Iran J Psychiatry 2026; 21: 3: 1-8

Original Article

Spiritual Health and Psychological Well-Being and their Relationship with General Self-Efficacy in Mothers of Children with Intellectual Disability and Autism Spectrum Disorders

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Abstract

Objective: Mothers of children suffering with autism spectrum disorder (ASD) and intellectual disability (ID) experience substantial psychological challenges that may affect their perceived self-efficacy. While psychological well-being and spiritual health are considered important protective factors, their relative contributions to general self-efficacy in this population remain insufficiently explored in Iran. This study aimed to investigate whether psychological well-being and spiritual health are correlated with the general self-efficacy of mothers of children with ID or ASD in Qom, Iran.

Method: This was a correlational cross-sectional study involving the participation of 100 mothers of children with ID (n = 49) and ASD (n = 51) who were enrolled via multi-stage cluster sampling method. The participants completed the Spiritual Health Questionnaire for the Iranian Population, the Ryff Psychological Well-Being Questionnaire, and the Sherer Self-Efficacy Questionnaire. Data were analyzed using Pearson correlation coefficients and stepwise multiple regression analysis in SPSS version 22, with the significance level set at $P < 0.05$.

Results: The study revealed that psychological well-being was positively and significantly correlated with general self-efficacy in both mothers of children with ASD ($r = 0.62$, $P < 0.001$) and mothers of children with ID ($r = 0.65$, $P < 0.001$). In contrast, spiritual health showed no significant association with general self-efficacy in either group ($P > 0.05$). Regression analyses showed that psychological well-being explained 38% of the variance in general self-efficacy among mothers of children with ASD and 42% among mothers of children with ID ($P < 0.001$).

Conclusion: The findings highlight the importance of psychological well-being as a substantial predictor of general self-efficacy among mothers of children with ID and ASD. Thus, interventions to strengthen maternal self-efficacy are recommended to be considered a means of promoting self-efficacy, while the role of spiritual health requires further study.

Key words: *Autism Spectrum Disorder; Intellectual Disability; Psychological Well-Being; Self-Efficacy; Spirituality*

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Article Information:
Received Date: 2025/10/29, Revised Date: 2025/12/09, Accepted Date: 2026/02/18

Raising a child with a developmental disability places substantial and persistent psychological demands on families, particularly on mothers, who are often the primary caregivers. Extensive evidence indicates that mothers of children suffering with autism spectrum disorder (ASD) and intellectual disability (ID) experience elevated levels of stress, anxiety, and depression, as well as reduced psychological well-being (1). The caregiving burden, accompanied by the child's behavioral difficulties, learning disorders, social stigma, and uncertainty regarding the future, leads to long-term challenges for parents (2).

Parents face reduced psychological well-being consequences, which may be experienced as depression, anxiety, aggression, and fear (3). A child's intellectual disability can be a cause of challenge or trouble for families, especially for mothers, who experience high rates of mental health problems (4). This, in turn, affects their ability to adapt to the situation and perform their roles in the family (5). General self-efficacy could be regarded as a source of empowerment and improved performance.

Self-efficacy is defined as the belief an individual has in their capacity to execute the required behaviors leading to the specific performance attainments (6). It encompasses feelings, thoughts, and self-motivations that eventually result in behavior. Self-efficacy incorporates one's ability to exert control over his or her own behavior, motivation, and social environment (7); thus, it could be helpful as a means of empowering families in difficult circumstances. Self-efficacy is derived from the cognitive-social theory of Bandura, in which self-efficacy was defined as people's beliefs regarding their capabilities and the level of performance they can achieve in events influencing their lives. These beliefs exert their effects through cognitive, motivational, affective, and selection processes. Accordingly, the belief that one can produce desired effects through actions is a prerequisite for motivation and action (8). Evidence shows that most parents of children with ASD have a low level of self-efficacy and need ways to improve it (9).

