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Predicting Life Expectancy Based on Spiritual Health and Self-Efficacy in Students Covered by Welfare and Regular Students

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ABSTRACT

The present study aimed to predict life expectancy based on spiritual health and self-efficacy in students covered by welfare and regular students. This research was applied in terms of purpose and descriptive-correlational in terms of methodology. The statistical population included all female second-year vocational high school students in the academic year 2021-2022 in Torbat-e Jam, totaling 158 individuals. Among them, 79 welfare-covered students were selected using purposive sampling, and 79 regular students were chosen through convenient random sampling. The research tools included the Hope Questionnaire (Miller & Powers, 1988), the Self-Efficacy Questionnaire (Sherer & Adams, 1983), and the Spiritual Health Questionnaire (Paloutzian & Ellison, 1982). The validity of the questionnaires was content-based, and their reliability was assessed using Cronbach's alpha coefficient, yielding values of 0.90 for the Hope Questionnaire, 0.86 for Self-Efficacy, and 0.92 for Spiritual Health. The results indicated a positive and significant relationship between spiritual health and life expectancy in both welfare-covered and regular students. Additionally, the life expectancy of regular students was higher than that of welfare-covered students. There was also a positive and significant relationship between self-efficacy and life expectancy in students overall. However, while there was a significant positive relationship between self-efficacy and life expectancy in regular students, no significant relationship was found between self-efficacy and life expectancy in welfare-covered students. Among spiritual health and self-efficacy, spiritual health was a better predictor of life expectancy in welfare-covered students. Conversely, in regular students, self-efficacy played a more significant predictive role for life expectancy than spiritual health.

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Introduction

Individual capabilities can be classified into physical, cognitive, emotional, and affective domains, each significantly influencing one's future life. Among these, hope for life, self-efficacy, and adaptability appear to hold considerable importance for many in society (Hallahan et al., 2015). Hope is a fundamental cornerstone of psychological balance and strength, determining life achievements. It is the ability to believe in a better future. With its penetrating force, hope stimulates the activity system, enabling it to acquire new experiences and generate fresh energies within the organism. Consequently, hope drives individuals toward effort and perseverance, elevating their psychological and behavioral performance levels. Indeed, hope is a key indicator of mental health. The World Health Organization defines health as a state of complete physical, mental, and social well-being, not merely the absence of illness (Eslami-Nasab, 1994).

In today's world, living requires the utilization of skills that influence decision-making in the face of various events and circumstances (Kallen, 2011). Hope is the ability to design pathways toward desirable goals despite existing obstacles and serves as the motivational agent to pursue these pathways. Hope is powerful when it encompasses valuable goals, involves challenging but surmountable barriers, and offers the possibility of achievement within a medium-term timeframe. When we are confident in achieving our goals, hope becomes unnecessary. Conversely, when we believe the goals are unattainable, we become hopeless. Hope develops clearly during infancy, childhood, and adolescence, influencing individuals' outlook toward the future and decision-making at various life stages (Nadi & Ghahremani, 2014). Hopelessness, on the other hand, represents despair stemming from depression, which can manifest as losing hope for the future. In extreme cases, individuals feel an absence of a future (Baranouladi, Etemadi, & Karami, 2012).

According to the conceptualization by Snyder, Lehman, Kluck, and Manson (2006), hope is a motivational cognitive construct arising from the interaction between agency (goal-directed determination) and pathways (the capacity to plan diverse routes toward one's goal). The first part of this definition reflects the belief that one can embark on and sustain movement along probable paths to achieve goals. This dimension of hope signifies the belief, "I can do this," representing the motivational aspect of Snyder's theory, which provides the psychological energy to initiate and sustain the use of the second component—pathways.

