

ENHANCING STRESS COPING SKILLS AMONG COLLEGE STUDENTS

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ABSTRACT

Stress exists in every part of our life. The prevalence of stress is increasing among students in recent years. This is due to various factors such as increased pressure, competition, decreased resources, inadequate family support, exposed to violence through media and increased use of alcohol as well as drugs. The transition from adolescence to adulthood is a difficult journey filled with various risk, rapid changes, and seemingly endless choices. Coping skills can help the youth to navigate through these challenges. These would help students to be self-reliant, solve problems and make informed choices, which in turn promote their physical and psychological well-being. to ascertain the efficacy of a stress coping programme as a means for decreasing perceived stress and increasing the proactive attitude towards stress. This study adopted quasi-experimental design. Forty-four under graduate computer science students were assigned to control group and forty-four students were assigned to experimental group. A training module was developed to promote proactive coping strategies and general self-efficacy and utilized as an experimental intervention. From the result, it is found that the developed training is effective in enhancing proactive coping and general self-efficacy of college students.

Keywords: Coping skills, Proactive coping, general self-efficacy

INTRODUCTION:

The transition from adolescence to adulthood is a difficult journey filled with various risk, rapid changes, and seemingly endless choices. Lack of awareness about the nature of stress and the lack of coping skills makes the situation more volatile. Coping skills can help the youth to navigate these challenges. Also, these skills help students to be self-reliant, solve problems and make informed choices, which in turn promote their physical and psychological well-being. They enable students to deal with the life events, challenges and stresses in their day-to-day activities, without resorting to health risk-taking behaviours. Students who possess a strong sense of their effectiveness and the ability to cope with the circumstances in their lives are likely to be more successful in their academic as well as in their social life. Hence, reducing negative behaviour and emotional problems of students especially at the college level is essential to foster adjustment and proactive behaviour among young generation, and this assumes paramount importance especially in the technology based society.

PROACTIVE COPING:

Proactive coping refers to efforts undertaken in advance of a potentially stressful event to prevent it or to modify its form before it occurs (Aspinwall & Taylor, 1997). Proactive coping is distinguished from other coping forms, since it incorporates and utilizes social and non-social resources. It employs vision of success and uses positive emotional strategies. Proactive coping includes goal setting and tenacious goal pursuit. According to Schwarzer (2000), there are four types of coping; reactive, anticipatory, preventive and proactive coping. The distinction between these four perspectives of coping is advantageous because it moves the focus away from mere responses to negative events toward a broader range of risk and goal management, which includes the active creation of opportunities and the positive experience of stress (Schwarzer & Taubert, 2002; Schwarzer & Knoll, 2003).

GENERAL SELF-EFFICACY

Perceived competence becomes crucial when we are confronting with stressful situations. Self-efficacy makes a difference in how people feel, think and act (Bandura, 1997). Efficacious people are able to persevere in the face of challenges because they believe that they can change situations and behaviours to produce a more positive outcome. A strong sense of competence facilitates cognitive processes and academic performance. Self-efficacy levels can enhance or impede the motivation to act. Individuals with high self-efficacy choose to perform tasks that are more challenging. General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations (Schwarzer & Jerusalem, 1995; Schwarzer, 2000).

RATIONALE FOR THE STUDY

Research studies revealed that the prevalence of stress is increasing among students in higher education (Robotham & Julian, 2006; Stecker, 2004). Students often use less desirable coping strategies like drinking alcohol, smoking, and using illegal drugs (Pierceall & Keim, 2007). Students differ with respect to their appraisal of the stressor, causal attribution, preoccupation, feelings and actions in order to cope with stressors (Krenke et al., 2001). Use of coping skills such as cognitive reinterpretation and problem solving may promote better health and adaptation in students of higher education (Megumi & Katsuyuki, 2007). There is an increasing evidence that leads us to believe that young people who can at least make the effort to regulate negative emotions will be less vulnerable to reacting to stress with inappropriate behaviours (Pardini, Lochman, & Wells, 2004). Kelly & Louise (2007) indicated that proactive coping does influence the likelihood of stress-related growth. Self-efficacy theory (Bandura, 1997), is an important prerequisite for changing coping behaviour. Receiving elaborative feedbacks promote students self-efficacy, while receiving knowledge of correct response improved students performance. High self-efficacious students applied high-level learning strategies, such as elaborative strategies and critical thinking (Wang & Pei-Yi, 2008). Proper intervention programmes enhances the proactive coping competencies significantly (Chritina et al., 2007). Students participating in coping enhancement-training programme displayed better individual coping skills after the training and they relied upon dysfunctional coping strategies less often even after two years

