THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND RESILIENCY WITH MENTAL HEALTH OF STUDENTS IN KERMAN UNIVERSITY OF MEDICAL SCIENCES

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ABSTRACT

Backgrounds and Objectives: Students are the future builders of society. For this reason, recognition of the factors affecting their health can enhance their mental health and effective academic performance. Therefore, this study has been conducted to determine the relationship between social support and resiliency with mental health.

Materials and Methods: In this study, 500 students were selected of the entire population by Simple Random Sampling. Using General Health Questionnaire-12 (GHQ-12), Connor-Davidson Resilience Scale (CD-RISC) and Multidimensional Scale of Perceived Social Support (MSPSS) were measured. To analyze data in addition to descriptive statistics, inferential statistical methods were used including: Pearson correlation coefficient by SPSS software and Path analysis by Amos software.

Results: The findings represented a significant correlation between social support with mental health, social support with resiliency and resiliency with mental health of students (P<0.0001). Among the subscales of social support, social support to the family, social support with resiliency and resiliency with mental health of students were most relevant to mental health (P<0.0001).

Conclusion: The findings showed that students’ mental health is more favorable by increasing their perception of social support and resiliency, and by reducing the sources of support and resiliency, their mental health is endangered.

KEYWORDS: Mental health, Social support, Resilience, Students.

INTRODUCTION

Mental Health has been defined differently by researchers from various cultures. Mental health refers to the feeling of well-being and ensuring their effectiveness, relying on themselves, competition capacity, intergenerational belonging and self-actualization of intellectual and emotional potential, etc.[¹]

Experts of World Health Organization have defined mental health as the ability of harmonious and Coordinated with others, personal and social change and improvement of Personal and social environment and resolutions of conflicts and personal interest reasonably, fairly and appropriately and believe that mental health is merely the absence of mental illness but it is flexible and significant to react to a variety of life experiences.[²]

Mental health in many countries (especially developing countries), has been considered little attention because of main focus to other health priorities, including infectious diseases in the past or chronic diseases in the present era. However, considering the statistics published about the prevalence of mental disorders in different countries, mental health is in critical condition. According to World Health Organization (WHO) estimates, more than 500 million people in the world are with one of a variety of psychiatric disorders. 50 million people of those mentioned suffer from severe mental disorders, 250 million people from minor disorders, 120 million people from mental retardation, 50 million from epilepsy, and 30 million people suffer from dementia.[³]

The results of the studies in Iran show that the prevalence of mental disorders is not less than other countries.[⁴] The epidemiological studies of mental disorders in Iran, indicates variability of the prevalence of this disorder from 11.9 to 30.2 percent.[⁵] Universities are organizations that absorb a significant number of
young people every year to improve their scientific and practical capabilities at a certain period.

And eventually deliver trained workforce and experts to the wider community. Academic curriculum due to the presence of multiple factors, is a stressful period. As a common model introduced to explain the mental illness is the vulnerability – stress model. Numerous research studies in the world show increased incidence of mental health problems among students. In a study among medical students at the University of Malaysia, it was found that 41.9 percent of medical students suffer from identified psychological stress and they had suspected psychological disorders.

Multiple Iranian studies indicate that there are various psychological problems among students. Some studies in relation to mental health, have reported mental disorders to be 12, 75 to 30.4 percent among students. Sociologists believe that health and mental illness are not merely psychological or biological facts, but at the same time, they own the social dimension and nature.

Social factors, have an important role in the creation, preservation, and promotion of health; they also have a major stake in incidence, prevalence, and continuity of disease. In other words, although there is no doubt that “people have some biological and personal differences in the vulnerability to mental illness and but the problem is that the social position and even more importantly, people Perceptions of the situation have far more effect on these differences.

Thus, considering social factors in which affects mental health is of great importance. One of the most significant factor is social support perceived or received by individuals. The most common definition of social support focuses on the availability and quality of communication with the people who provide support resources in times of need.

Some researchers have defined social support as the amount of love, companionship, care, respect, attention and assistance received by one of the individuals from other people or groups such as family members, friends, and significant individuals.

Some experts consider social support as a social reality while some others, account it from conception of person. Sarason considers social support as a multidimensional concept that encompasses both dimensions of real and imagination.

The results show that higher levels of social support and lower levels of depression and anxiety are associated. Hegelson and colleagues found that people who do not enjoy enough social support are at risk of developing mental disorders very much.

In addition to its direct effect, social support also affect indirectly on the health of the human body and mind. One of the ways of social support impact on mental health is its impact on resiliency.