Psychological well-being represents a multidimensional construct encompassing "self-acceptance, autonomy, purpose in life, environmental mastery, personal growth, and positive relations with others" (10). It implies a positive feeling of general satisfaction with life that includes oneself and others in various areas of family and work. From a theoretical perspective, psychological well-being can be understood as a core psychological resource that enhances individuals' perceived control over their environment, thereby strengthening self-efficacy beliefs. Recent studies suggest that psychological well-being is positively associated with coping capacity, resilience, and parental competence among caregivers of children with special needs (11), supporting its potential role as a predictor of self-efficacy.

In parallel, spiritual health, conceptualized as a sense of meaning, connectedness, and transcendence in relation to oneself, others, nature, and God (12), has increasingly been recognized as an important psychosocial resource in coping with chronic stress. Spiritual health may contribute to meaning-making, emotional regulation, and perceived support, particularly in culturally and religiously oriented societies (13). Empirical evidence from recent studies has shown that spiritual resources may buffer stress, reduce psychological distress, and enhance adaptation among parents of children with disabilities (14).

The spiritual health and psychological well-being of mothers of children with intellectual disabilities could be regarded as sources of maintaining and strengthening their self-efficacy (15). Understanding the factors contributing to maternal self-efficacy is an essential prerequisite for designing effective psychosocial and supportive interventions for these families. Examining psychological well-being and spiritual health together is theoretically significant, as both constructs represent internal resources that may influence caregivers' perceived ability to manage ongoing stressors. Practically, identifying modifiable predictors of self-efficacy can inform the development of targeted interventions aimed at enhancing maternal coping, resilience, and family functioning. By simultaneously examining psychological well-being and spiritual health as correlates and predictors of self-efficacy, this study addresses a major gap in the literature and provides evidence relevant to culturally sensitive intervention planning.

Despite growing interest in these constructs, several gaps remain in the literature. First, few studies have examined the interrelationships among psychological well-being, spiritual health, and self-efficacy within an integrated theoretical framework. Second, there is limited evidence examining whether psychological well-being and spiritual health independently or jointly contribute to general self-efficacy among mothers of children with ID and ASD. Third, data from non-Western and culturally specific contexts, including Iran, remain scarce, despite the potential cultural salience of spiritual health in caregiving experiences. Therefore, the present study aimed to examine whether the psychological well-being, spiritual health, and general self-efficacy of mothers of children with ID and ASD are correlated. Moreover, we aimed to explore whether these relationships differ between mothers of children with ID and those with children with ASD, and to examine the hypothesis that psychological well-being and spiritual health would significantly predict general self-efficacy among mothers of children with ID and ASD. This study provides quantitative evidence linking psychological well-being components to self-efficacy; identifies environmental mastery and autonomy as key predictors;

and contributes culturally contextualized findings for an Iranian population.

Materials and Methods

Study design

This was a cross-sectional correlational study conducted in Qom, a central city in Iran with a culturally and socioeconomically diverse population. Data were collected in 2024 from mothers of children enrolled in special education schools in Qom.

Participants

The study population comprised mothers of children diagnosed with ID or ASD who were enrolled in special education schools during the data collection period. Drawing on prior research that reported moderate associations between spiritual well-being and health-related quality of life (14), an anticipated effect size of r = 0.30 was assumed. Using a two-sided alpha level of 0.05 and a statistical power of 80%, the minimum required sample size was calculated to be approximately 85 participants. Accordingly, a sample of 100 participants was targeted to ensure adequate power. Using the multi-stage cluster sampling method, two educational districts were randomly selected from the four districts in Qom. Subsequently, two special schools were selected from each district, and eligible mothers were invited to participate. The inclusion criteria consisted of having a child with ID or ASD, being literate enough to complete the questionnaires, and being willing to participate in the study. Exclusion criteria included a self-reported history of severe psychiatric disorders requiring hospitalization, and incomplete questionnaire responses. The final sample included 49 mothers of children with ID and 51 mothers of children with ASD .

