The Mediating Role of Moral Self-Efficacy in the Relationship Between Emotional Self-Efficacy, General Self-Efficacy and Perceived Stress Among Veterans' Spouses

Abstract

Aims Emotional self-efficacy and general self-efficacy are important psychological resources associated with adaptive coping and perceived stress. However, the mediating role of moral self-efficacy in these relationships has received limited attention, particularly among veterans' spouses. This study aimed to examine the mediating role of moral self-efficacy in the relationships of emotional self-efficacy and general self-efficacy with perceived stress among veterans' spouses.

Materials & Methods This correlational study employed path analysis. The target population comprised wives of veterans residing in Tabriz in 2026, of whom 210 were recruited through convenience sampling. Data were collected using the Perceived Stress Scale (PSS-14), General Self-Efficacy Scale (GSE-10), Emotional Self-Efficacy Scale (ESES), and Moral Self-Efficacy Scale. Data were analyzed using Pearson's correlation coefficient, path analysis, bootstrapping, and the Sobel test in SPSS and AMOS version 26.

Findings The results indicated that general, emotional, and moral self-efficacy explained 10% of the variance in perceived stress among veterans' spouses. General self-efficacy ($\beta = -0.18$) and moral self-efficacy ($\beta = -0.211$) had significant negative direct effects on perceived stress, whereas the direct effect of emotional self-efficacy was not significant ($\beta = -0.03$). However, both general and emotional self-efficacy had significant indirect effects on perceived stress through moral self-efficacy.

Conclusion Based on the findings, it is recommended that educational and counseling programs aimed at strengthening general, emotional, and particularly moral self-efficacy be implemented to reduce perceived stress among veterans' spouses

Keywords Moral; Emotional; General; Self-Efficacy; Stress; veterans; spouses.

Introduction

In recent decades, modern warfare has gradually shifted away from the conventional pattern of large-scale, direct confrontations between armies toward more diverse forms of conflict, including local, aerial, and low-intensity, proxy, terrorist, and information warfare. Although such conflicts may result in fewer direct casualties than traditional wars, their psychological consequences are often more extensive, complex, and enduring, affecting individuals and societies at multiple levels [1]. These consequences are not limited to combatants, military personnel, and veterans; in many cases, they also extend to civilian populations, family members, and particularly veterans' spouses [1]. Under such circumstances, the limited actual or perceived control over war-related stressors may cause the psychological and social effects of conflict to extend far beyond the battlefield and affect a substantial proportion of families within society. These effects may arise through war-related economic and social pressures or through the loss of relatives, friends, and close family members [2]. From this perspective, the consequences of war and conflict cannot be assessed solely by the destruction of cities or the number of lives lost; they also persist in the silent suffering of displaced families, the unspoken grief of older adults, and the invisible wounds carried by children [3]. War-related trauma affects not only individuals but may also transform the characteristics, relationships, structures, and dynamics of groups and communities. Changes in social capital and collective efficacy, impaired family functioning, disruption of social roles, increased efforts to adapt to adverse conditions, and the widespread occurrence of individual trauma-related consequences are among the manifestations of collective trauma [4]. Within this context, the families of veterans and individuals with war-related disabilities, particularly their spouses, are exposed to substantial psychological, physical, and social pressures. Providing long-term care for a veteran or a person with a war-related disability, especially when accompanied by financial constraints, family responsibilities, and limited social support, may compromise caregivers' physical and mental health and increase their levels of perceived stress [5]. Understanding stress in this population is important because stress is neither a simple nor a unidimensional concept. Individuals differ in their sensitivity to stressful situations, degree of reactivity, coping strategies, and subjective appraisal of threatening events. Moreover, the lack of scientific consensus on a single definition of stress further

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adds to the complexity of this concept [6]. In the theoretical literature, stress has generally been conceptualized from three perspectives: stimulus-based, response-based, and transactional. Whereas some perspectives consider stress to be a consequence of external conditions and stressful events, more recent approaches emphasize the role of cognitive appraisal, individual experiences, and coping resources. Accordingly, an event is perceived as stressful when an individual evaluates it as threatening, harmful, or exceeding their coping capacity [7].

