

Social Self-Efficacy and its Relationship with both Depression and Anxiety, Stress among a Sample of Jadara University Students

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Abstract

Counsellors need to be able to understand students' social self-efficacy, in order to provide them appropriate counselling services. This study investigated social gender self-efficacy differences, and depression, anxiety and stress, and examined the relationship of social self-efficacy to depression, anxiety and stress among a sample of 573 students (51.3% female, 48.7% male). Data were collected using two scales: (1) social self-efficacy scale (Al-Sooud, 2014); (2) DASS-21 scale (Lovibond&Lovibond, 1995). The results showed for respondents on the medium level of social self-efficacy, and the level is high in the DSAA-21 scale dimensions, and differences between gender in social self-efficacy in favour of males, and the differences between the gender in both depression and anxiety, stress in favour of females. The results also showed a negative relationship statistically significant between social self-efficacy and all of depression and anxiety, stress and female relationship is stronger than males. This implies that prevention and intervention programs should be designed to enable university students to set realistically high standards.

Keywords: Social Self-efficacy, Depression, Anxiety, Stress, University Students, DASS-21.

1. Introduction

It views at the social self-efficacy as an integral part of self-efficacy, belief of individual ability to organization, and implementation of the work necessary for the production of certain specific goals (Bandura, 1997; Wood & Olivier, 2004), include social self-efficacy behaviors following: negotiation in the conflict between individuals, meeting and learn about new members, and firmness in social attitudes, and build emotional relationships, the development of friendly relations and interaction with others (Sherer, et al., 1982). According to social self-efficacy beliefs of individuals that they are able to do and attempted to communicate social contact and develop new friendships (Gecas, 1989).

Definition Gaudiano & Herbert (2003) social self-efficacy as: a feeling of confidence in the ability to convey a positive impression to others, and refer to their importance in the treatment of social anxiety disorder, and there is a great relationship and the importance of linking the social self-efficacy of mental health. And definition Fan & Mak (1998) social self-efficacy as: A desire, that is implemented by the individual is required to reach an outcome or a specific result of social behavior, surmised social self-efficacy is the expectation that Aogda individual through his actions and deeds, a powerful specific behavior change, the fact that this expectation determines the initial decision to perform the behavior, and effort, and continue to face difficulties.

Bandura (1999) also definition social self-efficacy as: One's awareness of the abilities that enable him to accomplish social relations, and work together with others, dealing with social situations and social conflicts. Based on what has been taken from the definitions about social self-efficacy researcher can be defined as: an individual's ability to establish positive social relationships with others, according to the attributes of the skills in this area, in addition to the ability to deal positively with social attitudes and events that have faced during his daily life, so that it shows through the actual performance and behaviors that appear to these positions.

He said: Bandura (1999) that leads to emotional disorders is the lack of a sense of social self-efficacy, which enable the individual to build positive social relationships, and being able to cope with pressure and a sense of security among different individuals, so the social mutual deal with individuals requires a sense of social self-efficacy. Bandura also finds that the weak sense of social self-efficacy of contributing to the emergence of depression directly, or because of a disability the growth of social relationships, and a strong sense of social self-efficacy reduces disorders directly, and through building supportive social relationships, as it is through social adaptation and participation, the cooperation enables individuals the ability to deal with themselves and with others, preferring to have become.

We've been researching and social self-efficacy within the framework of many different psychological variables, such as compatibility and mental health, social anxiety, self-esteem and depressive symptoms (Smith & Betz, 2000; 2002). The depressive symptoms and anxiety of the psychological variables affecting social self-efficacy (American Psychiatric Association, 1994). Have been associated with social self-efficacy of depressive symptoms with the individual, and that females are larger than males affected the social self-efficacy, who are thus more likely to have depression symptoms as one of the psychological variables emotional (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). On the other hand pointed Saltzman & Holahan (2002) that social self-efficacy loop compromise between social support and depressive symptoms among university students.