Data Collection Procedure

After obtaining approval from the relevant educational authorities, eligible mothers were approached in person at the schools. Participants received verbal and written explanations of the study aims and procedures, and written informed consent was obtained prior to data collection. Questionnaires were administered through face-to-face sessions in a quiet room at the school or another convenient location agreed upon by the participants. Completion of the questionnaires took approximately 25–30 minutes.

Data collecting tools

The researchers gathered the data through face-to-face interviews. The participants were informed about the study. They completed a demographic information questionnaire and three instruments corresponding to the variables of the study. The instruments included the Spiritual Health Questionnaire for Iranian Population, the Ryff Psychological Well-Being Questionnaire, and the Sherer Self-Efficacy Questionnaire. The demographic questionnaire included age, education, number of children, and marital status of mothers (married or divorced), as well as the gender, age, education, and the type of disorder of the children. The internal consistency reliability for all scales was acceptable, supporting their use in the target population.

Spiritual Health Questionnaire for the Iranian Population

Spiritual health was assessed using the Spiritual Health Questionnaire for the Iranian population, developed and validated by Amiri *et al.* (16). The instrument consists of 48 items across three domains (insight, orientation, and behavior) and assesses individuals' relationships with God, self, and the environment. The Persian version of the questionnaire has demonstrated satisfactory psychometric properties, with reported content validity indices (CVI = 0.85) and content validity ratios (CVR = 0.80). Previous studies have also reported acceptable internal consistency for the total scale and subscales (Cronbach's alpha coefficients ≥ 0.80) (16).

Ryff Psychological Well-Being Scale

Psychological well-being was measured through the Persian version of the Ryff Psychological Well-Being Scale (84 items) (17), which assesses six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. The Persian version has been validated in Iranian populations, with reported Cronbach's alpha coefficients of 0.82 for the total scale and ranging from 0.70 to 0.82 for subscales. Construct validity has been supported through significant correlations with related constructs such as life satisfaction, happiness, and self-esteem (18).

Sherer Self-Efficacy Questionnaire

General self-efficacy was assessed through the Sherer General Self-Efficacy Scale, consisting of 17 items rated on a Likert scale (19). To examine the structural validity of the General Self-Efficacy Scale, its scores were correlated with several personality-related constructs, including the Rotter Internal-External Locus of Control Scale, the personal control subscale, the Marlowe–Crowne Social Desirability Scale, and the Rosenberg Self-Esteem Scale. A moderate and statistically significant correlation (r = 0.61) was found between the self-efficacy scale and these personality dimensions, supporting its structural adequacy (20). Furthermore, the Persian version of the instrument has demonstrated satisfactory internal consistency (Cronbach's alpha = 0.86) and acceptable construct validity in prior studies conducted in Iran. (21).

Statistical analysis

To summarize participant characteristics and study variables, descriptive statistics (mean and standard deviation) were used, and to examine the associations between psychological well-being, spiritual health, and general self-efficacy, the researchers calculated Pearson correlation coefficients. Stepwise multiple regression analysis) univariate and multivariate (was conducted to determine whether psychological well-being and

spiritual health predicted general self-efficacy (22) Assumptions, including normality, linearity, homoscedasticity, and multicollinearity, were checked before regression analysis, and the interaction effects among predictors were examined. The significance level was set at $P < 0.05$ and the analyses were performed using SPSS version 22. Given the exploratory nature of the study and sample size limitations, potential confounding variables such as socioeconomic status were not controlled statistically; this limitation is addressed in the Discussion section.

Ethical considerations

This study received approval from the Research Council at Islamic Azad University (Saveh Branch). All procedures were conducted in accordance with established ethical standards. Written informed consent was obtained from each participant prior to their involvement, and they were assured that their personal information would remain confidential. Participants were also informed that they could withdraw from the study at any point without facing any penalty or negative consequences.

Results

The study sample consisted of 100 mothers, 51 of whom had children diagnosed with ASD and 49 with ID. Maternal age ranged between 23 and 48 years, while the children's ages ranged from 2 to 21 years. Comprehensive demographic information is summarized in Table 1.