Several factors may be associated with perceived stress among veterans' spouses, one of the most important of which is emotional self-efficacy. Self-efficacy beliefs refer to individuals' perceptions of their capabilities to control life events and achieve desired goals [8]. These beliefs influence individuals' motivation when confronting difficult challenges, their ability to adapt to situational demands, and their effective engagement in successful self-regulatory processes [9]. More specifically, emotional self-efficacy refers to an individual's perceived ability to manage emotions successfully and regulate emotional states [10, 11]. Emotional self-efficacy does not merely function as a protective factor against negative emotions; it is also regarded as a fundamental mechanism for strengthening resilience and enhancing emotional well-being [12]. Accordingly, mental health professionals and educators have emphasized the importance of promoting emotional self-efficacy and resilience to improve individuals' psychological health [13]. Empirical evidence also indicates that emotional self-efficacy may play an important role in reducing adverse psychological outcomes. For example, it has been shown to significantly reduce academic stress and test anxiety [14]. Strengthening emotional self-efficacy may also attenuate the effects of perceived stress and reduce suicidal tendencies [15]. Moreover, emotional self-efficacy has been found to be negatively associated with psychological distress, indicating that individuals with higher levels of emotional self-efficacy tend to experience lower levels of psychological distress [16].

Another factor that may be associated with perceived stress among veterans' spouses is general self-efficacy. As an important psychological resource, general self-efficacy plays a substantial role in individuals' overall well-being, particularly among veterans' spouses, whose psychological and family functioning may be significantly affected by concerns about the future, their spouse's health status, and the long-term consequences of war-related disability [17]. Bandura defined self-efficacy as an individual's belief in their ability to organize and execute the actions required to achieve specific goals [18]. Accordingly, individuals with higher levels of general self-efficacy typically demonstrate greater perseverance, goal commitment, motivation, and readiness to cope with difficult situations. They also tend to employ more adaptive coping strategies, which may ultimately contribute to better health outcomes [19]. From a psychological perspective, general self-efficacy may function as a key mechanism in reducing individuals' vulnerability to stress. This protective role becomes particularly important among groups exposed to chronic responsibilities, emotional pressures, and long-term caregiving demands. Veterans' spouses may be especially vulnerable to perceived stress because of their continuing caregiving responsibilities, concerns about their spouse's physical and psychological condition, family-related constraints, and social pressures. Under such circumstances, general self-efficacy may protect against psychological strain by strengthening individuals' sense of competence, perceived control, and confidence in their personal capabilities [20]. Empirical evidence also supports a negative association between general self-efficacy and perceived stress. For example, one study showed that general self-efficacy significantly predicted perceived stress, such that higher levels of self-efficacy were associated with lower perceived stress among Chinese participants [21]. General self-efficacy has been shown to fully mediate the relationship between extraversion and perceived stress, suggesting that the lower levels of perceived stress observed among extraverted individuals may partly be explained by their higher general self-efficacy [22]. [1]. similarly, general self-efficacy has been reported to play a significant partial mediating role in the relationship between psychological resilience and perceived stress [23]. Furthermore, perceived stress has been found to be significantly and negatively associated with both self-efficacy and family support [24].

Another objective of the present study was to examine the mediating role of moral self-efficacy in the relationships of emotional self-efficacy and general self-efficacy with perceived stress among veterans' spouses. Moral self-efficacy, as a specific form of self-efficacy, refers to an individual's perceived capacity to behave in accordance with moral standards, values, and obligations [25]. This construct reflects the extent to which individuals believe they can act according to ethical principles, make responsible decisions, and avoid behaviors that conflict with their internal values, even in difficult, stressful, or conflict-laden situations. From this perspective, moral self-efficacy

