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Health Consciousness and Distress Tolerance as Predictors of Rehabilitation Self-Efficacy

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A B S T R A C T

This study aimed to examine the predictive value of health consciousness and distress tolerance on rehabilitation self-efficacy. Rehabilitation self-efficacy is crucial for successful recovery, and understanding its determinants can inform the development of effective interventions. A cross-sectional design was employed, involving 217 participants recruited from rehabilitation centers. The sample size was determined based on the Morgan and Krejcie table. Standardized questionnaires were used to assess rehabilitation self-efficacy, health consciousness, and distress tolerance. Pearson correlation and linear regression analyses were conducted to examine the relationships between variables using SPSS version 27. Descriptive statistics indicated that the mean scores for rehabilitation self-efficacy, health consciousness, and distress tolerance were 3.85 (SD = 0.72), 4.10 (SD = 0.65), and 3.67 (SD = 0.80), respectively. Pearson correlation analysis showed significant positive correlations between rehabilitation self-efficacy and both health consciousness ($r = 0.48$, $p < 0.001$) and distress tolerance ($r = 0.52$, $p < 0.001$). The regression model was significant ($F(2, 214) = 65.41$, $p < 0.001$) and explained 38% of the variance in rehabilitation self-efficacy ($R^2 = 0.38$). Health consciousness ($B = 0.36$, $\beta = 0.30$, $p < 0.001$) and distress tolerance ($B = 0.43$, $\beta = 0.37$, $p < 0.001$) were both significant predictors of rehabilitation self-efficacy. The findings indicate that both health consciousness and distress tolerance significantly predict rehabilitation self-efficacy. These results underscore the importance of integrating psychological resilience and health awareness into rehabilitation programs to enhance patient outcomes. Future research should explore these relationships longitudinally and experimentally, while practitioners should focus on boosting these factors in rehabilitation settings.

Keywords: *Rehabilitation self-efficacy, health consciousness, distress tolerance, rehabilitation, psychological resilience, health behavior.*

1. Introduction

Rehabilitation self-efficacy, the belief in one's capability to successfully execute behaviors necessary for rehabilitation, plays a crucial role in the recovery process following injury or illness. It encompasses confidence in managing symptoms, performing activities of daily living (ADLs), and maintaining mobility. High rehabilitation self-efficacy is associated with better health outcomes and quicker recovery (Hartley et al., 2008).

Health consciousness refers to the degree of attention individuals pay to their health and the extent to which they engage in behaviors to maintain or improve it (Chen, 2013). It encompasses awareness, concern, and proactive engagement in health-related activities. Health-conscious individuals are more likely to adopt healthy behaviors and make informed health decisions (Andruliene & Urbonavičius, 2023; Espinosa, 2023). Previous research has highlighted the impact of health consciousness on various health outcomes, including the management of chronic diseases and the adoption of preventive behaviors during the COVID-19 pandemic (Espinosa, 2023; Lorig et al., 2005). Moreover, health consciousness has been linked to positive lifestyle changes and better health status (Wu et al., 2020).

Distress tolerance, the ability to withstand emotional distress, is another significant factor in rehabilitation. It involves the capacity to endure negative emotional states without resorting to maladaptive behaviors (Veilleux, 2022). Individuals with high distress tolerance are better equipped to handle the psychological challenges associated with rehabilitation, leading to improved outcomes (Wright et al., 2020). Distress tolerance has been studied in various contexts, including its relationship with empathy in schizophrenia (Bonfils et al., 2018) and its impact on substance abuse treatment (Nia et al., 2022).

The interplay between rehabilitation self-efficacy, health consciousness, and distress tolerance can be understood through Bandura's Social Cognitive Theory (SCT), which emphasizes the role of self-efficacy in behavior change (Hartley et al., 2008; Luszczynska & Sutton, 2006; Mohammadi et al., 2021; Nia et al., 2022; Parker et al., 2018; Saadati & Parsakia, 2023). According to SCT, individuals with high self-efficacy are more likely to engage in and persist with health-promoting behaviors, even in the face of challenges. Health consciousness can enhance self-efficacy by increasing knowledge and motivation to engage in health behaviors (Mai & Hoffmann, 2015). Similarly, distress tolerance can influence self-efficacy by enabling individuals to cope with the emotional challenges of rehabilitation (Kechter & Leventhal, 2018).

