

Role Of Self-Estimm On Relationship Between Perceived Social Support And Stress Among University Students

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Abstract

There are two concepts of relation as an external strategy to curb stressors of life, relation of mankind to God and relation between mankind and society. Recently there has been a special concern in the phenomenon of social support, considering it both as an individual and communal obligation. Social support being an important marker of a human society can mitigate stress however the factors affecting this relationship have not been studied much.

Method: Situated within this context, current study investigated the moderating effect of self-esteem on relationship between perceived social support and perceived stress in a sample of university students (N=250), from Rawalpindi, Islamabad and Azad Jammu & Kashmir. Data was collected using the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem & Farley, 1988), Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) and Rosenberg Self-Esteem Scale (Rosenberg, 1965). Gender differences on perceived social support were examined.

Results: Results suggested a significant difference between men and women with regards to perceived social support. Results also indicated a significant negative relationship between measures of perceived social support and perceived stress.

Conclusion: Study provided full support for the moderating role of self-esteem on this relationship. Implications of these findings for psychologists and future research examining these relationships are addressed.

Keywords: Perceived Social Support, Perceived Stress, Self-Esteem.

Introduction

Stress is a phenomenon which is usually faced by nearly everyone during the normal course of his/her life. Lazarus and Folkman (1984) define stress as a specific association between the individual and his environment that is assessed by the individual as strenuous as or greater than his means and jeopardizing his wellbeing. Stress is

particularly important in the life of university students because students in higher education perceive life as stressful and demanding (Wan, 1992; Hammer, Grigsby, & Woods, 1998). They come across a number of stresses such as academic loads and pressures of making social adjustment. (Kausar, 2010). Students at this stage of life perceive life stressful because they come

face to face with a number of pressures in the external environment and also because they impose many expectations on their own selves (Misra, & McKean, 2000). University years comprise a phase of life when individuals are supposed to take charge for their own health, academic life, financial matters and organization of their own lives (Cress & Lampman, 2007; Darling, McWey, Howard, & Olmstead, 2007). During this phase of life students experience increased feelings of uncertainty about future and career (Brougham, Zail, Mendoza, & Miller, 2009). They often develop conflict with faculty and changes of daily routines of eating and sleeping are also stressful for them (Dusselier, Dunn, Wang, Shelley, & Whalen, 2005). Similarly complexities of relationships with opposite gender, staying in hostels, feelings of being away from home, long hours stay in university, feelings of being away from home or family, making adjustment in new place and with roommates are among the challenging situations faced by university students (Ross, Neibling, Heckert., 1999; Darling et al., 2007). Stress results in negative consequences such as depression, anxiety, low academic performance, increased dropout rates and negative health outcomes (Eisenbarth, 2012; Jou & Fukada, 2002; Otrar et al., 2002). Considering the importance of stress in determining the quality of life it is very important to study its predictors and risk factors.

One of the important protecting factors against stress is social support. When students experience stress they seek support from family, friends, teachers and others (Chao, 2012). Social support from friends and family helps students to deal with the environmental stressors (Civitci, 2015). Positive and healthy social connections prove to be an important protective element in dealing with phase of change in life and environmental stressors (Crosnoe, & Needham, 2004). Less support from family has been found to be related to stress and emotional difficulties

(Demaray, Malecki, Davidson, Hodgson, & Rebus, 2005). Low social support leads to depression, anxiety, fear and feelings of loneliness (Kulaksızoğlu, 2002). Being deficient in social support makes an individual prone to opt for activities involving high risk and behaviors intentional for fierceness (DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994). Gottlieb (2000) defined social support as “process of interaction in relationships that improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychosocial resources” (p.28). The definition given by Gottlieb points out that there are two types of social support i.e. actual and perceived. Actual social support is the type of social support that a person gets in relation to what is said, given and done for that person. (Norris & Kaniasty, 1996).

The perception of existing social support is more significant than the actual quantity of social support available. Perceived social support denotes the views or beliefs that an individual holds about the quantity and quality of support which is offered to him. Perception of social support is significant because it explains the way a person thinks about the support available to him, and whether it can be utilized or taken assistance from in the hour of need (Gallagher & Vella-Brodrick, 2008). The more a person perceives support from his social environment the more it reduces intensity of stress experiences (Matheny, Curlette, Aysan, Herrington, Gfroerer, Thompson, & Hamarat 2002). Perceived social support was more important than perceived accessibility of support in the form of reported large social group linkages and possible sources of help and support in determining level of psychological stress. (Semple, 1996).