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does not merely involve awareness of moral values; rather, it reflects individuals' belief in their ability to pursue moral goals and maintain an ethical orientation in personal and interpersonal behavior [26]. Accordingly, individuals with higher levels of moral self-efficacy are better able to regulate emotional reactions, avoid harmful behaviors, and maintain healthier interactions under stressful conditions. They are also more sensitive to behaviors that are inconsistent with moral standards and more actively engaged in modifying maladaptive behavioral patterns, both within themselves and in interpersonal relationships [27]. In the lives of veterans' spouses, which are often characterized by caregiving burdens, emotional conflicts, psychological fatigue, and chronic family responsibilities, moral self-efficacy may play an important role in regulating behavior and reducing psychological strain. When individuals believe that they can continue to act in accordance with their moral values even under difficult circumstances, they are likely to experience a greater sense of control, internal coherence, and coping capacity. Therefore, strengthening moral self-efficacy may contribute to reducing stress arising from work, daily life, and interpersonal responsibilities [28]. In this regard, some studies have shown that constructs closely related to moral self-efficacy, such as moral identity and moral emotions, may be associated with important psychological outcomes. For example, moral identity, as a psychological and ethical construct, may help reduce the adverse effects of stress, depression, and anxiety [29]. Moreover, moral identity and moral emotions may activate adaptive regulatory processes, including cognitive reappraisal and self-compassion, as well as maladaptive processes, such as rumination and emotional suppression. These processes can significantly influence emotional resilience and psychological vulnerability [30].
Given the extensive, complex, and enduring consequences of war for families, examining the psychological factors associated with perceived stress among veterans' spouses is of particular importance. Military and veteran families face unique challenges, including difficulties related to deployment and reintegration, family transitions, mental health concerns, and other associated problems. Nevertheless, the needs of veterans' families are often overlooked, and research on this population remains limited [31]. Veterans' spouses may be particularly vulnerable to psychological distress because of their ongoing caregiving responsibilities, concerns about their spouse's health, family pressures, and social constraints [5]. Therefore, examining perceived stress among veterans' spouses may contribute to a better understanding of the less visible familial consequences of war and facilitate the development of appropriate supportive interventions for this group. Because perceived stress depends not only on the objective severity of external events but also on individuals' subjective appraisal of threat, control, and coping capacity, identifying personal protective resources is essential [7]. In this regard, emotional self-efficacy may reduce stress by enhancing emotion regulation and decreasing psychological distress, whereas general self-efficacy may contribute to lower stress by strengthening perceived competence, perseverance, and perceived control [18]. Moral self-efficacy may also enable individuals to regulate their behavior in accordance with moral values and standards when facing difficult, conflicting, and stressful situations [25]. Accordingly, examining the mediating role of moral self-efficacy may provide a more precise explanation of the mechanisms underlying the relationships of emotional and general self-efficacy with perceived stress. The significance of the present study lies in its potential to expand theoretical knowledge regarding self-efficacy resources in the mental health of veterans' spouses and to provide a basis for developing psychological, educational, and supportive interventions aimed at reducing stress and enhancing coping capacity in this population.

Materials and Methods

Design and participants

The present study used a correlational design and path analysis. The statistical population consisted of all wives of veterans residing in Tabriz in 2026. Participants were recruited through convenience sampling. Based on Kline's recommendation regarding the minimum sample size relative to the number of latent variables, an initial sample of 250 participants was recruited. After incomplete or invalid questionnaires were excluded, data from 210 participants were retained for the final analysis. The inclusion criteria were providing written informed consent, being the wife of a veteran or an individual with a war-related disability rating of 30% or higher, being currently married, and having a minimum level of literacy sufficient to complete the questionnaires. The exclusion criteria were submitting incomplete questionnaires, having an acute physical illness, using psychoactive medications, and concurrently participating in another similar study. All study procedures were conducted in accordance with the ethical principles of the 2013 revision of the Declaration of Helsinki.

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Before participation, respondents were informed about the study objectives, the voluntary nature of participation, and their right to withdraw from the study at any stage without any adverse consequences. Written informed consent was obtained from all participants. The study protocol was approved by the Institutional Review Board of the University of Tabriz (Ethics Code: IR.TABRIZU.REC.1404.165). Data were collected using the Perceived Stress Scale (Cohen et al., 1983), the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1981), the Emotional Self-Efficacy Questionnaire (Beverley, Nicola, & Schutte, 2008), and the Moral Self-Efficacy Scale developed by Hannah and Avolio (2010).

Instruments

Perceived Stress Scale (PSS-14): The 14-item Perceived Stress Scale was developed by Cohen et al. to assess the extent to which individuals appraise situations in their lives as stressful during the previous month [32]. Items are rated on a 5-point Likert scale ranging from 0 (never) to 4 (very often). Seven positively worded items are reverse-scored. The total score ranges from 0 to 56, with higher scores indicating greater perceived stress. Cohen et al. reported Cronbach's alpha coefficients ranging from 0.84 to 0.86 [32]. In Iranian studies, Alivandi Vafa et al. and Safaei and Shokri reported reliability coefficients of 0.81 and 0.76, respectively [33,34]. In the present study, the scale demonstrated acceptable psychometric properties.