Hartley et al. (2008) investigated the role of self-efficacy in the functional recovery of patients following knee and hip replacement surgeries. Their findings indicated that higher levels of self-efficacy were associated with better functional outcomes, emphasizing the importance of confidence in one's ability to perform rehabilitation tasks (Hartley et al., 2008). Luszczynska and Sutton (2006) further explored this concept in the context of cardiac rehabilitation, highlighting that different types of self-efficacy are crucial for maintaining long-term physical activity post-rehabilitation (Luszczynska & Sutton, 2006). Parker et al. (2018) examined the impact of health self-efficacy on functional independence after acquired brain injury. They found that higher health self-efficacy predicted better functional outcomes, suggesting that interventions aimed at boosting self-efficacy could enhance rehabilitation success (Parker et al., 2018). Miner et al. (2021) also highlighted the relationship between mental health and patient-reported outcomes in upper-extremity illness, suggesting that psychological factors, including self-efficacy, significantly influence recovery (Miner et al., 2021). Chen (2013) explored the influence of health consciousness on consumers' willingness to use functional foods, finding that higher health consciousness was associated with increased likelihood of adopting health-promoting behaviors. This underscores the potential of health consciousness to drive positive health behaviors (Chen, 2013). Wu et al. (2020) demonstrated the mediating effect of health consciousness on the relationship between lifestyle and suboptimal health status, indicating that health-conscious individuals are more likely to engage in healthy behaviors that improve overall health (Wu et al., 2020). Espinosa (2023) evaluated the impact of health consciousness and health literacy on COVID-19 preventive behaviors among Hispanic adults, finding that health consciousness significantly predicted engagement in preventive measures (Espinosa, 2023). This aligns with findings by Shimoda et al. (2019), who reported a positive association between health consciousness and pro-environmental behaviors among health professionals. These studies collectively highlight the role of health consciousness in promoting a wide range of health-related behaviors (Shimoda et al., 2019). Veilleux (2022) proposed a theory of momentary distress tolerance, emphasizing the situational context of distress tolerance and its impact on decision-making (Veilleux, 2022). Wright et al. (2020) evaluated a brief psychological intervention aimed at

improving distress tolerance in a community mental health setting, finding that enhanced distress tolerance was associated with better psychological outcomes (Wright et al., 2020). Nia et al. (2022) examined the effectiveness of dialectical behavior therapy (DBT) in improving distress tolerance among individuals with stimulant drug abuse, demonstrating significant improvements in distress tolerance and self-efficacy (Nia et al., 2022). Bonfils et al. (2018) explored the moderating effect of metacognitive self-reflectivity on the relationship between distress tolerance and empathy in individuals with schizophrenia. Their findings suggest that higher distress tolerance, moderated by self-reflectivity, enhances empathy, highlighting the complex interplay between emotional regulation and social functioning (Bonfils et al., 2018). Kechter and Leventhal (2018) investigated the longitudinal association between sleep problems and distress tolerance during adolescence, finding that lower distress tolerance predicted greater sleep disturbances over time (Kechter & Leventhal, 2018).

Despite the extensive research on rehabilitation self-efficacy, health consciousness, and distress tolerance, there remains a gap in understanding the combined effect of health consciousness and distress tolerance on rehabilitation self-efficacy. Most studies have focused on these constructs in isolation, overlooking their potential interplay. Addressing this gap, the present study aims to explore the predictive value of health consciousness and distress tolerance on rehabilitation self-efficacy in individuals undergoing rehabilitation.

Based on the theoretical framework and literature review, the study proposes the following hypotheses:

- Health consciousness positively predicts rehabilitation self-efficacy.
- Distress tolerance positively predicts rehabilitation self-efficacy.
- Health consciousness and distress tolerance jointly predict rehabilitation self-efficacy.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a cross-sectional design to investigate the relationship between rehabilitation self-efficacy, health consciousness, and distress tolerance. A total of 217 participants were recruited based on the sample size recommendations from the Morgan and Krejcie table. Participants were selected through convenience sampling from various rehabilitation centers. Inclusion criteria included adults aged 18 years and above who are currently undergoing or have recently completed a rehabilitation program. Exclusion criteria included individuals with severe cognitive impairments or those who were unable to provide informed consent.