Self-efficacy beliefs have gained prominence in various life aspects. In recent years, psychologists have recognized that self-efficacy appears closely linked to hope for life (Kirk et al., 2015). Bandura argued that individuals' perspectives on causes and consequences are shaped by their experiences. He believed people develop specific beliefs about their ability to cope with particular conditions, forming the core of Bandura's social cognitive theory. Adams and Jackson (2000) indicated in their research that levels of hope predict changes in life satisfaction in subsequent years. Individuals' expectations of their capabilities are influenced by self-efficacy beliefs regarding tasks, benefits, goals, and actions (McLennan, McLevin, & Perrack, 2017). It is unsurprising that self-efficacy is among the most significant factors affecting psychological and social development. Indeed, hope for life provides a context for every student to reflect on greater hope for life, which plays a crucial role in life achievements and individual adaptability (Adolf & Berger, 2017).

Another variable examined in this study is spiritual health. Currently, most health models include spiritual health, which links the concept of spirituality to all health domains across all ages (Omidvari, 2006). Utilizing spirituality is often proposed as a constructive coping strategy for improving individuals' psychological well-being. Over the past few decades, the importance of spirituality and spiritual growth in humans has increasingly drawn the attention of psychologists and mental health professionals. The World Health Organization, in defining the dimensions of human existence, highlights physical, psychological, social, and spiritual dimensions, emphasizing the role of spirituality in human development (Herman, Sakena, & Moody, 2005).

The progress of psychological sciences, coupled with the dynamic and complex nature of modern societies, has elevated the prominence of spiritual needs alongside material demands. It seems that globally, people are increasingly inclined toward spirituality and spiritual matters. Psychologists and psychiatrists are also

recognizing that traditional and simplistic methods are insufficient for treating psychological disorders (Asgari et al., 2013). Spiritual health is a vital aspect of well-being that can foster meaning and purpose in life, hope, and inner peace (Zarei Pour et al., 2016).

Spiritual health is a complex and ambiguous process of human evolution that facilitates a harmonious relationship between an individual's inner forces. It is characterized by stability in life, peace, a close connection with God, oneself, the community, and the environment—factors that define personal integrity and cohesion (Shirbeigi & Sarmadi Moradi, 2020). Spiritual health comprises two components: religious health, referring to a satisfactory relationship with God, and existential health, reflecting satisfaction with life, spirituality, and purpose (Song et al., 2018).

Scientific resources highlight the influence of various factors on individuals' life expectancy. According to statistics from the World Health Organization, approximately 17% of adolescents in developing countries require support from social institutions due to parental disability, orphanhood, or neglectful guardianship. In Iran, the Welfare Organization supports individuals with disabilities, orphans, those with unsuitable guardianship, and individuals with social issues. One of the organization's objectives is to assist adolescents with academic pursuits and strive to improve the educational status of those under its care (Salimi Majd, 2018).

Given the aforementioned points, investigating such variables in welfare-covered and regular students opens new avenues for research in this field, providing a solid foundation for intervention studies. Therefore, the significance and necessity of research in the context of students, particularly those under welfare coverage and regular students, are underscored, prompting the researcher to explore predicting life expectancy based on spiritual health and self-efficacy in welfare-covered and regular students.

Method

The implementation method of this research was descriptive-correlational, and it was applied in terms of purpose. The statistical population consisted of all female second-year vocational high school students in the 2021-2022 academic year in Torbat-e Jam, totaling 158 individuals. Among them, 79 welfare-covered students were selected using purposive sampling, and 79 regular students were selected through convenience random sampling.

Sample and Sampling Method

Tools Used

Spiritual Health Questionnaire

This questionnaire, developed by Paloutzian and Ellison (1982), comprises 20 items, with 10 measuring religious health and 10 assessing existential health. The scoring range for both subscales is 10–60, and the total spiritual health score ranges from 20–120. Responses are based on a six-point Likert scale, from "completely disagree" to "completely agree." Negative items are scored inversely. Spiritual health is categorized into three levels: low (20–40), moderate (41–99), and high (100–120). Cronbach's alpha reliability was reported as 0.93 for religious health, 0.91 for existential health, and 0.91 for the overall scale in Ellison's (2006) study. In Abedi's (2016) research, reliability and validity were 0.79. Additionally, in Seyed Fatemi et al.'s (2005) study, content validity was used, and reliability was determined using Cronbach's alpha coefficient as 0.82.