General Self-Efficacy Scale (GSE-10): The 10-item General Self-Efficacy Scale was developed by Schwarzer and Jerusalem to assess individuals' perceived ability to cope effectively with difficult situations [35]. A sample item is, "I can always manage to solve difficult problems if I try hard enough." Items are rated on a 4-point Likert scale ranging from 1 (not at all true) to 4 (exactly true). Total scores range from 10 to 40, with higher scores indicating greater general self-efficacy. The scale has demonstrated good internal consistency across different cultural contexts, with reliability coefficients ranging from 0.81 to 0.91[35]. In Iranian studies, Cronbach's alpha coefficients of 0.94 and 0.86 have been reported, respectively [36,37]. In the present study, the scale was used to assess general self-efficacy among veterans' spouses.

Emotional Self-Efficacy Scale (ESES): The 32-item Emotional Self-Efficacy Scale was developed by Kirk et al. based on Mayer and Salovey's model of emotional intelligence [38]. The scale assesses emotional self-efficacy across four domains: perceiving emotions, using emotions to facilitate thought, understanding emotions, and regulating emotions. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater emotional self-efficacy. The scale developers reported a Cronbach's alpha coefficient of 0.96 and a two-week test–retest reliability coefficient of 0.85[38]. In Iran, the single-factor structure of the scale was confirmed, with a Cronbach's alpha coefficient of 0.79 [39]. Moreover, high reliability coefficients ranging from 0.88 to 0.95 were reported for its subscales [40].

Moral Self-Efficacy Questionnaire: The Moral Self-Efficacy Questionnaire was developed by Hannah and Avolio to assess individuals' perceived moral self-efficacy [41]. The questionnaire consists of 13 items distributed across three subscales: moral preparedness (5 items), moral challenges (4 items), and moral self-efficacy (4 items). Items are rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree), with higher scores indicating greater moral self-efficacy. In the original study, the questionnaire demonstrated a Cronbach's alpha coefficient of 0.62, and the Kaiser–Meyer–Olkin measure of sampling adequacy was 0.71, indicating the suitability of the data for factor analysis [41]. In Iran, Ghaffari et al. evaluated the factorial validity of the questionnaire using confirmatory factor analysis [42]. The results showed that the items had acceptable factor loadings and that the proposed three-factor model demonstrated an acceptable fit. The reliability coefficients obtained using Cronbach's alpha, test–retest reliability, and the split-half method were 0.64, 0.77, and 0.67, respectively [42].

Statistical analysis

The collected data were analyzed using SPSS and AMOS, version 26. Pearson's correlation coefficient was used to examine the relationships among the study variables. The significance of the indirect effects was assessed using the Sobel test and bootstrap analysis. A significance level of $p < 0.05$ was considered for all statistical tests.

Findings

The study sample consisted of 210 wives of veterans of the Iran–Iraq War, the 12-Day War, and the Ramadan War. Of the participants, 23.33% (n = 49) were aged 20–30 years, 27.62% (n = 58) were aged 31–40 years, 21.90% (n = 46) were aged 41–50 years, 14.29% (n = 30) were aged 51–60

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years, and 12.86% (n = 27) were aged 61 years or older. The participants' mean age was 39.5 years (SD = 7.8). Regarding educational attainment, 46.19% (n = 97) had a high school diploma or lower level of education, 21.90% (n = 46) held an associate degree, 18.57% (n = 39) held a bachelor's degree, and 13.33% (n = 28) held a master's degree or higher. The means, standard deviations, minimum scores, and maximum scores of the study variables are presented in Table 1.