He pointed Smith & Betz (2002) that there is a strong relationship between the level of social self-efficacy

and depressive symptoms and anxiety but there is no more scientific literature that this relationship is particularly researching and other disorders in general. Also it confirmed that there is a negative relationship between social self-efficacy and depressive symptoms, anxiety among university students. Indicate Stroebe (2002) that his shyness as a feature emotional mediator role connects the social self-efficacy of depressive symptoms. Also noted Hermann (2005) that there is an obvious role for the self-esteem and social self-efficacy, as well as its relationship to depressive symptoms, and also suggests that the social self-efficacy and self-esteem are working to mitigate the level of depressive symptoms. The social self-efficacy works to enhance the individual's ability to express himself and appreciation, and linked to social self-efficacy and social anxiety.

He noted Matsushima & Shiomi (2003) to the role of social self-efficacy in the ability to cope with stress, as it works to reduce stress and increase adaptive skills. The social self-efficacy reflect the level of trust and appreciation of the social individual to himself, as the social self-efficacy low-owners have a tendency to avoid certain types of social interactions and are seen as threats. And vision each of (Ladd, Price & Hrat) referred to in Bandura (1999) A strong sense of social efficacy reduces susceptibility to depression and anxiety directly, and by building a supportive social relationships reduce behavior problems, and enable individuals to the ability to deal with themselves and with their peers, and become of their favorite, which helps to increase the sensitivity of the social individuals.

The social self-efficacy of the basic concepts of the welfare of individuals on a personal and social level, through the individual's ability to befriend others, they also help him to be the owner of a social influence, a strong influence on people, and the social self-efficacy useful in building and developing relationships social successful with others (Ozbay, Palanci, Kandemir & Cakir, 2012). Social self-efficacy has proven an important role in solving social anxiety problems, lack of social skills to be resolved along with other disorders such as depression, stress, and emotional disorders emotional psychological variables affect different individuals. Where she works on a deeper understanding of the performance of self-evaluation, and learning is direct, manage anxiety and stress, and persuasion and social influence (Hermann & Betz, 2006).

Indicates Hermann & Betz (2004) the ability to self-expression mediates the relationship between the social self-efficacy and depressive symptoms, and shy as a feature emotional personality contributes rate (15%) of the depression, emotional disorders. The relationship between social self-efficacy and psychological adjustment positive relationship, it may contribute to increasing the social self-efficacy in increasing self-confidence, and lower levels of depression, stress, and emotional disorders (Betz & Schifano, 2000).

And infrastructure affect the physiological and emotional impact on the self-efficacy of the individual, and on the various domains of mental function and patterns of cognitive and sensory nerve of the individual, usually extreme emotion reduces the individual's ability to perform. The most individuals learn to govern on their ability to implement a specific action in view of the emotional arousal. The arousal information linked to several variables, level of arousal and motivation, and the nature of the task to be accomplished, all these factors play a role in raising or lowering the efficiency of the individual self. We must work to reduce the pressures and trends and tendencies for negative emotional levels, and to correct the erroneous interpretations of the situations plaguing the body, as well as the moods affect the interpretation of the individual events and the perception and organization (Al-Zayyat, 2001).

Indicates Maddux & Lewis (1995) that sense the individual has the ability to control his behavior and his thoughts and feelings, is one of the most important monuments major social and psychological adjustment successful. When an individual realizes that he has the ability to control his behavior and thoughts, it becomes more able to deal with the pressures they are facing, and thus become more able to build healthy relationships with others. He vision Bandura (1986) through his theory of social learning, self-efficacy that affect the patterns of thinking and behavior. The higher self-efficacy and thus increased the ability to control the various behaviors that come from the individual.

As it is vision (Bandura) referred to in abdalrahman (1998) the concept of self-efficacy of the concepts that occupies prime position in the identification of humanitarian force and interpretation, they affect the forms of thinking and behavior, the higher self-efficacy thus increased achievement and decreased arousal emotional. The self-efficacy mechanism can have a great value in interpreting the actions of individuals; it helps to explain the difference between some of the patterns of behavior that result from different causes.