Hope to Life Questionnaire

This questionnaire was designed by Miller and Powers (1988) to measure individuals' level of hope. Initially containing 40 items, later versions expanded it to 48 items. It uses a Likert scale ranging from "strongly disagree" (score 1) to "strongly agree" (score 5). Fourteen items (11, 13, 16, 18, 25, 27, 28, 31, 33, 34, 38, 39, 47, and 48) are reverse-scored. The total score ranges from 48 to 240, with higher scores indicating greater hope. Hosseini (2006) reported a validity coefficient of 0.61 using item-to-criterion correlation and reliability coefficients of 0.90 and 0.89 using Cronbach's alpha and split-half methods, respectively.

Self-Efficacy Questionnaire:

This pencil-and-paper questionnaire, designed by Sherer and Adams (1983), measures self-efficacy in three dimensions: 1) willingness to initiate behavior, 2) willingness to persist in completing behavior, and 3) resilience in facing obstacles. The scale consists of 17 items, with responses on a five-point Likert scale from "strongly disagree" to "strongly agree." The highest possible score is 85, and the lowest is 17. In Abedinia's (1998) research, reliability was reported as 0.85, and in Barati's (1996) study, Cronbach's alpha and test-retest reliability were reported as 0.81 and 0.67, respectively.

Procedure

This research was conducted using a descriptive-correlational design. Initially, following a literature review and precise problem definition, the statistical population comprising 158 female second-year vocational high school students in Torbat-e Jam was identified, and two groups of 79 participants each (welfare-covered and regular students) were selected through purposive sampling and convenience random sampling, respectively. After obtaining necessary approvals and conducting a pilot study, three instruments were administered: the Hope Scale (Miller & Powers, 1998), the Self-Efficacy Scale (Sherer & Adams, 1983), and the Spiritual Health Scale (Paloutzian & Ellison, 1982) with acceptable reliability coefficients (0.90, 0.86, and 0.92, respectively). Subsequently, the collected data were analyzed using descriptive statistics, Pearson correlation coefficient, independent t-test, and multiple regression analysis in SPSS software.

Results

The descriptive findings regarding the mean and standard deviation of the research variables are presented in Table 1.

Table 1: Mean and Standard Deviation of Spiritual Health, Self-Efficacy, and Life Expectancy

Variable	Group	Count	Mean	Standard Deviation	Variance
Spiritual Health	Regular	79	73.00	15.48	15.48
	Welfare-Covered	79	69.86	15.37	15.37
Self-Efficacy	Regular	79	62.01	16.93	16.93
	Welfare-Covered	79	55.77	19.48	19.48
Life Expectancy	Regular	79	168.44	21.08	21.08
	Welfare-Covered	79	161.67	29.93	29.93

Hypothesis 1: There is a relationship between spiritual health and life expectancy among welfare-covered and regular students.

Table 2: Results of Correlation Coefficient Between Spiritual Health and Life Expectancy in Participants

Group	Variable	Life Expectancy		
		Count	Correlation Coefficient	Significance Level
Regular	Spiritual Health	79	0.30	0.001
Welfare-Covered	Spiritual Health	79	0.27	0.01
Total	Spiritual Health	158	0.30	0.001

Note:

- Correlation significant at the 0.01 level

- *Correlation significant at the 0.05 level*

Interpretation of Findings The results in Table 2 indicate a significant relationship between spiritual health and life expectancy among students at the 0.05 level of significance ($P < 0.05$). The correlation coefficient for spiritual health and life expectancy was $r = 0.30$ ($P < 0.05$) for regular students and *$r = 0.27$ ($P < 0.01$)* for welfare-covered students. Therefore, there is a meaningful relationship between spiritual health and life expectancy among both welfare-covered and regular students.

Hypothesis 2: There is a relationship between self-efficacy and life expectancy among welfare-covered and regular students.