Table.1. Descriptive statistics of variables

Variable	Mean	Std. Deviation	Minimum	Maximum
1. Perceived Stress	27.44	2.76	21	34
2. General Self-Efficacy	27.48	4.35	18	40
3. Emotional Self-Efficacy	125.05	21.69	67	155
4. Moral Self-Efficacy	34.57	6.66	13	44

To examine the correlations of general self-efficacy, emotional self-efficacy, and moral self-efficacy with perceived stress among veterans' spouses, Pearson's correlation analysis was conducted. The results indicated that general self-efficacy ($r = -0.237$), emotional self-efficacy ($r = -0.181$), and moral self-efficacy ($r = -0.267$) were negatively and significantly correlated with perceived stress among veterans' spouses ($p < 0.05$). These findings indicate that higher levels of general, emotional, and moral self-efficacy are associated with lower levels of perceived stress among veterans' spouses (Table 2). Before conducting the path analysis, the underlying assumptions of this method were examined. Multivariate normality is one of the key assumptions of path analysis. The examination of Mardia's multivariate kurtosis coefficients showed that the obtained values were within the acceptable range. Therefore, the assumption of multivariate normality was satisfied in the present study.

Table 1. Correlation matrix of variables and Mardia's coefficient

Variables	1		
1. Perceived Stress		Mardia's Kurtosis Coefficie	1.54(0.25)
2. General Self-Efficacy	-0.237		
3. Emotional Self-Efficacy	-0.181		
4. Moral Self-Efficacy	-0.267		

To assess the significance of the indirect effects in the model, the Sobel test was used. The findings showed that general self-efficacy, emotional self-efficacy, and moral self-efficacy jointly explained 10% of the variance in perceived stress among veterans' spouses. The direct effect of general self-efficacy on perceived stress was negative and statistically significant ($\beta = -0.18$). Similarly, moral self-efficacy had a negative and significant direct effect on perceived stress ($\beta = -0.211$). However, the direct effect of emotional self-efficacy on perceived stress was not statistically significant ($\beta = -0.03$). The analysis of indirect effects indicated that, through the mediating role of moral self-efficacy, emotional self-efficacy had a significant indirect effect on perceived stress ($t = -2.20$, $p < 0.05$). Likewise, the indirect effect of general self-efficacy on perceived stress through moral self-efficacy was statistically significant ($t = -2.01$, $p < 0.05$) (Figure 1).

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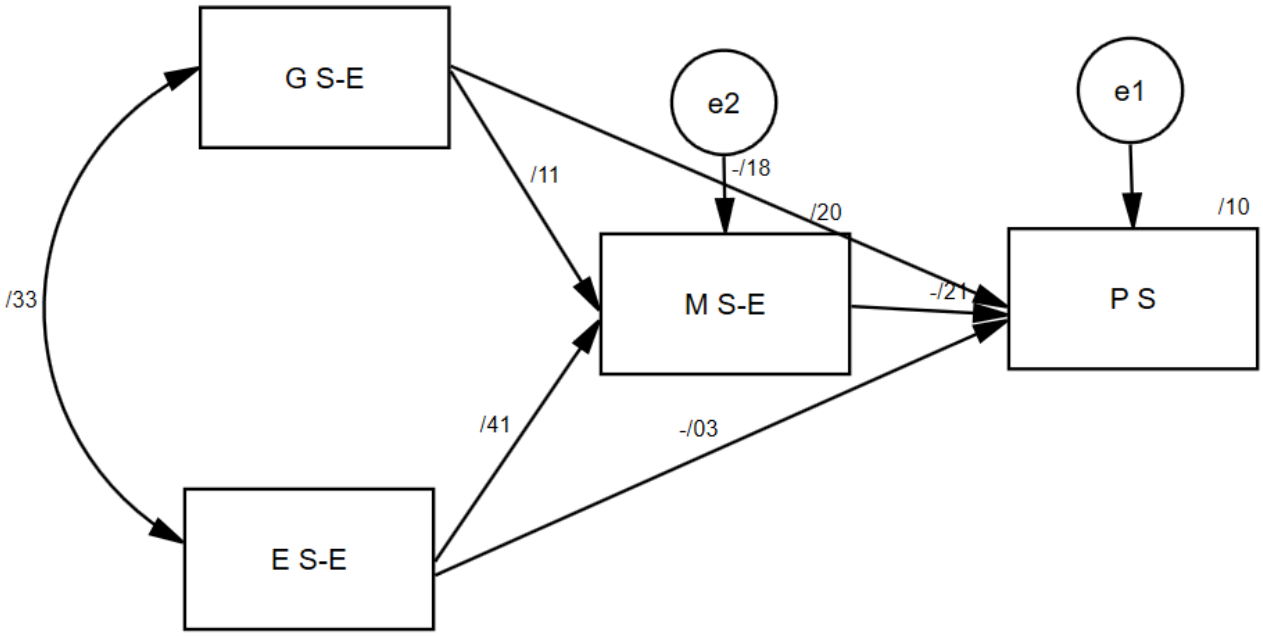

