remove obstacles with self-management goals and perseverance, stand firm in the face of difficulties and have more control over the affairs. They experience uncertainty less than others, have more pleasure from life, are more stable, have higher mental health, are accountable for their homework, and have higher academic achievement.

In relation to the quality of life, the present study showed a higher average subscale of joy and vitality among the students performing I'tikaf compared with those who do not perform it, which is consistent with the results of research conducted by Hill and Arjil, 2001 [30], Ferris, 2002 [31]; Cohen, 2000 [51], Green, Elliott, 2009 [32] and [3] indicating that participation in religious-spiritual ceremonies results in significantly increased happiness. Higher average mental health among students performing I'tikaf compared with those who do not perform it is consistent with the results of studies conducted by Bergin et al., 1988 [7]; Paniet et al., 1991 [8]; Ventis, 1995 [9]; Misenhelor and Chandler, 2000 [10]; Koenig, 2001 [16]; Tursen and Harris, 2002 [45]; Doltil and Farrell, 2004 [11]; Jang and Johnson 2004 [53]; Surajakul et al., 2008 [12]; Birashk et al, 2001 [13]; Jamali, 2002 [14]; Bahrami, 2003 [4], Hossein Qomi and Salimi Bajestani, 2011 [15]. The results of research conducted by Stewart Joe (1998) [17] on 121 students showed that spirituality is significantly associated with mental health and compatibility; and people who know themselves more religious than others are more compatible than others. Also the results of research conducted by Wolf (1997) [22] revealed that religion has a positive effect on physical health.

Results of above-mentioned research and the result of research conducted by Jung and Johnson (2004) [52], Valtingten and Murphy (2007) [24] indicating that the religious people have a high quality life in the psychological, interpersonal, and social field, as well as the general health are also consistent with the results of this study which indicates a higher average subscales of mental health, general health and social functioning in students performing I'tikaf compared with those who do not perform it. Consistent with several studies conducted with a focus on religion, this study shows that students performing I'tikaf are in more favorable conditions compared with those who do not do it in terms of features such as quality of life (general health, mental health,

joy and vitality, social functioning) and self-efficacy. Therefore, support and more programming for youth to perform I'tikaf is suggested. Considering that one of the communities available for doing such research is the students' community, and since the level of education, age and experience in the students' community is somehow different from non-student communities, it is better to run research of its kind in the non-student communities for having results with more reliability and generality.

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