On the other hand there are a number of studies which point out towards the fact that role of perceived social support in decreasing stress may be effected by different psychological variables. Barnes and Lightsey's (2005)

conducted a study on African-American students and found out that social support was not related to perceived stress and did not play a role of moderator in the association between racial discrimination and perceived stress. Karimi and Alipour in 2011 proposed a model which suggested that high level of locus of control decreases the strength of negative association between perceived social support and job stress. More precisely it can be said that individuals will be more successful in decreasing job stress when they have high level of locus of control. Marshall, Parker, Ciarrochi & Heaven (2014) found that in what way individuals feel about themselves influences their perceptions of social support quality. These studies are indicating that the role of perceived social support in decreasing stress may be effected by self-esteem

Self-esteem is defined as an individual's general assessment of, or attitude toward himself (Leary & MacDonald, 2003). MacDonald (2006) argues that self-esteem is a reflection of a person's sense of his acceptability to significant others. Individuals with high self-esteem have more potential to perceive social support (Nolen-Hoeksema & Davis, 1999). Others tend to like people with high self-esteem and want them to participate along with them in social activities (Walster, 1965). On the other hand individuals with low self-esteem often have inaccurate, negative perceptions of their own selves, others, and their relationships (Dandeneau and Baldwin, 2004).

There are a number of interpersonal theories postulating that self-esteem may have an influence on perceived social support, which, on the other hand, effects stress symptoms. One of such theories is Swann's self-verification theory. It is based on the concept that individuals tend to use different tactics to prove their self-schemas, instead of changing these basic self-concepts to adjust to the new environment. Individuals give more time and attention to those who are expected to confirm their self-concepts or views,

or they may vocally or socially provoke feedbacks that goes along with their self-concepts. Persons with low level of self-esteem may try to find such feedback from their social environment which is in accordance with their own low self-concept. Hence, individuals with low level of self-esteem tend to perceive less social support than those with higher level of self-esteem (Swann & Read, 1981). Individuals with low self-esteem tend to be more sensitive to rejection, and hence may perceive others' behavior towards them more negatively (Murray, Bellavia & Kusche, 2002). Low levels of self-esteem may lead an individual to avoid social relationships and social situations, thus hampering perceived social support (Ottenbreit & Dobson, 2004).

Another theory that supports this concept is, Coyne's excessive reassurance-seeking model (1976). This theory says that individuals with low self-esteem constantly pursue reassurance about their personal value, which on the other hand escalates the possibility of being rejected by their social support network (Joiner, 2000). Thus, persons with low self-esteem may likely to adopt faulty perceptive and interactive approaches that upset their consequent perceived social support and in this way increasing the level of perceived stress. . Hence in the light of these findings the current study proposed that self-esteem plays a role in effecting the strength of relationship between perceived social support and perceived stress.

Social support is an important emotional resource and its non-availability leads to negative consequences such as depression, poor health, low academic performance and less satisfaction with life. It is especially important in the life of university students. It is a phase of great transformations and uncertainties and one comes face to face with a number of stressors at this stage of life. The findings from this study can have important contribution within clinical psychology research, as well as practical

applications in university environments. In order to launch effective prevention and intervention strategies aiming the link between stress and social support, it is important to better understand the associated factors affecting this link. This can inform therapeutic strategies employed by campus wellness centers when treating students with stress symptoms. It may be valuable to integrate techniques into therapy that addresses dealing with stressors.

The proposition that insufficiency of social support decreases the ability to cope with stress points out to the fact that institutions can benefit from this concept if they want to address stress and adjustment related issues of students by promoting healthy student organizations, feelings of community and by encouraging stable and meaningful interpersonal relationships. Along with this understanding the meaningful role of self-esteem can be very effectively incorporated in therapy practices. During the therapeutic process the students can be educated about the significance of having a positive self-concept and its associated consequences. It will help students to deal with academic, career and adjustment related problems. It can leave a significant effect in transforming the lives of number of students who remain unable to cope with this challenging phase of life and may save their inner potentials from being wasted.

Objectives

- To find out the relationship of perceived social support with perceived stress.
- To find out the relationship of self-esteem with perceived stress.
- To find out the role of self-esteem in relationship between perceived social support and stress.