Fig.1. The standard coefficients of the final research model

Note: PS= Perceived Stress; MS-E= Moral Self-Efficacy; ES-E= Emotional Self-Efficacy; GS-E= General Self-Efficacy

To evaluate the fit of the perceived stress model among veterans' spouses, AMOS version 26 was used. The results of the analysis indicated that the proposed model, which included general self-efficacy, emotional self-efficacy, and moral self-efficacy, demonstrated an acceptable fit to the study data. Specifically, the goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), incremental fit index (IFI), and comparative fit index (CFI) were all greater than 0.90.

In addition, the chi-square to degrees of freedom ratio (χ^2/df) fell within the acceptable range of 1 to 3. The root mean square error of approximation (RMSEA) was 0.07, which was below the criterion value of 0.09. Overall, the fit indices indicated that the proposed model had an acceptable fit (Table 3).

Table.3. Fit the proposed pattern with data based on fit Indexes

Index	X^2	df	X^2/df	GFI	AGFI	IFI	CFI	RMSEA
Pattern	10	4	2.5	0.918	0.995	0.965	0.955	0.07

Note: X^2 = chi square; df = degrees of freedom; X^2/df = chi square ratio to degree of freedom; GFI = goodness of fit; AGFI = adjusted goodness of fit index; IFI = incremental fit index; CFI = comparative fit index; RMSEA = root mean square error of approximation.

Discussion

The present study aimed to examine the mediating role of moral self-efficacy in the relationships of emotional self-efficacy and general self-efficacy with perceived stress among veterans' spouses. The bootstrap analysis showed that moral self-efficacy had a significant negative direct effect on perceived stress at the 0.05 level, indicating that higher moral self-efficacy was associated with lower perceived stress. This finding is consistent with previous studies showing that moral self-efficacy and related moral and psychological capacities contribute to behavioral self-regulation, adaptive coping, and reduced psychological distress [27-30]. This finding may be explained by considering moral self-efficacy as an individual's belief in their ability to make decisions and behave in accordance with moral principles and values, even in difficult and stressful circumstances. In their daily lives, veterans' spouses may face ongoing caregiving responsibilities, psychological exhaustion, family conflicts, and situations that require difficult decisions and the regulation of emotional reactions. A high level of moral self-efficacy may help them regulate their behavior according to internal values, avoid impulsive or harmful responses, and maintain more adaptive family interactions. This, in turn, may reduce internal conflict, guilt, helplessness, and feelings of having limited control over their circumstances.

Pearson's correlation coefficient was used to examine the relationship between emotional self-efficacy and perceived stress among veterans' spouses. The results indicated a significant negative correlation between emotional self-efficacy and perceived stress ($r = -0.181$, $p < 0.05$), suggesting that higher emotional self-efficacy was associated with lower levels of perceived stress. This finding is consistent with previous studies demonstrating an inverse relationship between emotional self-efficacy and psychological stress or distress [12-16]. This finding may be explained by the fact that emotional self-efficacy reflects individuals' belief in their ability to recognize, understand, control, and manage emotions in difficult situations. Veterans' spouses may be continuously exposed to caregiving burdens, concerns about their spouse's physical and psychological health, family conflicts, social constraints, and long-term responsibilities. Individuals with higher emotional self-efficacy are likely to be better able to identify and regulate emotions such as anxiety, anger, frustration, and helplessness and to respond more calmly and adaptively to stressful events. This ability may prevent negative emotions from intensifying and developing into persistent psychological strain. Moreover, confidence in one's ability to manage emotions may enhance perceived control and reduce the tendency to appraise situations as threatening. Consequently, instead of relying on avoidance, emotional suppression, or impulsive reactions, individuals may be more likely to use adaptive strategies such as cognitive reappraisal, problem-solving, and seeking social support. These processes may improve their ability to cope with caregiving responsibilities and family pressures and thereby reduce perceived stress. Nevertheless, the magnitude of the correlation was relatively small, indicating that perceived stress among veterans' spouses is likely influenced by a broader range of individual, familial, social, and economic factors, with emotional self-efficacy representing only one of the relevant psychological resources.

