



## Original article

## Relationship between social support and self-efficacy in women psychiatrists

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## ABSTRACT

**Objective:** To explore the relationship between social support and self-efficacy in women psychiatrists.**Methods:** A survey was conducted in four hospitals in Shandong province using the Social Support Scale and the General Self-efficacy Scale (GSE). A total of 140 women psychiatrists participated in the study.**Results:** Women psychiatrists of different ages or with different qualifications experience significant differences in objective support, subjective support, the utilization of support, and total scores on the social support and self-efficacy questionnaires ( $p < 0.05$ ). There were also significant differences in self-efficacy between different groups ( $p < 0.05$ ). Subjective support, objective support and the utilization of support have a positive correlation with the self-efficacy of women psychiatrists. Women psychiatrists in different education level have significant differences in objective support, utilization of support and total score of social support ( $p < 0.01$ ).**Conclusions:** Ages and educational backgrounds affect social support and self-efficacy, and self-efficacy had a significant positive correlation with the various dimensions of social support.© 2016 Shanxi Medical Periodical Press. Publishing services by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Social support refers to the intimate contact among people. This contact can provide spiritual or material assistance for individuals when they are facing difficulties or threats. It is one of the intermediary factors between psychological stress and disorders.<sup>1</sup> Social support is a type of important external resources that one can use, so in recent years, it has become a focus of domestic and international researchers in many disciplines.

Recently, the theory of self-efficacy and its applications are popular in the theoretical study of psychology. The concept of self-efficacy was proposed by a famous American psychologist named Albert Bandura (A. Bandura) in 1977.<sup>2</sup> The theory of self-efficacy refers to the cognitive judgment and beliefs of the behavior and the ability desired by the successful completion of a specific task. People with high self-efficacy will be more confident in their work, so they will be more likely to make extraordinary achievements in their posts.

Social support is an important aspect to enhance self-efficacy, and studies have shown that a person's self-efficacy has a positive correlation with the social support they receive; that is, the more social support a person receives, the higher their self-efficacy is.

Women psychiatrists are mental health care professionals. This study was conducted to investigate the relationship between social support and self-efficacy in women psychiatrists by surveying this population.

## 2. Research subjects and methods

## 2.1. Subjects

Women psychiatrists from psychiatric hospitals in Shandong Province were invited to participate in the study. One-hundred and forty women psychiatrists were randomly selected to complete the questionnaires. The questionnaires were uniformly provided, and the testing was performed in groups. Unified guidance languages were used, and the questionnaires were collected immediately after completion. One-hundred and forty questionnaires were distributed, and 128 valid questionnaires were obtained. The percentage of completed questionnaires was 91.4%.

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## 2.2. Research methods and tools

A structured questionnaire was employed that included a social support scale and a self-efficacy scale.

### 2.2.1. Social support scale<sup>3</sup>

This scale was used to measure 10 items for three dimensions of individual social relationships, which contained three subscales: an objective support subscale, a subjective support subscale and a supported utilization subscale. Four-point scores were used in the questionnaires. Higher total scores and subscale scores indicate better social support. One of the advantages of the scale is that it has good reliability and validity. For each of the subscales, the consistency of each entry was between 0.89 and 0.94, so the scale was considered reliable to use for the study.

### 2.2.2. General self-efficacy scale<sup>4</sup>

The General Self-efficacy Scale consists of 10 items and was created by Schwarzer and his colleagues. The scale was translated into Chinese by Jianxin Zhang. The scores of this scale were calculated according to a four-point Likert-type scale. General self-efficacy had a significant positive correlation with the score. Cronbach's alpha of the scale varied from 0.75 to 0.91.

## 2.3. Data processing

The Statistical Package for the Social Sciences (SPSS) version 17.0 (SPSS Inc., Chicago, IL, USA) for Windows was used for statistical analyses of the data.

