

Structural Model for Predicting Psychological Well-being and Emotional Regulation Based on Resilience and Self-Efficacy in MS Patients

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ABSTRACT

Objective: Multiple Sclerosis (MS) is one of the most common chronic diseases of the central nervous system, and the disability resulting from the disease impacts self-efficacy and various mental health dimensions of these patients. Therefore, the present study aimed to propose a structural model for predicting psychological well-being and emotional regulation based on resilience and self-efficacy among MS patients in Tehran.

Methods: Given its objective, this research is of the applied type and descriptive in nature concerning data collection methods, specifically employing structural equation modeling. The statistical population of this study included all individuals with MS attending treatment centers in Tehran in 2021, with a minimum sample size estimated at 150. The variables studied were based on the Ryff's Psychological Well-being Scale, the Gross and John's Emotional Regulation Questionnaire, the Connor-Davidson Resilience Scale, and the Schwarzer and Jerusalem's Self-Efficacy Scale. Ultimately, data were analyzed using structural equation modeling in AMOS software.

Findings: According to the study's findings, all standardized coefficient values related to the dimensions of the latent variables were higher than 0.4, indicating that this measurement model has adequate reliability regarding the items of latent variables. Critical ratio values are usually introduced as validity parameters associated with the structural model and, in this study, all values were significant and outside the range of (-1.96, 1.96), with Cronbach's alpha and composite reliability values greater than 0.7 and AVE values greater than 0.5.

Conclusion: Thus, the model enjoys appropriate validity and reliability.

Keywords: Psychological Well-being, Emotional Regulation, Resilience, Self-Efficacy

1. Introduction

According to the definitional model, psychological well-being is described as the effort to achieve perfection in realizing an individual's true potential, as well as being recognized as a personal and social value and a fundamental psychological need. This construct consists of six factors: self-acceptance, meaning a positive attitude towards oneself and acceptance of various aspects of oneself such as good and bad traits and positive feelings about past life; positive relationships with others, having feelings of satisfaction and intimacy in relationships with others and understanding the importance of these dependencies; mastery over the environment, which is the sense of control over the environment, active control of external activities, and effective use of surrounding opportunities; autonomy, the ability and power to pursue desires and act based on personal principles even if they are contrary to social customs and demands; purpose in life, having a purpose in life and believing that current and past life is meaningful; and personal growth, a feeling of enduring growth and access to new experiences as a being with potential (Eslahi farshami et al., 2021).

Self-regulation is a process by which an individual can control their thoughts, emotions, and behaviors according to their goals. Self-regulation encompasses cognitive processes such as formation, attention, mapping, planning, and execution. Self-regulation has been established as an effective construct for explaining many psychological phenomena, and its empirical importance in psychological activities, normative development, and the emergence of adaptation problems has been confirmed in various studies (Haghshenas, 2019; Zabihollahzadeh et al., 2019).

Resilience is also recognized as one of the influential constructs on mental health in modern psychological research. Many experts and specialists have provided definitions of resilience. Connor and Davidson define resilience as an individual's ability to maintain biological and psychological equilibrium in hazardous conditions. Bouna identifies ways to achieve resilience as persistence, self-enhancement, suppressive coping, mood, and positive emotions (Pishgahi et al., 2020; Ranjbar et al., 2021).

Self-efficacy beliefs impact individuals' thought patterns and emotional responses, determining how they think and feel. Individuals with low self-efficacy often believe that the current situation is insoluble. Those who do not believe in their abilities feel despair and hopelessness in risky situations, reducing their likelihood of acting effectively.

Such individuals are apprehensive about facing challenging issues, consequently impairing their performance, which in turn leads to an increased sense of inefficacy. Conversely, high self-efficacy during challenging tasks helps create a sense of ease in the individual (Alizadeh et al., 2020).