The resiliency In medicine and psychology reflects physical strength, improvement of self-motivation and ability to re-establish emotional balance in stressful situations.

And in fact it refers to the characteristics that involve in The speed and extent of recovery after dealing with the stress.

Connor has defined resilience as a way of measuring one's ability to cope with stressors and psychological factors that threaten health.

As Kumpfer Believed, the resiliency is a return to the primary balance or equilibrium level (in threatening situations) and thus provides successful consistency in life. The results indicate that resilient individuals do not shatter their behavior. In terms of emotion they are calm and have the ability to cope with adverse conditions. Research shows that the resilience prevent psychological problems among youth and protects them from psychological effects of troubling events. Some researches have shown a significant negative relationship of resilience and hardness with anxiety and depression and indicate that resilient individuals can prevail a variety of adverse effects. Mental health plays a critical role in ensuring the dynamism and efficiency of every society and is considered one of the pillars of public health assessment. So The aim of the all communities is to provide conditions to maintain and improve the health of their members. Highlighting the role of students as managers and creators of the future of any society, demonstrates the necessity to provide mental health as well as to identify and eliminate the negative factors affecting their mental health. According to the paucity of studies in the students community, the present study evaluates the relationship of perceived social support and resiliency with mental health.

**METHOD OF ANALYSIS**

This study is cross-sectional study and statistical population consist of 1509 undergraduate students studying in the faculty of Nursing and Midwifery, management and communication, Paramedical and health in Kerman University of Medical Sciences In the academic year of 2014-2015. Total sample size in confidence level of 95% and by replacing values in Cochran formula, was 306 people. But to increase precision in this study, simple random sampling method was applied in which 500 students were selected from the whole population. People were selected through stratified sampling method and by the same proportion from different colleges, academic year and of both sexes.
After choosing students questionnaires were distributed randomly among the students by visiting in person and presenting an introduction letter and then were collected immediately after completion by the researcher and colleagues.

**Ethical considerations**
Written introduction was provided and given to the research environment officials. Research goals for the authorities were described and the consent of individual samples was obtained.

The volunteers were Ensured of keeping information confidential, not including details such as name, address, or phone number that samples be recognized.

The participants were Reassured that they can be excluded at any time they tend to. The Results of research studies should be exposed to authorities at different levels for use in future planning.

If the participant require or question about The outcome of the study, they are available for subjects.

**Research tools**
Four questionnaires were used in this study which are as follows:

**Public Profile of respondents**
In this episode, which is set by the researcher, individual and demographic characteristics including age, sex, marital status and place of residence of the respondents are questioned.

**General Health Questionnaire-12**
A questionnaire containing 12 questions has been provided to aim at screening general health healthy people for mental disorder. Therefore, The purpose of the questionnaire is not to achieve a psychiatric diagnosis. This questionnaire is available in format of 12, 28, 30, and 60 questions. It is possible to screen healthy persons and patients in form of 12 questions with the With the lowest time. The main form of questionnaire is made by Goldberg and Hillier (1970) built and has 4 subscales including the scale of somatic symptoms, anxiety and insomnia, social dysfunction and symptoms of depression.

Short Form of questionnaire-12 has been validated by Iranian Health Research Institute. In this study validation of the internal consistency in questionnaire with Cronbach's alpha was obtained r =0.87 validity of questionnaire was acquired by convergent validity with quality of life questionnaire (F=58.6, P<0.0001).

The best cut-off point was obtained 3.5 with sensitivity 87% and specificity of 60%,[21]

In the present study, internal consistency validation with Cronbach's alpha coefficient was got r = 0.84 indicating good reliability for this questionnaire.

Thus, according to its validation in the Iranian society, this questionnaire will be able to detect fast. Due to the cut-off point, scores more than 3.5 has been defined as suspected mental disorder and scores less than 3.5 as healthy individuals.[21]

**Multidimensional Scale of Perceived Social Support**
Multidimensional Scale of Perceived Social Support (MSPSS) is a tool of 12 phrases to evaluate perceived social support from three sources: family, friends and significant people in their life which has been prepared by Zimet et al (1988).