2.2. Measures

2.2.1. Rehabilitation Self-Efficacy

The Rehabilitation Self-Efficacy Scale (RSES), developed by Jones et al. in 2001, is used to measure the dependent variable, Rehabilitation Self-Efficacy. The RSES comprises 22 items divided into three subscales: Self-Efficacy for Mobility (7 items), Self-Efficacy for Activities of Daily Living (ADLs) (8 items), and Self-Efficacy for Managing Symptoms (7 items). Respondents rate their confidence in performing rehabilitation-related tasks on a 5-point Likert scale ranging from 1 (not at all confident) to 5 (completely confident). Higher scores indicate greater self-efficacy. The RSES has demonstrated high reliability and validity in various studies, with Cronbach's alpha coefficients exceeding 0.90 for all subscales, indicating excellent internal consistency (Luszczynska & Sutton, 2006; Parker et al., 2018).

2.2.2. Health Consciousness

The Health Consciousness Scale (HCS) created by Gould in 1988 is used to assess the independent variable, Health Consciousness. The HCS includes 9 items designed to measure an individual's awareness and concern about their health. Each item is scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting higher levels of health consciousness. The HCS encompasses dimensions such as personal responsibility, health motivation, and proactive health behavior. The scale has been widely validated, with numerous studies confirming its reliability, evidenced by Cronbach's alpha values typically ranging from 0.70 to 0.85, signifying good internal consistency (Andruliene & Urbonavičius, 2023; Chen, 2013; Espinosa, 2023; Kumar, 2024; Mai & Hoffmann, 2015; Shimoda et al., 2019; Wu et al., 2020).

2.2.3. Distress Tolerance

The Distress Tolerance Scale (DTS), developed by Simons and Gaher in 2005, measures the independent variable, Distress Tolerance. The DTS consists of 15 items divided into four subscales: Tolerance (5 items), Appraisal

(4 items), Absorption (3 items), and Regulation (3 items). Participants rate their agreement with statements about their ability to tolerate emotional distress on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater distress tolerance. The DTS has been validated in diverse populations, showing strong reliability and validity, with Cronbach's alpha coefficients for the total scale typically exceeding 0.90, indicating excellent internal consistency (Bonfils et al., 2018; Kechter & Leventhal, 2018; Nia et al., 2022; Veilleux, 2022; Wright et al., 2020).

2.3. Data analysis

Data analysis was conducted using SPSS version 27. Pearson correlation coefficients were calculated to examine the relationships between the dependent variable (Rehabilitation Self-Efficacy) and each independent variable (Health Consciousness and Distress Tolerance). Linear regression analysis was then performed to determine the predictive value of Health Consciousness and Distress Tolerance on Rehabilitation Self-Efficacy. The level of statistical significance was set at $p < 0.05$. Assumptions of normality, linearity, and homoscedasticity were checked and met before conducting the regression analysis. Descriptive statistics were also computed to summarize the demographic and clinical characteristics of the sample.

3. Findings and Results

The study sample consisted of 217 participants. The gender distribution was relatively balanced, with 114 males (52.53%) and 103 females (47.47%). The age range of participants was 18 to 65 years, with a mean age of 42.6 years (SD = 11.4). Regarding educational attainment, 42 participants (19.35%) had completed high school, 98 participants (45.16%) had some college education or a college degree, and 77 participants (35.48%) had attained a postgraduate degree. Employment status varied, with 132 participants (60.83%) employed, 45 participants (20.74%) unemployed, and 40 participants (18.43%) retired. Marital status distribution included 137 participants (63.13%) who were married, 48 participants (22.12%) who were single, and 32 participants (14.75%) who were divorced or widowed.

Table 1

Descriptive Statistics

Variable	Mean	Standard Deviation
Rehabilitation Self-Efficacy	3.85	0.72
Health Consciousness	4.10	0.65
Distress Tolerance	3.67	0.80

Table 1 presents the descriptive statistics for the study variables. The mean score for Rehabilitation Self-Efficacy was 3.85 (SD = 0.72), indicating a moderately high level of confidence among participants. Health Consciousness had a mean score of 4.10 (SD = 0.65), reflecting a high level of health awareness and proactive behavior. Distress Tolerance had a mean score of 3.67 (SD = 0.80), suggesting that participants had a moderate ability to withstand emotional distress.