MS or Multiple Sclerosis is one of the most common chronic diseases of the central nervous system characterized by demyelination of neural neurons. The demyelinated segments from the disease cover the entire white matter, disrupting the individual's sensory and motor function. The disability resulting from MS affects the efficacy and mental health of these patients; for example, approximately 50-60% of MS patients suffer from depression and about 20-40% from anxiety. Individuals with MS, due to physical problems and psychological stress from the disease, such as feeling like a burden, lose the ability to control their emotions, altering their understanding of themselves and their surroundings, turning into a maladaptive factor due to depression, aggression, inappropriate emotional reactions, and stress, leading to an inability to regulate their emotions effectively. Based on empirical studies, high levels of anxiety, depression, and distress, low quality of life and subjective well-being, role problems, and social relationship issues are observed in these patients. These psychological symptoms can result from the direct effects of inflammation and nerve sheath destruction or from disabilities and social psychological issues resulting from a chronic, disabling disease with an unknown cause, uncertain prognosis, and unpredictable relapse periods. Research indicates that psychological factors are often better predictors of differences in disease adaptation than disease factors such as severity of symptoms, duration of illness, and extent of neurological disability (Asl Dehghan et al., 2021).

The significance of this study lies in that different communities have different views on the presence of MS individuals in families, which itself influences how they cope with conditions. On the other hand, considering the higher prevalence of this disease and the extent of interactional, behavioral, and communicative problems, research in this area and the development of therapeutic and supportive activities for these individuals are essential.

Another necessity for conducting this research is that this study indeed focuses the pathologist's view towards individuals with MS. Therefore, the results of this study can be very useful scientifically for researchers working in this field and illuminate new dimensions for them. In practical terms, the results of the study can provide clear messages for family counselors and also families, enabling them to plan

better to assist individuals with MS and their families. Therefore, the present study was conducted with the aim of presenting a structural model for predicting psychological well-being and emotional regulation based on resilience and self-efficacy in MS patients in Tehran.

2. Methods

2.1. Study design and Participant

The present research, being applied in nature with respect to its objectives and descriptive in terms of its data collection methods, specifically employs structural equation modeling (SEM). The study population included all individuals diagnosed with MS visiting healthcare centers in Tehran in 2021. According to researchers' recommendations for structural equation analysis, the sample size should be at least 10 times the number of variables plus 50. In this study, there are a total of 10 variables, thus requiring at least 150 samples. A purposive sampling method was used for selecting the samples, where individuals with multiple sclerosis were chosen based on the study's inclusion and exclusion criteria.

For sample selection, Tehran was initially divided into five sections: North, South, East, West, and Central. From each section, two areas were selected. For the purposes of this study, private hospitals and healthcare centers in the North in areas 1 and 3, in the Central section in areas 6 and 2, in the West in areas 5 and 22, in the South in areas 15 and 17, and in the East in areas 3 and 4 were chosen. Consequently, 24 samples were randomly selected from each area, making a total of 240 selected samples.

2.2. Measures

2.2.1. Psychological Well-being

Ryff's Psychological Well-being Scale (Long Form): Developed by Carol Ryff in 1989, this test comprises 84 questions covering 6 factors, with responses rated on a 6-point scale (strongly disagree to strongly agree). Forty-seven questions are scored directly, and thirty-seven are scored inversely. Ryff used measures like the Bradburn Affect Balance Scale (1969), the Neugarten Life Satisfaction Scale (1965), and the Rosenberg Self-Esteem Scale (1965) to examine the tool's validity and its correlation with measures assessing personality traits, also considered as indices of psychological well-being. The test consists of 6 subscales: Life Satisfaction (19 questions), Spirituality (13 questions), Happiness and Optimism (19 questions), Personal Growth (8

questions), Positive Relations with Others (8 questions), and Autonomy (10 questions). In Iran, a study with a student sample measured internal consistency using Cronbach's alpha. The results obtained were 0.77 for Environmental Mastery, 0.78 for Personal Growth, 0.77 for Positive Relations with Others, 0.70 for Purpose in Life, 0.71 for Self-Acceptance, 0.78 for Autonomy, and 0.82 overall. The validity of this scale has also been deemed appropriate (KazemiNejad et al., 2019).

2.2.2. Cognitive Emotion Regulation

This self-report questionnaire was designed by Garnefski, Kraaij, and Spinhoven in 2001. The original version has 9 components, with 5 (Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal, and Perspective Taking) representing positive emotion regulation strategies, and 4 (Self-Blame, Other-Blame, Rumination, and Catastrophizing) representing negative emotion regulation strategies. The total score from the 36 items can range from 36 to 180, indicating the use of cognitive emotion regulation strategies. This questionnaire is applicable to normative and clinical groups from age 12 and upwards. Responses are collected on a 5-point scale (always, often, sometimes, rarely, never). The validity and reliability of this questionnaire were confirmed by Omidifar et al. (2016), with a reported Cronbach's alpha of 0.70 (Zabihollahzadeh et al., 2019).