Table 3: Results of Pearson Correlation Significance Test Between Self-Efficacy and Life Expectancy

Group	Variable	Life Expectancy		
		Count	Correlation Coefficient	Significance Level
Regular	self-efficacy	79	0.32	0.001
Welfare-Covered	self-efficacy	79	0.15	0.18
Total	self-efficacy	158	0.25	0.001

Interpretation of Findings The results in Table 3 indicate a significant relationship between self-efficacy and life expectancy among students ($r = 0.25$, $P < 0.05$). Among regular students, there is a significant positive relationship between self-efficacy and life expectancy ($r = 0.32$, $P < 0.01$), rejecting the null hypothesis and confirming the alternative hypothesis. With 99% confidence, it can be concluded that there is a positive relationship between self-efficacy and life expectancy among regular students. However, the calculated correlation coefficient for self-efficacy and life expectancy among welfare-covered students ($r = 0.15$, $P > 0.01$) shows no significant relationship.

Hypothesis 3: Spiritual health and self-efficacy are better predictors of life expectancy in welfare-covered students.

To test whether spiritual health or self-efficacy predicts life expectancy in welfare-covered students, simultaneous multiple regression analysis was conducted.

Table 4: Regression Model Summary for Spiritual Health and Self-Efficacy in Welfare-Covered Students

Variables	R	Adjusted R^2	F	Unstandardized Coefficients		Standard Coefficients	t	Sig	Tolerance
				B	Error	Beta			
Spiritual Health	0.29	0.06	3.39	0.34	0.15	0.25	2.22	0.03	0.96
Self-Efficacy	0.29	0.06	3.39	0.11	0.12	0.10	0.88	0.38	0.96

Interpretation of Findings The results in Table 4 indicate a multiple correlation coefficient ($R = 0.29$) between the criterion variable (life expectancy) and the predictor variables (spiritual health and self-efficacy), indicating a moderate correlation. The model explains 8% of the variance in life expectancy scores for welfare-covered students. Given that the Durbin-Watson statistic falls between 1.5 and 2.5, the independence of residuals is confirmed.

The F-test statistic ($F = 3.39$, $P = 0.001$) is significant ($P < 0.05$), indicating that the model is significant. Thus, a meaningful model between the predictor variables (spiritual health and self-efficacy) and life expectancy can be derived. This means that at least one of the variables—spiritual health or self-efficacy—can predict life expectancy in welfare-covered students.

Additionally, the tolerance values are greater than 0.1, indicating no multicollinearity issues among the predictor variables. Since all regression assumptions are met, the results are deemed reliable. The standardized beta coefficients in the above table provide a measure of the contribution of each variable in the model. Larger coefficients indicate a stronger predictive effect on the criterion variable. Consequently, with other variables held constant, each unit increase in spiritual health results in a 0.34 change in life expectancy, with a beta coefficient of 0.25 for spiritual health, indicating its positive effect on life expectancy among welfare-covered students. The t value and significance level indicate the overall effect of the predictor variable, with spiritual health being significant ($t = 2.22$, $P < 0.05$).

Hypothesis 4: Spiritual health and self-efficacy are better predictors of life expectancy in regular students.

To test whether spiritual health or self-efficacy predicts life expectancy in regular students, simultaneous multiple regression analysis was conducted.

Table 5: Regression Model Summary for Predicting Life Expectancy Using Spiritual Health and Self-Efficacy in Regular Students

Variables	R	Adjusted R^2	F	Unstandardized Coefficients		Standard Coefficients	t	Sig	Tolerance
				B	Error	Beta			
Spiritual Health	0.29	0.06	3.39	0.35	0.14	0.26	2.42	0.02	0.98
Self-Efficacy	0.41	0.15	7.83	0.36	0.13	0.29	2.72	0.01	0.98

Interpretation of Findings The results in Table 5 indicate a multiple correlation coefficient ($R = 0.41$) between the criterion variable (life expectancy) and the predictor variables (spiritual health and self-efficacy), showing a moderate correlation. The model explains 17% of the variance in life expectancy scores for regular students. Given that the Durbin-Watson statistic falls between 1.5 and 2.5, the independence of residuals is confirmed.

The F-test statistic ($F = 7.83$, $P = 0.001$) is significant ($P < 0.05$), indicating that the model is meaningful. This means that at least one of the variables—spiritual health or self-efficacy—can predict life expectancy in regular students. The tolerance values are greater than 0.1, confirming no multicollinearity issues among the predictor variables. Since all regression assumptions are satisfied, the results are reliable.