And it refers Bandura & Wood (1989) that self-efficacy directly and effectively influence the patterns of thinking and behavior depending on the nature of these beliefs about self-efficacy, so that they can be self-aids or self-constraints. Individuals who have a strong sense of self-efficacy focus their thinking on the analysis of the problems they confrontation, and try to arrive at appropriate solutions which affects their behavior positively. The emotional dimension of self-efficacy includes the conviction of the individual existence has the ability to control his feelings, he is able to control the feelings of anger or depression, hatred or feelings of melancholy in general. The presence of the ability of the individual to control the feelings and emotions in the confrontation of pressure, in addition the ability to think and self-control capabilities, enables the individual to deal with the everyday problems of life effectively and efficiently cope with the pressures (Hamdi & Dawoud, 2000).

The social relations between individuals have an essential role in the life and cohesion of societies, has pointed Adler (Adler) to the social dimension in the self-efficacy of the individual, through the ability to social interest, social relations are the only guarantee for the survival of the human race and his presence, they are relationships between individuals intended to save civilization from decomposition. Highlights through the individual's ability to cope with the temptations of social life, and its commitment to social values, social interest, and respect for the values of society, which leads to better social relationships. Here, the role of social self-efficacy in glances to the values and standards, and thus work to establish a social security roots, keeping the personal dignity through the affiliation of the others in the normal and mature relationship (abdalrahman, 1998).

A study Wei, Russel&Zakalik (2005) that social self-efficacy explain a rate 55% of the variation interpreter in loneliness and attachment and anxiety, and social self-efficacy explain what accounted for 42% of the variance in depression. While the study suggests Hermann & Betz (2006) that social self-efficacy interpreted accounted for 56% of the variance in loneliness, as interpreted accounted for 41% of the variance in depression. And a study Erik, Advin&Terje (2006) that there is a negative correlation between anxiety and social self-efficacy relationship, into that the greater the anxiety of the student less than the level of social self-efficacy.

The study of social self-efficacy studies of rare in the Arab world in general and Jordan in particular. As this study aims to find out the differences between the gender of both social self-efficacy of depression and anxiety, stress and the relationship between them. The study is trying to answer the following questions:

- What is the level of both social self-efficacy, depression and anxiety, and stress among a sample study?
- Are there significant differences in each of the social self-efficacy, depression, anxiety, stress of the Jadara University students due to the variable gender?
- Is there a statistically significant relationship between social self-efficacy and all of depression and anxiety, stress among Jadara University students?

2. Method

2.1. Participants

A total of 3200 Jadara University students were selected using stratified Purposive sampling in North Jordan. The sample was comprised of 573 student, 294 (51.3%) female and 279 (48.7%) male students. There were 117 (20.4%) first year and 198 (34.6%) second year, and 164 (28.6%) third year, and 94 (16.4%) fourth year. Students ranged from 18 to 22 years of age ($M = 20$, $SD = 0.64$).

2.2. Instruments

The social self-efficacy (Al-Sooud, 2014) contains 16 items designed to measure social efficacy. Responses were rated on a 5-point scale ranging from 1(never) to 5 (Always). Validity of the scale (High Standards and Discrepancy) was supported by a confirmatory factor analysis. Factor loadings for the items of these scale ranged from 0.41 to 0.78. Internal consistency reliabilities (Cronbach's alphas) for the scale in this sample were 0.78 (High Standards) and 0.81 (Discrepancy).

The DASS-21 (Lovibond&Lovibond, 1995) contains 21 items designed to measure to detect the level of depression, anxiety and stress, Each domain (7) items. Responses were rated on a 4-point scale ranging from 0(Did not apply to me at all) to 3 (Applied to me very much, or most of the time). Validity of the scale (High Standards and Discrepancy) was supported by a confirmatory factor analysis. Factor loadings for the items of these subscale ranged from 0.91 to 0.96 for depression domain, and anxiety domain ranged from 0.88 to 0.89, and Stress domain ranged from 0.88 to 0.94. Internal consistency reliabilities (Cronbach's alphas) for the subscales in this sample were 0.94 for depression domain, and anxiety domain 0.87, and Stress domain 0.91, And stability of the whole measure of the value 0.88 (High Standards) and 0.86 (Discrepancy).

2.3. Procedure

Participants in the study were chosen from the 1th and 4th years, and oral informed consent was obtained from all of them. The participants were asked to complete a demographic sheet, the social self-efficacy (Al-Sooud, 2014), the DASS-21 (Lovibond&Lovibond, 1995). The participants completed the questionnaires in one sitting during class time, and did not receive any compensation for their participation. The researcher oversaw the completion of the questionnaires.