(Bodenmann et al., 2002). A five-session programme, including psycho education, group discussion, role-playing and relaxation training might be effective in enhancing coping skills, increasing social support, and reducing stress responses (Shimazu et al., 2003). Hence the present study on enhancing coping skills of college students becomes important.

HYPOTHESIS:

There will be a significant difference in the perceived stress, proactive coping and self-efficacy of college students in control and experimental groups due to intervention programme.

RESEARCH METHOD:

This study adopted quasi-experimental design. Two-group pre-test, post-test non-equivalent group design was utilized here. The researcher developed a training module to promote proactive coping strategies and general self-efficacy. The training programme was developed for the following skills: critical thinking, problem solving, decision-making, communication, interpersonal skill and self-regulation. Undergraduate college students from Pondicherry U.T. were selected and assigned randomly to control and experimental groups. The pre-test was administered to both groups and homogeneity was established. The control group did not receive any training whereas the experimental group received training for 21 days. The post-test was administered to both groups and effectiveness was assessed.

The following standardized tools were used to collect the data during the pre and post tests along with the personal data sheet.

1. Perceived Stress Scale (PSS)- is a 10-items measure designed to determine one's perception of their stressfulness. This scale is a widely used measure of subjectively experienced stress. Coefficient alpha reliability for the PSS was 0.86, the test-retest correlation is 0.85. The PSS proved to be a better predictor of health and health related outcomes than the other life event scales (Cohen, Kamarck & Mermelstein, 1983).
2. Proactive Coping Inventory (PCI) - consists of 7 scales with 55 items. One scale with 14 items measures proactive coping exclusively. Six of the seven Proactive Coping Scales focus on positive facets of coping including taking initiative, envisioning success, planning for future eventualities, and accumulating resources that will strengthen coping initiatives. The subscales of the Proactive Coping Inventory have high internal consistency range from .71 to .85 for all 7 scales. This scale possesses good reliability and validity (Greenglass, Schwarzer & Taubert, 1999).
3. General Self-efficacy Scale (GSE) – is a 10 items measure, which has been used in numerous research projects, where it typically yields internal consistencies between alpha 0.75 and 0.91. The GSE scale is reliable, homogeneous, and unidimensional across 25 nations (Schwarzer & Jerusalem, 1995; Schwarzer, 1998).

SAMPLE:

The sample of this study comprises of 88 students of two sections from III year BSc computer science, of Achariya Arts and Science College, Puducherry. Forty-four students in the B.Sc. Computer Science Class were assigned to experimental group, and forty-four students were assigned to control group. "t" test were used to analyze the results of pre-test, and post-test of quasi-experimental design.

DEVELOPMENT OF THE TRAINING PROGRAM:

The goal of enhancing proactive coping skills involves reflection including envisioning success, anticipating future problems, planning on how to deal with them and taking preventive steps in order to avoid disaster. Teaching effective coping skills prior to exposure to stressors may be preventing the formation of psychological and physical problems. Honing of certain skills such as problem solving and social skills would prevent stress and enhance coping skills. The purpose of this training was to assist the students in using the skills they have learned to address a challenge they faces in everyday situation. Hence, the training program was developed for the following skills: problem solving, decision-making skills, communication skills, interpersonal skills and coping skills. Table – 1 provides an overview of the training program.