Table 1. Demographic Characteristics of the Mothers of Children with ASD and ID

Variable	ASD mothers Frequency (%)	ID mothers Frequency (%)	Total Frequency (%)
Mothers' age			
> 30	15	17	32 (32)
31-35	13	8	21 (21)
36-40	16	14	30 (30)
40 <	7	10	17 (17)
Number of children			
1	19	16	35 (35)
2	17	21	38 (38)
3	9	9	18 (18)
4 ≥	6	3	9 (9)
Marital status			
Married	49	47	96 (96)
Divorced	2	2	4 (4)
Mothers' Education level			
Diploma or lower	34	37	71 (71)
Bachelor	15	10	25 (25)
Master or higher	2	2	4 (4)
Children's Education level			
Pre-school	19	7	26 (26)
Elementary school	32	38	70 (70)
Secondary school	0	4	4 (4)
Age of children			
< 6	24	11	35 (35)
6-10	20	21	41 (41)
10-14	4	10	14 (14)
14 >	3	7	10 (10)
Total	51 (51)	49 (49)	100 (100)

ASD: Autism spectrum disorder, ID: Intellectual disability

Table 2 presents the mean scores and standard deviations for psychological well-being, spiritual health, and general self-efficacy. Overall, mothers of children with ASD and ID reported comparable levels of psychological well-being and spiritual health, with slightly higher general self-efficacy scores observed among mothers of children with ASD. Among the dimensions of psychological well-being, environmental mastery and purpose in life showed relatively higher mean scores in both groups.

Table 2. Descriptive Statistics of Psychological Well-being, Spiritual Healthe, and General Self-efficacy of Mothers of Children with ASD and ID

Variables	ASD Mean (SD)	ID Mean (SD)
Psychological well-being	**328.47 (41.21)**	**324.38 (34.27)**
▪ Acceptance	52.68 (10.28)	52.63 (8.75)
▪ Positive relationship	52.49 (7.09)	53.89 (6.69)
▪ Autonomy	50.70 (6.30)	48.89 (6.41)
▪ Environment dominance	56.09 (10.63)	48.24 (8.96)
▪ Purposeful life	58.80 (12.20)	55.83 (9.38)
▪ Personal growth	57.68 (7.01)	57.18 (9.38)
Spiritual health	**218.07 (21.52)**	**225.85 (16.60)**
▪ The spiritual insight	129.84 (11.45)	134.102 (6.57)
▪ The spiritual performance	88.23 (12.39)	91.46 (13.09)
General self-efficacy	**60.52 (7.12)**	**57.34 (8.61)**

ASD: Autism spectrum disorder, ID: Intellectual disability

Pearson correlation analyses were conducted to examine associations between general self-efficacy and the two main independent variables (Table 3). Psychological well-being demonstrated a strong and statistically significant positive association with general self-efficacy in mothers of children with ASD ($r = 0.62$, $P < 0.001$) and mothers of children with ID ($r = 0.65$, $P < 0.001$), indicating a large effect size. In contrast, spiritual health showed weak and non-significant correlations with general self-efficacy in both groups (ASD: $r = 0.24$, $P > 0.05$; ID: $r = 0.06$, $P > 0.05$).

Table 3. Pearson Correlations of General Self-Efficacy with Psychological Well-being and Spiritual Health of Mothers of Children with ASD and ID

Group	Variables	R	P-value
ASD Mothers	Psychological well-being	0.62	< 0.001
	Spiritual health	0.24	> 0.05
ID Mothers	Psychological well-being	0.65	< 0.001
	Spiritual health	0.06	> 0.05

ASD: Autism spectrum disorder, ID: Intellectual disability

Given the significant correlations observed, stepwise multiple regression analyses were performed to examine the predictive role of psychological well-being on general self-efficacy. As shown in Table 4, psychological well-being accounted for 38% of the variance in general self-efficacy among mothers of children with ASD ($R^2 = 0.38$, $F = 29.96$, $P < 0.001$) and 42% among mothers of children with ID ($R^2 = 0.42$, $F = 34.75$, $P < 0.001$), reflecting large effect sizes.