3. Results

The first research question concerned the level of both social self-efficacy, depression and anxiety, stress among a sample study. The results were is the study sample has a medium level of social self-efficacy, reaching the mean (2.67) and SD (0.89). The DASS-21 scale stress came the first rank with a mean (2.32) and SD (0.76), then followed by anxiety with a mean (2.18) and SD (0.78), and finally came the last depression rank with a mean (2.11) and SD (0.94), Then came all the dimensions DASS-21 scale at a high level. are shown in Table 1.

The second research question concerned gender differences on the High Standards and Discrepancy subscales of the Social self-efficacy and DASS-21 Scales. Accordingly, a Testing - T (T-test) was conducted to examine the gender difference within each Social self-efficacy and DASS-21. A significant gender difference emerged on the social self-efficacy scale, $T = 6.52$, $P < 0.0001$, with males ($M = 2.92$, $SD = 1.03$) scoring higher than females ($M = 2.54$, $SD = 0.97$). Regarding DASS-21 scale; Difference between the gender in all domains of the scale, the results were as follows: Depression domain, $T = 5.35$, $P < 0.0001$, with females ($M = 2.45$, $SD = 1.22$) scoring higher than males ($M = 1.81$, $SD = 0.98$). As for anxiety domain, $T = -3.22$, $P < 0.01$, with females ($M = 3.30$, $SD = 0.72$) scoring higher than males ($M = 3.11$, $SD = 0.88$). And stress domain, $T = 5.90$, $P < 0.0001$, with females ($M = 2.13$, $SD = 1.02$) scoring higher than males ($M = 1.95$, $SD = 0.94$). (See Table 2).

The three research question concerned statistically significant relationship between social self-efficacy and all of depression and anxiety, stress. The results were is a statistically significant negative relationship between social self-efficacy and all of depression, anxiety and stress, and that this relationship is stronger in females than in males. (See Table 3).

Table 1
The mean and standard deviation the scores of respondents on the social self-efficacy scale and scores to DASS-21 scale

Domains	Mean	SD	Level
Social self-efficacy	2.67	0.89	Medium
Depression	2.11	0.94	High
Anxiety	2.18	0.78	High
Stress	2.32	0.76	High

Table 2
Test results (T) of the differences between the gender averages degrees on the of social self-efficacy scale and DASS-21.

Scales	Gender	M	SD	Value (T)	Sig.
Social self-efficacy	Males	2.92	1.03	6.52	0.000**
	Females	2.54	0.97		
Depression	Males	1.81	0.98	5.35	0.000**
	Females	2.45	1.22		
Anxiety	Males	3.11	0.88	-3.12	0.001*
	Females	3.30	0.72		
Stress	Males	1.95	0.94	5.90	0.000**
	Females	2.13	1.02		

* $P < 0.01$; ** $P < 0.0001$

Table 3
Correlation coefficients between the scores of respondents on the social self-efficacy scale and scores to DASS-21 scale.

Domains	Sample	Males	Females	Value (Z)
Depression	-0.31**	-0.29**	-0.31**	1.22
Anxiety	-0.23**	-0.23**	-0.24**	0.00
Stress	-0.31**	-0.25**	-0.41**	2.44*

* $P < 0.05$; ** $P < 0.01$

4. Discussion

This can be attributed this result view in the social values and norms that social interactions, and social relationships in various communities, particularly university students' community, and therefore the social efficiency level has been governed by many factors and variables that may affect the level of these efficacy, especially in the view of Islamic values and standards that determine the nature of these interactions, and that put her many controls that governed, especially in conservative environments.

In view of these controls and limitations, the impact on the level of social self-efficacy among students, especially females, shows through difficult talk with most of the male students, which serves as a start upon which to build social self-efficacy, and there for difficult making new friends in the university, and that gives an indication that the elements of social self-efficacy, associated with these aspects directly, and it will directly affect the individual's ability to achieve social self-efficacy as required.