2.2.3. Resilience

This 25-item questionnaire uses a 5-point scale for responses, ranging from 0 (not true at all) to 4 (true nearly all the time). The sum of scores for the 25 items constitutes the total scale score. A study by Samani et al. confirmed the reliability of this scale with a Cronbach's alpha of 0.87. Mohammadi measured the reliability coefficient of the scale using Cronbach's alpha at 0.89 and assessed validity through the correlation of each item with the total score, obtaining coefficients between 0.41 and 0.64 (Pishgahi et al., 2020).

2.2.4. Self-Efficacy

The Schwartz and Jerusalem Self-Efficacy Scale (1996): This questionnaire consists of 10 questions that assess personal self-efficacy. Responses are based on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Fouladchang (2003) found a Cronbach's alpha of 0.83 for its reliability, while Tajalli and Ardalan (2010)

reported a Cronbach's alpha of 0.84 (Eslahi farshami et al., 2021; Farid & Ashrafzade, 2020).

2.3. Data Analysis

For data analysis, structural equation modeling was utilized using AMOS software. Initial assumptions for SEM were reviewed. There is no complete consensus in the literature regarding the assumptions for SEM. Maloon and Luyanski (2012) suggest that SEM is essentially a special case of regression analysis and thus shares similar assumptions. Overall, the most important assumptions for SEM include the continuous nature of dependent variables, independence of observations, lack of severe multicollinearity among independent variables, absence of univariate and multivariate outliers, and normal distribution of the data. The fit indices used to assess overall fit included the Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), Goodness-of-Fit Index (GFI), Adjusted Goodness-of-Fit Index (AGFI), Incremental Fit Index (IFI), and Chi-Square to Degrees of Freedom ratio

(CMIN/DF). A model with good fit is indicated by an RMSEA less than 0.05, GFI, AGFI, IFI, and CFI above 0.90, and CMIN/DF between 2 and 3.

3. Findings and Results

Given the skewness and kurtosis coefficients, the assumption of normality of the data for all research variables is confirmed. Therefore, Pearson's correlation coefficient is used to examine the relationship between the variables. The correlation matrix is as follows:

Descriptive statistics, including means and standard deviations for distress tolerance, cognitive emotional regulation, and marital quality of life, are presented in Table 1 for both the experimental group, which received Dialectical Behavior Therapy (DBT)-based skills training, and the control group, across pre-test, post-test, and follow-up stages. It was observed that the means in the experimental group increased from the pre-test to the post-test and follow-up stages.

Table 1

Pearson Correlation Test Results

Variable Name	Psychological Well-being	Emotional Regulation	Resilience	Self-Efficacy
Psychological Well-being	1			
Emotional Regulation	.956*	1		
Resilience	.652*	.620*	1	
Self-Efficacy	.655*	.629*	.283*	1

*p<0.01

Based on the contents of Table 1, the correlation coefficient between "Psychological Well-being" and the variables "Resilience" ($r = .652$) and "Self-Efficacy" ($r = .655$) is significant at the .01 level. The correlation

coefficient between "Emotional Regulation" and the variables "Resilience" ($r = .620$) and "Self-Efficacy" ($r = .629$) is also significant at the .01 level.

Table 2

Estimates of Standard Coefficients Related to the General Model

Variable Name	Standard Coefficient Estimate	Standard Error	Critical Ratio (C.R.)	Significance	Cronbach's Alpha	Composite Reliability	AVE
Psychological Well-being							
Daily Life Management	.949	.121	23.772	< .001	.971	.967	.879
Personality Aspects	.952	.098	24.007	< .001			
Relations with Others	.900	-	-	-			
Continuous Life Process	.949	.106	23.803	< .001			
Resilience							
Seeking Help	.966	.028	35.743	< .001	.983	.984	.926
Handling Challenges	.961	-	-	-			