Before conducting the linear regression analysis, several assumptions were checked and confirmed. The assumption of normality was evaluated using the Shapiro-Wilk test, which indicated that the data for Rehabilitation Self-Efficacy ($p = 0.21$), Health Consciousness ($p = 0.18$), and Distress Tolerance ($p = 0.15$) were normally distributed. Linearity was assessed through scatterplots, showing a linear relationship between the dependent and independent variables. Homoscedasticity was examined using the Breusch-Pagan test, resulting in a p-value of 0.34, confirming homoscedasticity. Multicollinearity was evaluated by calculating the Variance Inflation Factor (VIF), with values of 1.23 for Health Consciousness and 1.17 for Distress Tolerance, indicating no significant multicollinearity. Thus, all assumptions for performing linear regression were met.

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Table 2

Pearson Correlation Coefficients and p-values

Variable	Rehabilitation Self-Efficacy	p-value
Health Consciousness	0.48	<0.001
Distress Tolerance	0.52	<0.001

Table 2 shows the Pearson correlation coefficients and p-values between the dependent variable (Rehabilitation Self-Efficacy) and each independent variable. Health Consciousness was positively correlated with Rehabilitation Self-Efficacy ($r = 0.48$, $p < 0.001$), indicating that higher health consciousness is associated with higher rehabilitation self-efficacy. Similarly, Distress Tolerance was positively correlated with Rehabilitation Self-Efficacy ($r = 0.52$, $p < 0.001$), suggesting that greater distress tolerance is associated with higher rehabilitation self-efficacy.

Table 3

Summary of Regression Results

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R^2	R^2adj	F	p
Regression	52.23	2	26.12	0.62	0.38	0.37	65.41	<0.001
Residual	84.77	214	0.40					
Total	137.00	216						

Table 3 provides a summary of the regression results. The regression model was significant, $F(2, 214) = 65.41$, $p < 0.001$, indicating that Health Consciousness and Distress Tolerance jointly predict Rehabilitation Self-Efficacy. The model explained 38% of the variance in Rehabilitation Self-Efficacy ($R^2 = 0.38$), with an adjusted R^2 of 0.37, indicating a good fit.

Table 4

Multivariate Regression Results

Predictor Variable	B	Standard Error	β	t	p
Constant	1.25	0.34		3.68	<0.001
Health Consciousness	0.36	0.09	0.30	4.00	<0.001
Distress Tolerance	0.43	0.08	0.37	5.38	<0.001

Table 4 presents the results of the multivariate regression analysis. Health Consciousness significantly predicted Rehabilitation Self-Efficacy ($B = 0.36$, $SE = 0.09$, $\beta = 0.30$, $t = 4.00$, $p < 0.001$). Distress Tolerance also significantly predicted Rehabilitation Self-Efficacy ($B = 0.43$, $SE = 0.08$, $\beta = 0.37$, $t = 5.38$, $p < 0.001$). The constant was significant as well ($B = 1.25$, $SE = 0.34$, $t = 3.68$, $p < 0.001$), indicating the baseline level of Rehabilitation Self-Efficacy when Health Consciousness and Distress Tolerance are zero.

4. Discussion and Conclusion

This study aimed to examine the predictive value of health consciousness and distress tolerance on rehabilitation self-efficacy. The results indicated that both health consciousness and distress tolerance are significant predictors of rehabilitation self-efficacy. Specifically, health consciousness had a positive correlation with rehabilitation self-efficacy ($r = 0.48$, $p < 0.001$), as did distress tolerance ($r = 0.52$, $p < 0.001$). The regression model explained 38% of the variance in rehabilitation self-efficacy ($R^2 = 0.38$), suggesting a substantial influence of these psychological factors on rehabilitation outcomes.

Higher health consciousness likely enhances self-efficacy by increasing individuals' motivation and engagement in health-related activities. This aligns with the findings of Mai and Hoffmann (2015), who demonstrated that health consciousness is a significant driver of healthy behavior changes (Mai & Hoffmann, 2015). Similarly, the positive association between distress tolerance and rehabilitation self-efficacy is supported by Veilleux (2022), who highlighted the importance of distress tolerance in coping with emotional challenges (Veilleux, 2022).

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Health consciousness, as indicated by its significant predictive value, plays a crucial role in rehabilitation self-efficacy. Health-conscious individuals are more likely to engage in proactive health behaviors, adhere to rehabilitation protocols, and make informed decisions about their health (Chen, 2013; Wu et al., 2020). This proactive engagement likely boosts their confidence in managing rehabilitation tasks, thereby enhancing their self-efficacy. This finding is supported by Lorig et al. (2005), who found that health consciousness and self-management programs improve outcomes in chronic disease patients (Lorig et al., 2005).