Multidimensional scale of perceived social support evaluates social support perceived by the subjects in each of the three areas mentioned above and involves three subscales: family, friends and significant individuals.[22]

Salimi et al. have gained validity and reliability of this scale in Iran, so that the reliability coefficient by Cronbach's alpha for each of the dimensions was obtained 0.86, 0.86 and 0.82 respectively and its validity using factor analysis was appropriate.[23]

In this study, the validity of internal consistency for the total test with Cronbach's alpha coefficient was r =0.85, subscale of the social support with Cronbach's alpha coefficient r = 0.82, subscale of social support of friends with Cronbach's alpha coefficient r =0.88 and social support subscale important people of life with Cronbach's alpha coefficient was got r =0.84, Which reflects the good validity of this questionnaire. According to the mid-point of it, scores above 3.5 as social protection and lower grades than 3.5 is defined as low social support[22]

**Connor-Davidson Resilience Scale**
Connor-Davidson Resilience Scale contains 25 questions developed by Connor and Davidson (2003), to measure the strength against pressure and threats. the whole grading with five options are considered for each question (totally wrong to absolutely right) in which zero is scored as (completely false) and four demonstrates (always right).

Although this scale measures the dimensions of resilience, but it has a total score between 0 and 100.[24] Higher scores indicate more resilience of subject.

The Score 80 or more is defined as very resilient, 65 to 80 = better than most people, 50 to 65 = low but appropriate, 40 to 50 = you're struggling, 40 or less= ask for help.[25]

The scale in Iran is normalized by Mohammiedi (2006). He utilized Cronbach's alpha method to determine
reliability of Connor-Davidson Resilience Scale and reported the reliability coefficient of 0.89.\textsuperscript{[26]}

In the study of Samani et al. (2008), entitled as resilience, mental health, and life satisfaction, Cronbach’s alpha coefficient was obtained 0.78 for reliability.\textsuperscript{[17]} In this research, the reliability of internal consistency of questionnaire with Cronbach’s alpha coefficient was obtained \( r = 0.91 \) which indicates favorable reliability of the questionnaire.

In this study, To analyze the data and test the hypotheses to fit the levels of variable measurement in addition to use of descriptive statistics, inferential statistics including Pearson correlation coefficient using SPSS software\textsuperscript{[18]} and path analysis by Amos software\textsuperscript{[18]} were implemented.

### RESULTS

In this study, 500 students of Kerman University of Medical Sciences were evaluated. The average age of these students was 20.7 ± 1.55. Most of participants were female students (76%), single (86.2 percent) and those who reside in dormitories (70.2%). Results showed that the mean score of mental health was 4.26 ± 3.42, while the average score of resiliency was 56.8 ± 15.53 and the average score for social support was 4.9 ± 1.12 respectively. 51.6 percent of students were suspected of mental disorders. 13% of students did not imagine suitable social protection for themselves and 32 percent did not own suitable resiliency. Social support, family, significant people for the participants and their friends gained the highest values respectively among the subscales of social support in students. This means the students thought that they gained the most social support from family and the least support from their friends.

### Table 1. The relationship between resilience, social support and mental health subscales.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson correlation coefficient</th>
<th>The significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and ...</td>
<td>-0.54</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Resiliency</td>
<td>-0.33</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Total social support</td>
<td>-0.32</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of family</td>
<td>-0.2</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of Friends</td>
<td>-0.26</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of important people in life</td>
<td>-0.26</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Results of Table 1 shows that there is a significant negative relationship among resiliency and social support and mental health. So that with increasing scores of resilience and social support, mental health scores are reduced. In fact, students who had higher resiliency and social support enjoyed better mental health. Also, support of family among the subscales of social support had the largest correlation with mental health (\( P < 0.0001, r = -0.32 \)).

### Table 2. The relationship between social support and its subscales with the resiliency.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson correlation coefficient</th>
<th>The significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resiliency and ...</td>
<td>0.51</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Total social support</td>
<td>0.42</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of family</td>
<td>0.42</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of Friends</td>
<td>0.37</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Social support of important people in life</td>
<td>0.4</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

![Figure: 1 path Analysis of the variables](image-url)
Outcomes of Table 2 represent that there is a significant positive relationship between social support and resiliency (P <0.0001, r=0.51). So that by increasing the scores of social support scale, scores of resiliency is also increased.

In fact, students who believed in more social support for themselves had a higher level of resiliency. Also, among the subscales of social support, family support has the most relevance to Resiliency (P <0.0001, r=0.42).

This model displays the direct and indirect relationship of variables. As it can be seen subscales of important people support in life has the largest share in measuring of social support. Variable of Social support is exogenous and is not influenced by any variables. Mental health and resiliency are endogenous variables. Direct effect of social support on mental health is 0.12 while indirect impact of social support on the mental health is 0.29 (0.62*0.47) and the direct effect of resilience on mental health is 0.47.