Researcher finds and within the interpretation of this result is that the Jordanian society invoked the religious beliefs and values, which is the basis for identify behaviors and nature of these behaviors, as well as standards and social values and traditions prevailing in Jordanian society being a conservative communities, so

these beliefs, whether religious ones, or social the direct role, and influence the level of social self-efficacy among students indirectly, suggesting the existence of controls and standards of control and identify the level of students' behaviors within social interactive process on campus.

This is referred Bandura(1986) within the framework of social cognitive theory that individuals possess beliefs allow them to exercise restraint record, or a criterion for their thoughts and feelings, and actions, this adjustment represents the normative framework of the behaviors that are issued for them in terms of content and level of these behaviors.

This can be attributed this result in the view of the university requirements, and imposed these requirements of the pressure on the student, both at leisure spent by the student, or the number of hours that requires him to be present where within the academic lectures, Add to this the absence of student activities, and programs that will enhance the social self-efficacy among students, as well as the absence of student clubs, and the weakness of its programs, there are a lot of students may spend their leisure time aspects of individual personality, nothing to do with the social aspects of the collective, which may adversely affect the social self-efficacy for students, which it requires drawing attention toward positive social self-efficacy positively serve the overall interests of the students community.

Given the nature of the relationship between the social self-efficacy, emotional disorders, and from the perspective of the researcher, they associative complementary correlation, affect and are affected, as the student who enjoys a high level of social self-efficacy level, enjoy the contrast, a low level of depression, anxiety, stress, and this It was affirmed by Smith and Betz (2002), regarding the relationship between the level of social self-efficacy, and depressive symptoms.

By analyzing the effectiveness of social self-effects, it should be noted that the student feel a high level of ability to achieve social self-efficacy, enhances self-confidence, and abilities, which contributes to increase its capacity to events control, and behaviors, and directing the right direction, and positive, affirmed this was Bandura (1986) he pointed to the concept of social self-efficacy, that the individual potential for self-belief and confidence in his abilities, and attributes of the ingredients can achieve psychological balance from what possessed of these ingredients.This is confirmed by bandura, through what referred to him about the perception of the individual self-efficacy, and the contribution of these efficiency in addressing the obstacles encountered, in addition to the impact on his style of thinking, and the amount of tension that guest in adapt to environmental demands it confrontation.

Researcher finds, and within the interpretation of this result, that individuals who have a doubt about the level of their social self-efficacy, you may resort to negative thinking, which in turn gives rise to anxiety and stress, which leads them to self-deficit and the possibility of failure, in contrast, individuals who have a high level social self-efficacy, and trust in their abilities, they have the ability to control, adjust their behaviors, their thoughts, their emotions, giving them the ability to deal with the pressures of life and treatment, and the formation of a healthy relationships with others, which keep them away from negative beliefs associated with situations of anxiety, stress and depression, and this was affirmed by Maddux & Lewis (1995) about the strength of the relationship between the ability to establish positive relations with other individuals, which is linked to social self-efficacy, and stay away from anxiety, stress and depression, and this is a strong indication of the strength of the relationship correlation between social self-efficacy and emotional disorders.

Finally, the results of the current study are consistent with previous studies used the SSE for measuring social self-efficacy, and DASS-21 for measuring depression, anxiety, stress thereby it is reasonable to conclude that these results provide some support for the validity of the, they are recommended to be used in future research and as a diagnostic means by school counselors.

References

- Abdalrahman, M. (1998). *Personal theories*. Cairo: Quba for printing, publishing and distribution.
- Al-sooud, Y. (2014). *Social Self Efficacy and its Relationship to some Emotional Disorders among a Sample of Yarmouk University Students*. Master Thesis that is not published, Yarmouk University, Irbid, Jordan.
- Alzayyat, F. (2001). *Structure factor for academic self-efficacy And determinants*. A series of cognitive psychology, p 2, entrances, models and theories. Cairo: Publishing of the Universities.
- American Psychiatric Association.(1994). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman.
- Bandura, A. (1999). *Aggression: A Social Learning Analysis*, Englewood Cliffs: Prentice Hill.
- Bandura, A. & Wood, R. (1989). Effect of perceived on self - regulation of complex decision making. *Journal of personality and social psychology*, 56(5): 805-814.
- Bandura, A., Pastorelli, C., Barbaranelli, C. & Caprara, G.(1999). Self- efficacy pathways to childhood depression. *Journal of Personality and Social Psychology*, 76, 258-269.