The standardized beta coefficients indicate that with other variables held constant, each unit increase in spiritual health results in a 0.35 change in life expectancy, while each unit increase in self-efficacy results in a 0.36 change in life expectancy. The beta coefficient for spiritual health is 0.26, and for self-efficacy, it is 0.29, indicating a stronger positive effect of self-efficacy on life expectancy among regular students.

The t values and significance levels indicate the overall effect of the predictor variables, with spiritual health ($t = 2.42$, $P < 0.05$) and self-efficacy ($t = 2.72$, $P < 0.05$) being significant. Therefore, self-efficacy is a better predictor than spiritual health for life expectancy among regular students.

Discussion

This study aimed to predict life expectancy based on spiritual health and self-efficacy among welfare-covered and regular female second-year vocational high school students during the 2021–2022 academic year in Torbat-e Jam.

In the first hypothesis, it was found that there is a significant relationship between spiritual health and life expectancy. This finding aligns with the results of studies by Khazaei et al. (2021), Daryazadeh and Karami Baldaji (2019), and Kashtkar and Hassan Shahi (2017). Khazaei et al. (2021) demonstrated a significant relationship between spiritual health and self-efficacy in women. Kashtkar and Hassan Shahi (2017) found a significant inverse correlation between spiritual health and hopelessness among students, as well as a

positive and significant relationship between spiritual health and self-efficacy, and an inverse significant relationship between hopelessness and the self-efficacy component.

To explain this hypothesis, spiritual health can be described as the sense of acceptance, positive emotions, ethics, and reciprocal connection with a sacred and superior power, others, and oneself. This state emerges through a dynamic and coordinated cognitive, affective, and behavioral process, leading to personal outcomes. It appears that a sense of spiritual acceptance and connection to an infinite source fosters hope and life expectancy. In a society enriched with intellectual, cultural, and religious beliefs, the relationship between spiritual health and life expectancy can be interpreted as the ability of individuals to feel God's presence in their lives. This presence guides them, brings joy, and supports them whenever needed.

The connection to the source of existence and divine energy, as well as the belief that the universe is governed by God, strengthens this relationship (Nasel, 2004). Spiritual health relates to the inner life of the mind and soul and its connection to the world, encompassing the capacity to comprehend existential questions and gain insight into multiple levels of consciousness. Students with a strong belief in God and spiritual health experience higher reliance on their inner existence, leading to a purposeful life. This elevated sense of purpose enhances their ability to cope with life's challenges and increases their hope for life.

The findings of the second hypothesis showed a positive relationship between self-efficacy and life expectancy among students. However, this relationship was not significant among welfare-covered students. These results are consistent with studies by Jadidi Mohammadabadi et al. (2021). Jadidi Mohammadabadi et al. (2021) demonstrated a significant relationship between physical activities, general self-efficacy, life expectancy, and general health.

The lack of a significant relationship among welfare-covered students may be attributed to their unique living conditions and challenges, which might affect their perception of self-efficacy and its influence on life expectancy. These findings highlight the importance of tailored interventions to enhance self-efficacy and life expectancy among welfare-covered students, addressing their specific needs and circumstances.

To explain this hypothesis, it can be stated that all individuals encounter challenges and obstacles throughout their lives. How people deal with these challenges depends on their personality traits. Personal beliefs shape their worldview and give meaning to their experiences. How these beliefs create a psychological world for individuals and lead them to think, feel, and act differently in similar situations is a critical topic.

Self-efficacy is one way motivation researchers conceptualize students' beliefs about their capabilities to complete tasks. In behavioral science, self-efficacy is considered a crucial prerequisite for performing behaviors in stressful situations. Self-efficacy is defined as an individual’s belief and confidence in their ability to perform a specific behavior (Zarei Pour et al., 2016). Students with higher levels of self-efficacy are more focused on their goals, exhibit greater motivation compared to their peers, and demonstrate persistence and determination in their activities. These students believe that effort leads to progress and satisfaction, thereby increasing their hope for life.