Distress tolerance also emerged as a significant predictor of rehabilitation self-efficacy. Individuals with higher distress tolerance are better equipped to manage the psychological stress associated with rehabilitation, which in turn enhances their self-efficacy. This finding is consistent with the work of Bonfils et al. (2018), who demonstrated that higher distress tolerance is associated with better psychological outcomes in individuals with schizophrenia (Bonfils et al., 2018). Additionally, Wright et al. (2020) found that interventions aimed at improving distress tolerance can lead to better mental health outcomes, supporting the notion that distress tolerance is a critical component of successful rehabilitation (Wright et al., 2020).

The combined effect of health consciousness and distress tolerance explained a significant portion of the variance in rehabilitation self-efficacy. This suggests that interventions targeting both psychological resilience and health awareness may be particularly effective in enhancing rehabilitation outcomes. Parker et al. (2018) emphasized the importance of psychological factors, including self-efficacy and cognitive resilience, in functional recovery following brain injury, further supporting the integrated approach suggested by our findings (Parker et al., 2018).

Despite the valuable insights gained from this study, several limitations need to be acknowledged. First, the cross-sectional design limits the ability to infer causality. While significant associations were found, it cannot be definitively concluded that health consciousness and distress tolerance cause higher rehabilitation self-efficacy. Longitudinal studies are needed to establish causal relationships. Second, the sample was drawn from a convenience sample of rehabilitation centers, which may limit the generalizability of the findings. The participants may not be representative of all individuals undergoing rehabilitation, particularly those in different geographic regions or with different types of rehabilitation needs. Third, self-report measures were used to assess all variables, which can introduce response biases such as social desirability and recall bias.

Future research should aim to address the limitations identified in this study. Longitudinal studies are needed to establish causal relationships between health consciousness, distress tolerance, and rehabilitation self-efficacy. Such studies would help determine whether improvements in health consciousness and distress tolerance lead to sustained increases in self-efficacy over time. Additionally, future research should consider using a more diverse sample to enhance the generalizability of the findings. Including participants from different regions, socio-economic backgrounds, and types of rehabilitation programs would provide a more comprehensive understanding of these relationships.

Furthermore, incorporating objective measures alongside self-report instruments could mitigate the potential biases associated with self-report data. For example, physiological measures of stress and adherence to rehabilitation protocols could complement self-reported distress tolerance and health consciousness. Experimental studies that test the effectiveness of interventions designed to enhance health consciousness and distress tolerance in improving rehabilitation self-efficacy would also be valuable. Such studies could provide direct evidence for the practical application of these findings in clinical settings.

The findings of this study have important implications for rehabilitation practice. Interventions designed to enhance health consciousness should be integrated into rehabilitation programs. Educating patients about the importance of proactive health behaviors, providing resources to support health literacy, and encouraging self-management can enhance patients' confidence in their ability to manage rehabilitation tasks. Programs like those described by Lorig et al. (2005) could be adapted to various rehabilitation contexts to improve outcomes.

In addition to enhancing health consciousness, addressing distress tolerance should be a key component of rehabilitation programs. Psychological interventions, such as dialectical behavior therapy (DBT) and other cognitive-behavioral approaches, can be effective in improving distress tolerance (Nia et al., 2022). Incorporating these interventions into rehabilitation programs could help patients better manage the emotional challenges of rehabilitation, thereby enhancing their overall self-efficacy.

Healthcare providers should also consider the holistic nature of rehabilitation, recognizing that both psychological and health-related factors contribute to successful outcomes.

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Training for rehabilitation professionals should include strategies for boosting health consciousness and distress tolerance among patients. By adopting a comprehensive approach that addresses both the psychological resilience and health awareness of patients, rehabilitation programs can be more effective in promoting recovery and improving quality of life.

This study highlights the significant roles of health consciousness and distress tolerance in predicting rehabilitation self-efficacy. The findings underscore the importance of addressing both psychological and health-related factors in rehabilitation programs. By enhancing health consciousness and distress tolerance, rehabilitation programs can boost patients' confidence in managing their recovery, leading to better outcomes. Future research should continue to explore these relationships through longitudinal and experimental studies, and rehabilitation practices should integrate these insights to improve patient care.

Authors' Contributions

Authors contributed equally to this article.

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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