- Betz, N. &Schifano, R. (2000).Evaluation of an intervention to increase realistic self-efficacy and interests in college students.*Journal of Vocational Behavior*, 56,35-52.
- Erik, P., Edvin, B. &Terje, A. (2006).Passive Students in University. The Associations With Shyness, Perceived Competence and Social Support. *Social Psychology of Education*, 9(3), 67-81.
- Fan, C. &Mak, A. (1998).Measuring social self-efficacy in a culturally diverse student population.*Social Behavior and Personality*, 26, 131–144.
- Gaudiano, B. & Herbert, J. (2003).Preliminary psychometric evaluation of a new self- efficacy scale and its relationship to treatment outcome in social anxiety disorder.*Cognitive Therapy and Research*, 27, 537-555.
- Hamdi, N. &Dawoud, N. (2000).Relationship of perceived self-efficacy to depression and tension among students of the faculty of education, University of Jordan.*Dirasat: Educational sciences*, 27 (1), 118-131.
- Harb, G., Heimberg, R., Fresco, D., Schneier, F. &Liebowitz, M. (2002). The Psychometric Properties of the Interpersonal Sensitivity Measure In Social Anxiety Disorder. *Behaviour Research and Therapy*, 40, 961- 979.
- Hermann, K. (2005). *The influence of social self -efficacy, self-esteem, and personality differences on loneliness and depression*. DAI, The Ohio State University.
- Hermann, K. & Betz, N. (2004). Path models of the relationships of instrumentality and expressiveness to social self-efficacy, shyness, and depressive symptoms. *Sex Roles*, 51, 55–66.
- Hermann, K. & Betz, N. (2006). Path models of the relationships of instrumentality and expressiveness, social self-efficacy, and self-esteem to depressive symptoms in college students. *Journal of Social & Clinical Psychology*, 25 (10), 1086-1106.
- Lovibond, H., &Lovibond, F. (1995).*Manual for the depression anxiety stress scales*. Sydney: Psychology Foundation.
- Maddux, J. & Lewis.J. (1995).*Self-efficacy and adjustment basic principles and Issues*.In *modduxled self-efficacy adaption*.adjustment plenum press.
- Matsushima, R. &Shiomi, K. (2003).Social self- efficacy and interpersonal stress in adolescence.*Social Behavior and Personality*, 31, 323-332.
- Özbay, Y., Palanci, M., Kandemir, M. &Çakir, O. (2012). Prediction of subjective well-being of university students via self-regulation, hum our, social self-efficacy and stress-coping strategies. *Journal of Turkish Educational Sciences*, 10 (2), 325-345..
- Saltzman, K. &Holahan, C. (2002). Social support, self-efficacy, and depressive symptoms: An integrative model. *Journal of Social and Clinical Psychology*, 21, 309–322.
- Sherer, M., Maddux, E., Mercadante, B., Prentice-Dunn, S., Jacobs, B. & Rogers, R. (1982). The self-efficacy scale: Construction and validation. *Psychological Reports*, 51, 663-671.
- Smith, H. & Betz, N. (2000).Development and validation of a scale of perceived social self-efficacy.*Journal of Career Assessment*, 8, 283- 301.
- Smith, H. & Betz, N. (2002).An examination of efficacy and esteem pathways to depression in young adulthood.*Journal of Counseling Psychology*, 49, 438-448.
- Stroiney, K. (2002). *The role of instrumentality and expressiveness in the link between social self-efficacy, shyness, and depression*.DAI, The Ohio State University.
- Wei, M., Russel, D. &Zakalik, R. (2005). Adult attachment, Social self-efficacy, Self-disclosure, Loneliness, and subsequent depression for freshman College students: A longitudinal study. *Journal of Counseling Psychology*, 52(4), 602-614.
- Wood, A. & Olivier, M. (2004).A self-efficacy approach to holistic student development.*South African Journal of Education*, 24, 289-294.