The results of the third hypothesis indicated that spiritual health is a better predictor of life expectancy among welfare-covered students. This finding aligns with studies by Mousavi et al. (2015) and Mostafaei (2015). Spiritual practices, such as prayer, can enhance self-confidence and, in some cases, increase self-efficacy and goal-setting. Spiritual health appears to reflect the individual’s level of religiosity. Those with spiritual health tend to be more religious and perceive themselves as being under the comprehensive protection of God, the most powerful force. This perception gives them profound spiritual peace, assurance, and joy, viewing God as the source of blessings.

Such individuals interpret hardships and adversities as blessings and tests from God, believing in divine support. They are confident that these events are temporary and that their patience will be rewarded. Consequently, spiritual health fosters inner peace and faith, creating a sense of hope supported by self-confidence. It is natural that one characteristic of such individuals is a higher life expectancy.

Human life is intertwined with religious beliefs, and distancing oneself from these beliefs and values often leads to inner conflicts, feelings of emptiness, purposelessness, despair, dissatisfaction, and an inability to endure crises and difficulties. This diminishes one's hope and satisfaction with life. Conversely, appropriate religious beliefs and perspectives can resolve these problems, providing the foundation for life satisfaction and future hope.

Additionally, spirituality positively impacts mental health, creating conditions for better coping with challenges. Individuals use spirituality as an effective tool to confront crises. Hope can be considered an indicator of how individuals perceive and focus on the future, motivating them to strive toward their goals. Hope for life is a significant factor in adapting to crises (Baljani et al., 2012).

Given that spiritual health consists of religious and existential dimensions—spirituality intertwined with metaphysical connections and relationships with the environment—students facing welfare challenges and pressures can better utilize these resources to adapt and improve their living conditions. As a result, their hope and satisfaction with life increase, enabling them to establish better connections with their environment and utilize all available resources to achieve contentment.

The findings of the fourth hypothesis revealed that both spiritual health and self-efficacy are significant predictors of life expectancy. However, self-efficacy was a stronger predictor of life expectancy than spiritual health for regular students. This result aligns with the studies of Jadidi Mohammadabadi et al. (2021), Khazaei et al. (2021), Heidarzadegan et al. (2014), Salas-Wright et al. (2018), and Jun Wiley (2016).

One dimension of spiritual health that influences life expectancy is the vertical or metaphysical connection. For a better understanding of this connection, one may refer to the verse three of Surah Al-Talaq, where God states, *"And whoever relies upon God, He is sufficient for him."* A strong metaphysical connection can shield individuals from anxiety, stress, and hopelessness, imbuing their lives with meaning and purpose. Such individuals feel supported by an infinite power that protects them from all adversities and wishes them well. Spiritually healthy people view challenges and hardships as part of life's cycle and believe these events are tests from God. Rather than resisting, they strive to accept these circumstances, maintaining their hope for life.

Another finding was that self-efficacy predicts life expectancy, with a stronger predictive power than spiritual health for regular students. Self-efficacy refers to individuals' beliefs about their ability to manage specific situations. Life expectancy motivates individuals toward desirable goals, and it appears related to self-efficacy, as hope for life provides a reason to live. Those who receive adequate life skills training and develop motivation and lofty goals exhibit higher self-efficacy, which, in turn, correlates with greater life expectancy.

High school students, whether regular or welfare-covered, receive training to prepare for societal participation and, more importantly, entering the job market. Students with lofty motivations and goals tend to exhibit higher self-efficacy and, consequently, greater life expectancy. Religious beliefs also contribute significantly by fostering inner peace and faith, promoting hope, and enhancing self-confidence and effort. Faith enables individuals to better understand themselves and harmonize their physical, mental, and social dimensions, ultimately finding meaning and purpose in life.

The statistical population of this study comprised all female second-year vocational high school students in the 2021–2022 academic year in Torbat-e Jam. Thus, the generalization of these results to other populations should be approached cautiously and only under conditions of cultural, economic, and social similarity to this study's sample. Moreover, as this study relied on questionnaires, it is subject to all inherent limitations of such tools.

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