Coping with Stress	.989	.052	43.302	< .001			
Decisive Thinking	.947	.059	31.605	< .001			
Purposeful Feeling	.948	.059	31.834	< .001			
Self-Efficacy							
Self-Reliance	.993	.030	45.059	< .001	.981	.983	.935
Responsibility	.962	-	-	-			
Capability	.976	.025	38.678	< .001			
Facing Problems	.936	.051	29.742	< .001			

As observed in Table 2, all values of the standard coefficients related to the dimensions of the latent variables are above .4. Therefore, it can be said that this measurement model has adequate reliability regarding the items of latent variables. In the table above, critical ratio (CR) values for the items are also shown. These values are typically

introduced as validity parameters associated with the structural model. As observed, all values are outside the range of (-1.96, 1.96) and are significant, with Cronbach's alpha and composite reliability values greater than .7 and AVE values greater than .5, hence, the research instrument enjoys appropriate validity and reliability.

Figure 1

Model with Standard Coefficients

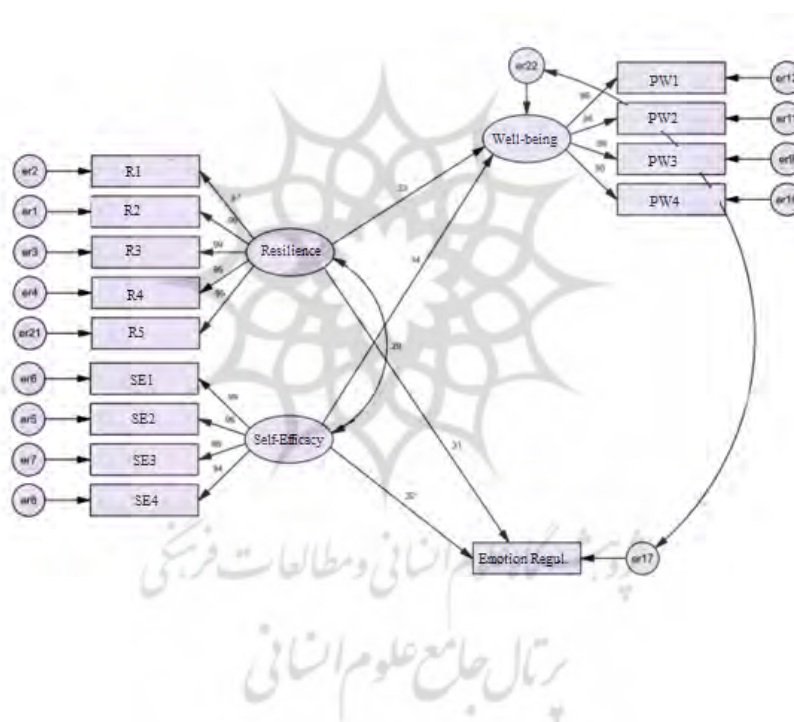


Table 3

Model Fit Indices

Index	Description	Acceptable Values	Obtained Values
GFI	Goodness of Fit Index	Good: > .9	.926/.900/.888
AGFI	Adjusted Goodness of Fit Index	Good: > .9	.901/.875/.860
NFI	Normed Fit Index	Good: > .9	.954/.961/.963
RFI	Relative Fit Index	Good: > .9	.946/.955/.958
IFI	Incremental Fit Index	Good: > .9	.990/.997/.992
TLI	Tucker-Lewis Index	Good: > .9	.988/.996/.991
CFI	Comparative Fit Index	Good: > .9	.990/.997/.992
RMSEA	Root Mean Square Error of Approx.	Good: < .05	.036/.021/.037

According to Table 3, the fit indices for the research models are appropriate. Generally, when at least three

indices have values within an acceptable range, it can be claimed that the model fit is good and acceptable.

4. Discussion and Conclusion

Multiple sclerosis (MS) is an inflammatory, chronic, autoimmune disease that begins with the destruction of the myelin sheath of the central nervous system. The manifestations of this disease include symptoms such as anxiety, weakness, balance disorders, visual impairment, and depression. The epidemiology of MS has changed in recent decades to the extent that numerous reports indicate an increase in the prevalence of this disease worldwide. According to recent estimates by the World Health Organization, 2.5 million people worldwide suffer from MS. In our country, this disease is also relatively common. The prevalence of MS in Iran, despite the lowest reported figures among Asians (3-5 individuals per 100,000), is approximately 15 to 30 individuals per 100,000.