## 3. Results

### 3.1. Demographic data of the tested participants

The demographic data of the participants are as follows: the results of 128 tested participants were valid, among whom 42 were below 30 years old (32.8%), 72 were between 30 and 50 years (56.2%), and 14 were over 50 years (10.9%); in addition, there were 52 people with a college degree (40.6%), 54 with a bachelor degree (42.2%), and 22 with a master or PhD degree (17.2%).

### 3.2. The results of social support and self-efficacy in women psychiatrists

#### 3.2.1. Comparison of social support and self-efficacy differences in women psychiatrists at different ages

As shown in Table 1, women psychiatrists of different ages experienced significant differences in objective and subjective support, support utilization, and total social support and self-efficacy ( $p < 0.05$ ).

The Scheffe Post-Hoc comparison was used to test for significant differences within each group. The group aged between 30 and 50 years had significant differences compared with the group aged under 30 years in terms of objective and subjective support,

support utilization, and total scores from the social support and self-efficacy questionnaires ( $p < 0.05$ ). The group aged between 30 and 50 years had significant differences compared with the group aged over 50 years in terms of support utilization and total scores from the social support and self-efficacy questionnaires ( $p < 0.05$ ); the differences for the other dimensions were not significant between the groups.

#### 3.2.2. The comparison of social support and self-efficacy differences of women psychiatrists with different educational levels

As shown in Table 2, women psychiatrists with different educational levels had significant differences in objective support, utilization of support and the total score from the social support questionnaire ( $p < 0.01$ ); there was also a significant difference in self-efficacy total scores ( $p < 0.01$ ).

The Scheffe Post-Hoc comparison was used to test for significant differences within each group. The groups of individuals with College degrees, Bachelor's degrees, and Master's or PhD degrees had significant differences in terms of objective support ( $p < 0.01$ ). The groups with College degrees and Master's degrees had significant differences in terms of subjective support ( $p < 0.05$ ). The group with Master's or PhD degrees had the highest support of utilization and total scores of the social support and self-efficacy questionnaires, followed by the groups with Bachelor's degrees and College degrees.

#### 3.2.3. Correlation analysis of social support and self-efficacy in different women psychiatrists

As shown in Table 3, there was a statistically significant correlation between social support and self-efficacy in women psychiatrists ( $p < 0.01$ ). The correlation between support utilization, social support scores and self-efficacy was the most significant.

## 4. Discussion

### 4.1. Analysis of social support and self-efficacy differences

#### 4.1.1. Influence of age and educational background on social support

This study shows that the group of individuals aged between 30 and 50 years and the group aged over 50 years ranked significantly higher than the group aged below 30 years in terms of objective and subjective support, support utilization, and total scores from the social support and self-efficacy questionnaires ( $p < 0.01$ ). The group aged between 30 and 50 years has significant differences compared with the group aged over 50 years in terms of support utilization, and the total score from the social support questionnaire ( $p < 0.01$ ). The other dimensions were not statistically significant.

These results show that age is a factor affecting the level of social support. With an increase in age, utilization of support is better, and the group aged between 30 and 50 years had the best various dimensions of social support.

**Table 1**

The comparison of differences in social support and self-efficacy of female psychiatrists of different ages (M±SD).

Variables	Objective support	Subjective support	Utilization of support	Total score of social support	Self-efficacy
< 30 years	9.67 ± 2.67	13.02 ± 1.85	8.43 ± 1.69	31.10 ± 4.31	25.38 ± 5.66
30–50 years	10.86 ± 1.83	14.01 ± 1.82	9.67 ± 1.86	34.49 ± 3.97	30.46 ± 5.75
> 50 years	10.57 ± 2.17	13.71 ± 1.64	8.79 ± 2.64	32.79 ± 5.04	27.36 ± 4.43
F	4.03	3.96	5.90	8.69	11.22
P	0.02*	0.02*	0.00**	0.00**	0.00**

Note: \* $p < 0.05$ , \*\* $p < 0.01$ .

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