Another aim of the present study was to examine the direct effect of general self-efficacy on perceived stress among veterans' spouses. The bootstrap analysis showed that general self-efficacy had a significant negative direct effect on perceived stress at the 0.05 level, indicating that higher general self-efficacy was associated with lower perceived stress. This finding is consistent with previous evidence demonstrating a significant inverse relationship between general self-efficacy and perceived stress [13]. General self-efficacy has also been shown to partially mediate the relationship between psychological resilience and perceived stress [23]. Furthermore, perceived stress has been reported to be significantly and negatively associated with both self-efficacy and family support [24]. This finding may be explained by the fact that general self-efficacy reflects individuals' belief in their ability to manage problems, overcome obstacles, and successfully perform tasks under difficult circumstances. Because veterans' spouses are continuously exposed to caregiving responsibilities, concerns about their spouse's physical and psychological health, financial constraints, and family pressures, they may appraise many everyday situations as stressful and beyond their coping capacity. Under such conditions, higher general self-efficacy may enable individuals to perceive problems as manageable and solvable rather than as uncontrollable threats. Moreover, individuals with higher general self-efficacy tend to demonstrate greater perseverance when facing difficulties, are less likely to give up quickly, and more frequently employ active coping strategies such as problem-solving, planning, and seeking social support. These characteristics may reduce feelings of helplessness and inadequacy while strengthening perceived control. Confidence in personal capabilities may also help veterans' spouses manage caregiving and family responsibilities more effectively and maintain greater psychological adjustment in the face of chronic stressors. Therefore, general self-efficacy may function as a protective psychological resource that reduces perceived stress by enhancing individuals' sense of competence, control, and coping capacity.

The present study also examined the mediating role of moral self-efficacy in the relationships of emotional and general self-efficacy with perceived stress among veterans' spouses. The Sobel test showed that the indirect effects of the predictor variables on perceived stress through moral self-efficacy were statistically significant. More specifically, emotional self-efficacy was indirectly associated with lower perceived stress through moral self-efficacy, whereas general self-efficacy was associated with perceived stress through both direct and indirect pathways. This finding is consistent with previous evidence demonstrating that moral self-efficacy can significantly mediate the relationships among psychological and moral variables [42]. This finding may be explained by the fact that the ability to manage emotions or confidence in one's capacity to cope with difficulties does not necessarily reduce stress on its own; rather, how these capabilities are applied in moral and interpersonal situations is also important. Individuals who perceive themselves as capable of

regulating their emotions and managing difficult situations may develop greater confidence in their ability to make responsible decisions, regulate their behavior, and adhere to moral values under stressful conditions. Strengthening this belief may enhance internal coherence, perceived control, and behavioral stability while reducing intrapersonal and interpersonal conflict. This mechanism may be particularly important in the lives of veterans' spouses, who are often exposed to ongoing caregiving burdens, psychological fatigue, emotional conflicts, and difficult family decisions. Moral self-efficacy may help them regulate their responses in accordance with their internal values, make more adaptive decisions in stressful situations, and avoid impulsive or harmful behaviors. Thus, moral self-efficacy may function as a mediating mechanism through which emotional and general self-efficacy are translated into more coherent behavior and more effective coping, thereby reducing perceived stress. The limitations of the present study include its cross-sectional correlational design, the use of convenience sampling, the restriction of the sample to veterans' spouses residing in Tabriz, and reliance on self-report measures. These limitations may constrain causal inference, the generalizability of the findings, and the accuracy of participants' responses, respectively.

Conclusion

Overall, the findings of the present study indicated that general self-efficacy and moral self-efficacy had significant direct effects on reducing perceived stress among veterans' spouses. Although emotional self-efficacy did not have a significant direct effect on perceived stress, it was indirectly associated with lower perceived stress through moral self-efficacy. Moral self-efficacy also played a significant mediating role in the relationship between general self-efficacy and perceived stress. These findings suggest that confidence in one's ability to manage difficulties, regulate emotions, and act in accordance with moral values may constitute a set of protective psychological resources that enhance veterans' spouses' adaptation to caregiving, family, and psychological pressures. Accordingly, educational and counseling interventions aimed at strengthening general, emotional, and particularly moral self-efficacy may contribute to reducing perceived stress and improving psychological well-being in this population.

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