Psychological well-being in positive psychology refers to the flourishing of individuals' potential abilities in achieving perfection and expecting outcomes that they value. An individual with psychological well-being accepts themselves with awareness of their strengths and weaknesses, making their life meaningful with goals. Individuals with psychological well-being benefit from positive relationships with others to enhance their own worth, manage life affairs to master their surroundings, and elevate the quality of their lives by reflecting on the meaning of life and creating positivity.

Individuals with psychological well-being easily surpass their problems by creating psychological well-being and being aware of their positive and negative aspects, making it easier to understand and accept their strengths and weaknesses. Another variable related to psychological well-being is resilience. Resilient individuals possess characteristics such as experiencing positive emotional and cognitive outcomes, self-esteem, positive social functioning, and resistance to life's adversities and unpleasant events. Researchers believe that resilience is the return to the initial balance or reaching a higher level of balance in threatening life situations. Thus, individuals with MS create adaptability in managing the challenges they face in life, making their path smoother.

Self-efficacy is also a concept related to psychological well-being and has been widely used in clinical, educational, and social health fields. Self-efficacy is defined as a person's belief in their ability to execute a specific level of control over their environment. Researchers have shown that self-efficacy is involved alongside goal-setting in the psychological well-being of individuals with MS. In the

present study, the relationship between self-efficacy and psychological well-being is documented (Alizadeh et al., 2020; Asl Dehghan et al., 2021; Eslahi farshami et al., 2021; Farid & Ashrafzade, 2020).

Emotional regulation in positive psychology refers to all processes related to different aspects of emotions, such as the emotions individuals experience, the intensity of emotions, and how these emotions are experienced and expressed. The main function of emotional regulation is shaping emotional states to facilitate adaptive and purposeful behavior in a specific situation (Haghshenas, 2019; Zabihollahzadeh et al., 2019).

Perhaps this is why MS is often accompanied by many other disorders such as anxiety disorders, neurodevelopmental disorders, or behavioral disorders. In fact, one of the main problems with this disease is that the individual shows their disorder in behavior management, emotional regulation, and even cognitive function regulation, and separating these three aspects from each other is challenging as they are closely related. Individuals' emotional regulation affects their behavior, performance intensity, and control over their illness.

Based on the findings, it can be said that given the steps taken to verify the measurement model and the reliability and validity calculations, the proposed model is confirmed. To examine the direct relationships between the research variables, standard coefficient and critical ratio (CR) values were used. Therefore, if the critical ratio (CR) value for a relationship is greater than 1.96, it indicates a significant relationship between those two variables. To test the effect of a mediating variable, the Sobel test, a common test, was used, which is used to assess the significance of the mediating effect of a variable between two other variables. In this test, after calculating the indirect standard coefficient and the critical ratio (CR) value, if the critical ratio (CR) value for a relationship is greater than 1.96, the indirect relationship between the two variables and the mediating role of the intermediary variable is confirmed. Therefore, considering these explanations, the research hypotheses are examined. Also, considering the critical ratio (CR) value, which is greater than 1.96, it can be said that the significant relationship between the two variables is confirmed. The results of this section are consistent with the prior findings (Azandariani et al., 2022; Babolhavaeji et al., 2018; Bigdeli et al., 2013; Godarzi & Khojaste, 2020; Kärner et al., 2021; Ofem, 2023; Sadat Mousavi & Ebrahimi, 2024; Sedighi Arfaee et al., 2021; Sharifi et al., 2021; Shields & Cicchetti, 1997; Stevenson et al., 2019).

5. Suggestions and Limitations

Limitations:

The results of this study are applicable only to all individuals with MS and are not generalizable to other patients who have psychological impairments alongside physical illnesses.

If necessary, it is appropriate to generalize the results of this study to similar cases with greater precision.

Although the researcher's effort in this study was to access most individuals with MS, it is better for future studies to be conducted in grouped categories at different age and gender levels and across a wider spectrum.

Suggestions:

Based on the results of the present study, it is suggested that practical techniques and methods, such as mindfulness-based cognitive therapy, be used by psychologists and counselors in sessions and workshops for individuals with MS, helping them to better understand the concepts of this approach as important and influential factors in life, find better connections in life, and increase their psychological well-being, quality of life, and resilience against life's problems, thereby aiding in their improvement and enhancement.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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