Table 3: path Analysis of the variables

<table>
<thead>
<tr>
<th>variable</th>
<th>t</th>
<th>Standardized β coefficient</th>
<th>The significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>social support → families</td>
<td>9.82</td>
<td>0.63</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>social support → Friend</td>
<td>9.81</td>
<td>0.61</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>social support → important people</td>
<td>10.32</td>
<td>0.68</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>social support → resiliency</td>
<td>9.91</td>
<td>0.62</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Resiliency → mental health</td>
<td>-8.61</td>
<td>-0.47</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>social support → mental health</td>
<td>-1.92</td>
<td>-0.12</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Results of Table 3 shows that there is a direct and significant relationship between social support and resiliency and also between mental health and resiliency (P< 0.0001). However, there was no direct relationship between social support and mental health (P= 0.06). In other words, there is an indirect relationship between social support and mental health and it is due to resiliency.

**DISCUSSION**

Students in any society are the most important forces affecting developing countries. The prevalence of any mental disorder among them can lead to loss of material and spiritual investment. Accordingly, in the present study, considering the important role of social factors in mental health, efforts have been done to investigate the relationship of perceived social support and resiliency with mental health.

The findings of this study represented that the mental health of students increases by increasing their perception of the level of social support, and decreases by reduction of support resources. This finding is consistent with results of previous studies in this field such as Bakshi poor and colleagues[27], Brown[28] and Landman et al[14], respectively. The results also showed that social support is most relevant to students’ mental health.

This outcome corresponds to findings in Tabrizi and Razi[29], and Chi et al. [30] The results show that higher levels of social support and lower levels of depression and anxiety, are to each other and it is thought that social support acts as a shield that buffers against stress.[14]

Rathus believes that social support through five different ways undermines and adjusts effects of stress mentioned as follows: 1. emotional attention (including listening to the problems of the people, expressing sympathy, etc.). 2. assistance (providing support and assistance, which leads to adaptive behavior). 3. notification (to provide guidance and advice to boost the ability of coping with stress and problems). 4. Evaluation (provision of feedback from others about the way of actions that could lead to correction of mentioned activities). 5. Socialization (receiving social support usually occurs as a result of the socialization and results in beneficial effects).[27]

The results of this study represented that the mental health of students is more desirable by increasing their resiliency. Current Research findings on the relationship of resiliency and mental health with those gained from the researches of Masten[31], Beasley and colleagues[32] and Rahimian et al[33] are aligned.

Arce and colleagues showed that people with high resiliency in the face of emotional events, which are neutral and unknown in nature, tend to show positive emotions. They believed this may be due to their ability to cope successfully with difficult situations, especially in interpersonal situations.[34]

Wolf focused on the basic features of resilient individuals in field of positive effect of resilience on mental health, in which lead to enhancement of mental health, such as social power, ability in problem solving, autonomy and sense of targeting and belief in a bright future.[25]
In the light of the results of research social support has a positive correlation with resiliency in students. That is The rise of social support increases the resiliency in students. This finding is consistent with those from studies Khabaz and colleagues[35], Hass and Grydon[36], Benard[37] and Brown[28].

Benard considered Relations of support and care as a major source of resiliency and stated that the supplier of this type of support are influential people that provide intimacy, care and attention and at the same time help a person to know his own capabilities and resources better.

In his view provision of opportunities for collaboration and cooperation is an aspect of the social environment that boosts resiliency.[37]

**Study constraints**

lack of cooperation in research community to complete the questionnaire as one of limitations was resolved by giving enough information and outlines of objectives in the field of research, to satisfy them for collaboration.

**CONCLUSION**

In total, the most important outcome of this study was to verify the relationship of resiliency and social support perceived by students with their mental health.

In better words, the results showed that the mental health of students is in more favorable condition by increasing their perception of social support and resilience, Their mental health is endangered by reduction of support resources and level of resiliency.

**Recommendations**

Due to the high prevalence of mental disorders in subjects it is suggested to expand Consulting centers activities and provide timely psychological advice to them. Supplying all students with development of cultural, welfare and services is also necessary.

Family is the most important source of support. So the Foundation of family should be strengthened. For example, solving the problems of the families who certainly cannot have more social support to their members should be considered as an important recommendation.

Regarding the relationship between resiliency and mental health of students, it is suggested to hold training courses for solutions of resiliency in students. It is Also recommended to do a study about the impact of resiliency training programs on mental health.

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