Table 4. Regression Analysis Predicting General Self-Efficacy from Psychological Well-Being in Mothers of Children with ASD and ID

Group	R	R^2	F	β	P-value
ASD Mothers	0.62	0.38	29.96	0.62	0.0001
ID Mothers	0.62	0.42	34.75	0.65	0.0001

ASD: Autism spectrum disorder, ID: Intellectual disability

Further analyses examining the components of psychological well-being (Table 5) revealed that environmental mastery emerged as the strongest predictor of general self-efficacy in both groups. Among mothers of children with ASD, the addition of autonomy and positive relations with others incrementally increased the explained variance, with the final model accounting for approximately 50% of the variance in general self-efficacy ($R^2 = 0.50$, $P < 0.001$).

Table 5. Stepwise Regression of Psychological Well-Being Components Predicting Self-Efficacy in Mothers of Children with ASD and ID

Group	Predictors	R^2	B (final model)	P-value
ASD Mothers	Environmental mastery	0.36	0.6	< 0.001
ASD Mothers	+ Autonomy	0.45	0.8	< 0.001
ASD Mothers	+ Positive relations	0.5	0.9	< 0.001
ID Mothers	Environmental mastery	0.43	0.66	< 0.001

ASD: Autism spectrum disorder, ID: Intellectual disability

The regression analysis was repeated for mothers of children with ASD, and the F-ratio was 27.70, which was significant ($P < 0.001$). Also, based on the coefficient of determination (R^2), it was found that the environmental dominance predicted 36% of the variance in general self-efficacy among this group of mothers. In the second step, autonomy was added to the regression equation. At this stage, the F-ratio was 19.99, which was significant ($P < 0.001$), and based on the R^2 coefficient of determination, it was found that the two subscales predicted 45% of the variance of general self-efficacy. In the third step, positive relations with others were added to the previously entered variables, which resulted in 50% predictability of the variance of general self-efficacy.

Discussion

This study sought to examine the levels of spiritual health and psychological well-being among mothers of children with ID and ASD, as well as to explore the associations between these variables and general self-efficacy within the study population. The results showed a significant correlation between psychological well-being and general self-efficacy, while there was no significant relationship between spiritual health and general self-efficacy. Furthermore, the regression analysis indicated that psychological well-being can be regarded as a predictor of general self-efficacy .

The strong association observed between psychological well-being and self-efficacy suggests that mothers who experience greater environmental mastery, autonomy, and purpose in life perceive themselves as more capable of managing caregiving demands. From a theoretical perspective, this finding is consistent with Bandura's social cognitive theory, which posits that self-efficacy is shaped not only by external mastery experiences but also by internal cognitive-emotional states. Psychological well-being may enhance self-efficacy by fostering a sense of control, coherence, and meaning, thereby strengthening mothers' confidence in their caregiving abilities. Spiritual health, while showing a weaker direct association with self-efficacy, potentially influences it through its role as an indirect resource. This aligns with models of existential coping, which conceptualize spirituality as a framework that helps individuals reinterpret stressors rather than directly modifying behavioral competence (23).

Previous studies conducted in caregiving populations have reported diverse findings regarding the role of spirituality (24). Some researchers have reported a direct positive relationship between spiritual well-being and self-efficacy, particularly in contexts where spirituality is explicitly integrated into coping practices (e.g., structured religious communities). In contrast, other studies, especially those conducted in non-clinical or community samples, have found that spirituality primarily predicts psychological adjustment rather than perceived competence (25).