Methodology

Sample

The sample consisted of 200 individuals (100 males and 100 females). The sample was taken from different Universities of Islamabad, Pakistan.

Instruments

Following instruments were used for the study;

Demographic sheet: A self-generated demographics information sheet was used to collect personal information from the respondents on the relevant variables including Age and Gender, Qualification. The variables of Age and qualification were open-ended. While variable of gender was close-ended.

Multidimensional Scale of Perceived Social Support (MPSS): The MPSS developed by Zimet, Dahlem & Farley in 1988 measures social support from three sources: family, friends, and significant other. The scale consists of three sub-categories (family support, friend support, and significant-other support) and 12 items in total. While separate scores are obtained for every subscale, each of which consists of four items, a total overall score of responses to all items is also calculated. The scale items are answered based on a 7-point Likert scale ranging from “very strongly disagree” to “very strongly agree.” Higher scores obtained from the scale indicate higher perceived social support. The internal consistency coefficient obtained from the total score of was calculated as .84 (Civitci, 2015).

Perceived Stress Scale (PSS): The original form of the Perceived Stress Scale was developed by Cohen, Kamarck, and Mermelstein (1983) and consists of 14 items, in the current study, the shortened version consisting of 10 items was used. The items measure the frequency of stressful situations in the past month and answered are based on a 5-point Likert Scale ranging from “never” to “very often.” A higher total score indicates higher perceived stress. The

internal consistency coefficient obtained from the total score was calculated as .85 (Civitci, 2015).

The Rosenberg Self-Esteem Scale (RSE): This scale was developed by Rosenberg in 1965. It is a 10-item, self-report measure of self-esteem. Participants indicate the extent to which they endorse statements of self-worth on a 4-point Likert scale from 0 (strongly disagree) to 3 (strongly agree). Study conducted by Shahani, Dipboye, & Phillips, 1990 reported that internal consistencies of this scale range from 0.75-0.88.

Procedure

The sample for the present study consisted of 200 individuals, of which there were 100 males and 100 females. The respondents were taken from different universities of Islamabad.

All the three scales were administered on each subject. The subjects were personally

approached and questionnaires were administered on them in paper-pencil format. Prior to administration, the subjects were given brief introduction, awareness of the purpose and instructions for how to fill these questionnaires in written form. All the questionnaires are self-explanatory, however, guidance was provided to the respondents whenever they were demanded it to rule out any misunderstanding on the part of the respondents. The respondents were not offered any incentive for filling the questionnaires, although they were thanked for their cooperation.

After gathering the data through instruments, it was statistically computed and analyzed using SPSS 20v software.

Results

Table 1 Descriptive statistics of variables (N=200)

Variable	N	M	SD	α	Range		Skewness	Kurtosis
					Potential	Actual		
Multidimensional Scale of Perceived Social Support	200	47	12	0.88	12-84	27-79	1.13	0.749
Perceived Stress Scale	200	18	5.76	0.72	0-40	2-34	-1.15	1.09
Rosenberg Self-esteem Scale	200	14	5.11	0.71	10-40	1-28	0.35	-1.18

Table 1 indicates psychometric properties of study variables. The reliability analysis indicates

that the reliability coefficient of all the scales is good and that the scales are reliable.

Table 2 Pearson Product Moment Correlation among Perceived Social Support, Perceived Stress and Self-esteem (N=200).

	1	2	3
Perceived Social Support	-	-.727**	.830**
Perceived Stress		-	-.575**
Self-esteem			-

**Correlation is significant at 0.01 level

Table 3 points out that the results of correlation analysis support the first two hypotheses of the

study i.e. there is a significant negative relationship between perceived social support

and perceived stress. Secondly there is a significant negative relationship between self-esteem and perceived stress.

Table 3 Hierarchical Multiple Regression Analysis of Perceived Social Support, Self-esteem and Perceived Stress (N=200).

Model	b	SE	β	t	P
Step 1					
Constant	-6.434	.049		1.000	1.000
Perceived Social Support	-.727	.049	-.727	-14.889	.000
Step 2					
Constant	-8.707	.049		.000	1.000
Perceived Social Support	-.802	.087	-.802	-9.171	.000
Self-esteem	.901	.087	-.091	1.036	.302
Step 3					
Constant	.330	.052		6.338	.000
Perceived Social Support	-.332	.086	-.332	-3.858	.000
Self-esteem	-.025	.073	-.025	-.025	.732
Perceived Social support*Self-esteem	-.400	.041	-.547	-.547	.000

Step 1 $R^2 = .528$. Adjusted $R^2 = .526$. $F = 221.695$. $p < .01$.