Table 1: Overview of Training Program

Module and Content	Goals	Methods & Delivery
1. Providing Knowledge about stress and coping	Improve understanding of stress. Discriminate between different kinds of stress. Learn that stress is a consequence of cognitive appraisals and that emotion are shaped by these appraisals.	Short lectures on overview of the topic of stress, including its causes, forms, and consequences.
2. Improvement of individual coping	Prevent stress by anticipating stressful situations and preparing in advance. Improve coping during the stressful event. Increase awareness of use of maladaptive ways of coping with stress.	Enhancement of situation evaluation with exercises where aspects of the situation, such as significance or controllability, are evaluated. Short lectures on functionality of different coping strategies, exercise on one's own coping style.
3. Problem solving skills	Problem identification, problem solving. Improve consequential thinking, alternative thinking and evaluate its outcome. Providing multiple skills to achieve a sense of mastery over stressors.	Exercises, group discussion, role-play on different examples on the link between adequate social problem solving according to different stress profiles.
4. Communication skills	Understanding and using verbal and nonverbal communication; listening skills and empathy. Identify and use beneficial source of social support.	Exercises, group discussion, role-play on different examples on the link between adequate communications skills according to different stress profiles.
5. Coping skills training	Build up general self-efficacy and personal resources to meet upcoming challenges and personal growth.	Analysis of coping reactions in everyday life and what adequate coping looks like by using worksheet practice.

Participants were divided into four groups by counting 1, 2, 3 and 4. Each group was given a topic to brainstorm. Each group worked on different areas or perspective of the same issue simultaneously. After discussion, a representative from each group presents their work to a whole group. At the end of each presentation researcher or other participants added to it if they feel some points were left out. This method requires minimum time and maximizes participation. The participants records the final strategies in the worksheets provided.

RESULTS AND DISCUSSION:

Table-2, shows the homogeneity among control and experimental groups before intervention. It can be noticed from this table that the characteristics of both the control and experimental groups are more or less the same.

TABLE: 2 PRE-TEST COMPARISON OF EXPERIMENTAL GROUP AND CONTROL GROUP

Subscale	Group	Mean	S.D	't' - value
Perceived stress	Experimental	27.77	5.69	0.076 ^{NS}
	Control	27.86	5.05	
Proactive coping	Experimental	39.64	6.46	0.306 ^{NS}
	Control	40.14	8.72	
Reflective coping	Experimental	32.91	5.64	0.355 ^{NS}
	Control	32.47	6.04	

Strategic planning	Experimental	10.64	2.34	0.749 ^{NS}
	Control	11.05	2.75	
Preventive coping	Experimental	29.39	4.51	1.461 ^{NS}
	Control	27.72	6.03	
Instrumental support seeking	Experimental	23.41	4.86	0.080 ^{NS}
	Control	23.49	4.43	
Emotional support seeking	Experimental	15.55	2.55	1.837 ^{NS}
	Control	14.53	2.59	
Avoidance coping	Experimental	7.82	1.59	0.933 ^{NS}
	Control	7.42	2.34	
General self-efficacy	Experimental	30.52	4.27	0.084 ^{NS}
	Control	30.60	4.82	

^{NS} - Not significant

Table – 3, reveals that there is a significant difference between experimental group and control group in the proactive coping, reflective coping, preventive coping, and general self-efficacy. Hence, the hypothesis (1) is partly accepted.

TABLE: 3 POST-TEST COMPARISON OF EXPERIMENTAL GROUP AND CONTROL GROUP

Subscale	Group	Mean	S.D	't' - value
Perceived stress	Experimental	27.20	5.77	0.722 ^{NS}
	Control	28.12	6.01	
Proactive coping	Experimental	42.00	5.69	2.301*
	Control	39.00	6.46	
Reflective coping	Experimental	35.89	4.53	2.293*
	Control	33.47	5.30	
Strategic planning	Experimental	11.20	1.98	0.979 ^{NS}
	Control	10.77	2.18	
Preventive coping	Experimental	31.20	4.74	2.039*
	Control	29.19	4.49	
Instrumental support seeking	Experimental	24.50	3.30	0.926 ^{NS}
	Control	23.72	4.48	
Emotional support seeking	Experimental	15.86	2.65	0.845 ^{NS}
	Control	15.40	2.52	
Avoidance coping	Experimental	7.48	1.36	0.913 ^{NS}
	Control	7.77	1.60	
General self-efficacy	Experimental	33.34	4.30	3.093*
	Control	30.42	4.51	