The results are consistent with previous studies regarding the importance of psychological issues in parents of these children. Evidence indicates that parents of these children experience higher levels of stress compared with parents of typically developing children and those with other special needs or chronic conditions. They also report poorer mental health outcomes, which may adversely affect their quality of life, daily functioning, and overall sense of self-efficacy (26). Parents experience emotions such as anxiety, fear, guilt, and other psychological and emotional challenges, when dealing with developmental disabilities, especially deficits in verbal skills and behavioral problems, thus necessitating training for parents (27). Lin found that parents of children with ASD show various psychopathological symptoms such as depression, anxiety, and pessimism (31). Accordingly, increased psychological well-being, along with resilience and hope, can act as a predictor of self-efficacy among mothers of children with ASD (28, 29). On the other hand, the findings are not consistent with studies showing an inverse relationship between dimensions of spiritual health and mental disorders such as anxiety, or those linking it to self-efficacy among mothers (30). Many factors can account for these conflicts, including the type of family response to stressful events, appropriate coping behaviors, parental age, children's age, socioeconomic resources, etc., which can vary across families and could have different effects on the family, especially on mothers.

The present findings extend the literature by suggesting that the psychological well-being of mothers of children with developmental disabilities, may be a more proximal determinant of their self-efficacy compared to their spiritual health. This analytical distinction has been underexplored in prior research, which often treats

spirituality and well-being as interchangeable protective factors. Conceptually, the findings can be understood within a resource-based framework of caregiving, in which spiritual health provides meaning and existential grounding, while psychological well-being translates these internal resources into functional beliefs and adaptive behavior. In this framework, spiritual beliefs may help mothers tolerate uncertainty and emotional distress, whereas psychological well-being enhances their perceived ability to act effectively in daily caregiving tasks. Specifically, the prominence of environmental mastery as a predictor of self-efficacy highlights the central role of perceived control in caregiving contexts characterized by chronic stress and limited external support. This suggests that interventions aimed at improving self-efficacy should focus not only on emotional support but also on strengthening practical coping skills and autonomy.

The explanation for the observed pattern of relationships may be partially rooted in the cultural context of the study. In collectivist or religiously oriented societies, spirituality often functions as a normative background resource rather than an individually differentiated construct. As a result, its effects may be less visible in statistical models, particularly when psychological well-being is simultaneously considered. Additionally, cultural expectations surrounding motherhood and caregiving may encourage acceptance and endurance rather than self-directed agency, potentially attenuating the direct influence of spirituality on self-efficacy.

The findings have important implications for intervention design. Programs targeting mothers of children with developmental disabilities may benefit from prioritizing psychological well-being and perceived control, while integrating spiritual resources as supportive, meaning-oriented components rather than primary mechanisms of change. Future studies should employ longitudinal or mediation models to clarify causal pathways and examine whether psychological well-being mediates the relationship between spiritual health and self-efficacy.

Limitation

The study faced some limitations, the most important of which is that ID and ASD may be considered identical or overlapping diagnoses, and the participants may include a very heterogeneous group of people with different abilities and disabilities. An additional limitation pertains to the cross-sectional nature of the study, which prevents any inference about causal relationships or the directional effects among the variables. Furthermore, the relatively small sample size may be considered a limitation, potentially compromising the statistical power of the analyses and restricting the broader generalizability of the results. The use of a non-probability sampling approach and reliance on self-report questionnaires introduce potential sampling bias, and the absence of objective indicators (e.g., clinician ratings or behavioral measures) limits the robustness of the conclusions. Despite these limitations, the study provides preliminary evidence that may inform future hypothesis-driven and methodologically rigorous research. Addressing these constraints, in future studies could strengthen causal inference, improve generalizability, and guide the development of effective psychosocial interventions.

Conclusion

In conclusion, the study revealed psychological well-being to be a significant predictor of general self-efficacy in mothers of children with ID or ASD. These findings highlight the importance of targeting psychological well-being in interventions aimed at empowering parents to manage the challenges of caregiving. Although the role of spiritual health requires further investigation, integrating psychosocial support programs that address both emotional and cognitive resources may provide a comprehensive approach to promoting parental resilience and adaptive functioning.

Acknowledgment

We acknowledge the participants and their families for their contribution to this study.

Funding

None.

Conflict of Interest

None.

Author's Contributions

All the authors were involved in the conceptualization and methodology of the study. FI conducted the data collection process. FI, SAH and SY were involved primarily in data analysis. MH prepared the draft of the manuscript, and all authors read and agreed to the final version of the manuscript to be submitted.

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