Step 2 $R^2 = .531$. Adjusted $R^2 = .526$. $F = 111.424$. $p < .01$.

Step 3 $R^2 = .688$. Adjusted $R^2 = .681$. $F = 142.858$. $p < .01$.

Hierarchical multiple regression was computed to determine the main and interaction effect of perceived social support and self-esteem on perceived stress. Firstly independent variables were introduced in the regression equation to observe their main effect on perceived stress. Then the product of the two independent variables (perceived social support*self-esteem) was introduced to determine interaction effect on perceived stress.

As indicated by the adjusted R^2 value in Table 3 the main effect of perceived social support on perceived stress was 53%. Although self-esteem did not predict perceived stress independently to a significant level ($\beta = -.025$, $p > .05$), interaction effect of perceived social

support and self-esteem on perceived stress as indexed by adjusted R^2 statistic was found to be 69% indicating that the interaction effect accounted for a significant proportion of variance in perceived stress ($\Delta R^2 = .16$, $\Delta F(2, 197) = 78.837$, $p < .01$). The overall model indicates that self-esteem does play a role moderator on relationship between perceived social support and perceived stress, hence the third hypothesis of the study is supported.

Discussion

In the current study relationship among perceived social support, perceived stress and self-esteem as well as the moderating role of self-esteem on the relationship between perceived social support and perceived stress was investigated. The results supported all the three hypotheses as it was observed that perceived social support and self-esteem were negatively related to perceived stress and self-esteem acted as a moderator on the relationship between perceived social support and perceived stress.

It is an anticipated result to find in the light of previous researches. Social support might arbitrate between the times of distress (and expectation of a bad happening) and stress response by weakening or inhibiting the negative evaluative reaction. The perception that help and necessary resources will be available from others may make the stressful events less threatening as well as enhance an individual's coping potential. Secondly enough social support may provide solution to the problems, decrease the importance of the problems and calm the neuro-endocrine system so that people become less sensitive to perceived stress (Carver, Scheier & Weintraub, 1989).

The stress and coping model suggested by Lazarus and Folkman (1984) proposes that in face of a certain threatening event an individual undergoes two types of evaluative thinking processes. Firstly they tend to focus on the nature and level of threat and secondly they focus on their own coping potential and resources to deal with the stressor. (Schneiderman, Ironson and Siegel, 2005) found that individuals with low self-esteem tend to evaluate their coping abilities and resources as deficient to overcome the stressors. This explains why self-esteem relates negatively to perceived stress.

Berry & Hansen (1996) found that the low level of self-esteem is related to neuroticism and because of their tendency of negative thinking these persons tend to be less engaged in social interactions, and in turn, perceive less social support. According to Dunkley, Berg, and Zuroff's (2012) study, attachment fears such as fear of closeness, fear of dependency, and fear of loss in university students predict low self-esteem significantly. It could be said that students with low self-esteem who experience fear of attachment more, who cannot interact with their social environment sufficiently. This explains that those who have the propensity to not relate or reveal themselves such as those with low self-esteem may perceive social support to a lesser

degree as they have a more inadequate collaboration related to other individuals. This situation may work negatively on the stress decreasing function of perceived social support.

Limitations

Several limitations of this study must be considered

- The sample consisted almost entirely of young adults. Similarly participants were taken from only few universities of Islamabad. These factors limit the range of population to which findings can be generalized.
- Although instruments used in this study have sound psychometric properties, self-report measures can be subject to response biases.

Implications

The current study is significantly important as it points out to some of the very important facts. In case of university students facing severe times of stress insufficiency of social support may be targeted to lessen the stress. They may need the help of specialist, guidance, counseling as well as psychiatric units and professional help and support. Enhancing the community feelings different social activities and participation from students should be encouraged to enhance their social support resources.

Secondly the moderating role of self-esteem on relationship between perceived social support and perceived stress indicates that trainings, therapies and interventions that target the enhancement of self-esteem of students can be very helpful in relieving stress and can enhance their ability to take benefit of available resources of social support.

Suggestions

- Future research should analyze these conclusions in more varied populations.

- Future studies should investigate the relationships among these variables by using different methods such as behavioral tasks and physiological measures, longitudinal and experimental studies, which would provide further insight in to relationship between these variables.

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