^{NS} - Not significant

* Significant at 0.05 Level

The findings reveal that the students who participated in the coping skills training significantly differ from the control group in proactive coping, reflective coping, preventive coping and perceived self-efficacy. Studies show that interventions aimed at self-efficacy had significantly stronger impact on global affect, depression, objective physical outcomes, and social quality of life (Graves, 2003). Individuals who engage in proactive coping are better able to use personal and psychological resources to deal with future stressors

(Greenglass, 2002). Findings further indicate that personal initiative programmes were effective in reducing strain and increase proactive behavior (Searle, 2008). General self-efficacy makes the students more competent, which in turn helps them to approach their problems or difficulties proactively instead of avoiding it.

Bandura (1989) pointed out that vicarious observation and social influences or verbal persuasions are important sources of self-efficacy and these sources are provided by group participation. Also, the group process can enable participants to meet challenges and to create new and more positive experiences (Kristenson et al., 2004). Furthermore, Valentijn et al., (2005) pointed out that group sessions have a comforting and motivating effect because participants can share problems with a relevant peer group. Many studies have shown that subjects participating in coping skills training displayed better coping skills and they relied upon dysfunctional coping strategies less often (Bodenmann et al., 2002; Cristina et al., 2007; Mary & Christyn, 2008). In addition, Schwarzer & Luszczynska (2008) proved that it might be advantageous for interventions to consider the proactive coping perspective to promote growth and well-being in adolescents and this was emphasized in this study. It is concluded that the developed training is effective in enhancing proactive coping and general self-efficacy.

SUGGESTIONS AND RECOMMENDATIONS:

Proactive coping strategies can help students to reduce the negative effects of stressful events. By being proactive, students will be able to concentrate more on their studies and achieve good grades rather than spending their energy in unproductive behaviors and unnecessary worries. If the students are provided with the sense of competence through the coping skills training programmes they will become more proactive which in turn will help them to prevent various stress related problems and dysfunctional coping. It will also help to produce psychologically healthy individuals in future. Appropriate coping skills should be taught to the younger students at successive stages of their educational programmes, thereby we could help them to avoid the damaging effects of perceived stress. While the current study made a significant contribution to the existing literature, there were also significant limitations that should be addressed in future research. The homogeneity of the participants, i.e. undergraduate computer science students, limits the generalizability of the results. Future researchers should collect data from students from other discipline such as engineering and medicine and from different demographic conditions such as age, economic status so that they would be more representative of the college students. Future works could also consider incorporating other coping strategies that are not significant with this intervention such as strategies planning and support seeking.

REFERENCE:

- [1] Aspinwall, L.G. & Taylor, S.E. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin*, 121, 417–436.
- [2] Bandura, A. (1989) Regulation of cognitive processes through perceived self-efficacy. *Dev Psychol*, 25, 729–735.
- [3] Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman.
- [4] Bodenmann, G., Perrez, M., Cina, A. & Widmer, K. (2002). The effectiveness of a coping-focused prevention approach: A two-year longitudinal study. *Swiss Journal of Psychology*, 61, 195-202.
- [5] Chritina et al. (2007). Effect of an intervention promoting proactive coping competencies in middle and late adulthood. *Gerontologist*, 47, 42-51.
- [6] Cohen, S., Kamareck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behaviour*, 24, 385-396.
- [7] Graves, K. D. (2003). Social cognitive theory and cancer patients quality of life: A meta-analysis of psychosocial intervention components. *Health Psychology*, 22, 210–219.
- [8] Greenglass, E.R. (2002). Proactive coping and quality of life management. In E. Frydenberg (Ed.), *Beyond coping: Meeting goals, visions, and challenges* (pp. 37–62). London: Oxford University Press.
- [9] Greenglass, E.R., Schwarzer, R., & Taubert, S. (1999). The proactive coping inventory (PCI): A multidimensional research instrument. [On-line publication. Available at: <http://www.psych.yorku.ca/greenglass/>].
- [10] Kelly & Louise (2007). Relationships among proactive coping, situation-specific stress and coping, and stress-related growth. *The Sciences and Engineering*, 68, 1339.

- [11] Krenke et al. (2001). Coping with school-related stress and family stress in healthy and clinically referred adolescents. *Journal European Psychologist Issue*, 6, 123-132.
- [12] Kristenson M, Eriksen HR., Sluiter J.K., Starke D., Ursin H (2004). Psychobiological mechanisms of socioeconomic differences in health. *Soc Sci Med*, 58, 1511–1522.
- [13] Mary, S., & Christyn, D. (2008). Evolution of a resilience intervention to enhance coping strategies and productive factors and decrease symptomatology. *Journal of American College Health*, 56, 445-453.
- [14] Megumi, S., & Katsuyuki, Y. (2007). Stress coping and the adjustment process among university freshman. *Counselling Psychology Quarterly*, 20, 51-67.
- [15] Pardini, D., Lochman, J., & Wells, K. (2004). Negative emotions and alcohol use initiation in high-risk boys: The moderating effect of good inhibitory control. *Journal of Abnormal Child Psychology*, 32, 505–518.
- [16] Pierceall, E.A. & Keim, M.C. (2007). Stress and coping strategies among community college students. *Community College Journal of Research and Practice*, 31, 703-712.
- [17] Robotham, D. & Julian, C. (2006). Stress and higher education student: A critical review of the literature. *Journal of further and higher education*, 30, 107-117.
- [18] Schwarzer & Luszczynska, (2008). Reactive, anticipatory, preventive, and proactive Coping: A theoretical distinction, *The Prevention Researcher*, 15, 22-24.
- [19] Schwarzer, R. & Knoll, N. (2003). Positive coping: Mastering demands and searching for meaning. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 393–409). Washington, DC: American Psychological Association.
- [20] Schwarzer, R. (1998). General perceived self-efficacy in 14 Cultures. [On-line publication Available at: <http://userpage.fu-berlin.de/~health/lingua5.htm>.]
- [21] Schwarzer, R. (2000). Manage stress at work through preventive and proactive coping. In E. A. Locke (Ed.), *The Blackwell handbook of principles of organizational behaviour* (Chpt. 24; pp. 342-355). Oxford, UK: Blackwell.
- [22] Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, and M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.
- [23] Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, and M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.
- [24] Schwarzer, R., & Taubert, S. (2002). Tenacious goal pursuits and striving toward personal growth: Proactive coping. In E. Frydenberg (Eds.), *Beyond coping: Meeting goals, visions and challenges* (pp. 19-35). London: Oxford University Press.
- [25] Searle, B.J. (2008). Does personal initiative training work as a stress management intervention? *Journal of Occupational Health Psychology*, 13, 259-270.
- [26] Shimazu et al. (2003). Effects of stress management program for teachers in Japan: A pilot study. *Journal of Occupational Health*, 45, 202-208.
- [27] Stecker, T. (2004). Undergraduate medical education well-being in an academic environment. *Medical Education*, 38, 465-478.
- [28] Valentijn SAM, Van Hooren SAH, Bosma H, Touw DM, Jolles J, Van Boxtel MPI, Ponds RWHM (2005). The effect of two types of memory training on subjective and objective memory performance in healthy individuals aged 55 years and older: a randomized controlled trial. *Patient Educ Couns*, 57, 106–114.
- [29] Wang, S.L. & Pei-Yi, W. (2008). The role of feedback and self-efficacy on web-based learning: The social cognitive perspective. *Computer & Education*, 51, 1589-1598.
