



## Core self-evaluations and coping styles as mediators between social support and well-being☆



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### ABSTRACT

This study examined core self-evaluations (CSEs) and coping styles as mediators of the relationship between social support and well-being. Participants included 722 Chinese university students who completed the Multidimensional Scale of Perceived Social Support, the Core Self-Evaluations Scale, the Simplified Coping Style Questionnaire, the Positive and Negative Affect Schedule, and the Satisfaction with Life Scale. Social support, CSEs, and positive coping were positively correlated with life satisfaction and positive affect and negatively correlated with negative affect. Negative coping was positively correlated with negative affect and negatively correlated with family support. CSEs and coping styles partially mediated the effects of social support on life satisfaction and positive affect. Furthermore, CSEs completely mediated the link between negative affect and social support. High social support improved self-evaluations; this, in turn, contributed to higher levels of well-being. Social support also decreased the negative effects of coping on life satisfaction and positive affect. Specifically, individuals with high social support were more likely to develop more positive and less negative coping; this resulted in higher levels of life satisfaction. These findings contribute to a better understanding of the relations between these factors. Future studies should examine the mediational model using multiple methods.

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### 1. Introduction

Subjective well-being (SWB) is the perceived quality of one's life and an important comprehensive index for measuring the affective and cognitive evaluations of one's life (Diener, 1994). Individuals with high levels of SWB report higher life satisfaction and experience frequent positive and infrequent negative affect (Diener & Lucas, 1999). It is widely accepted that social support influences health and well-being (Diener & Seligman, 2002; Turner, 1981). Social support refers to the objective and easily recognized close contact between people (Heaney & Israel, 2008). Individuals are able to achieve optimal well-being when they have strong, supportive relationships with others (Diener & Seligman, 2002; Ryff, 1989). Moreover, a series of studies has identified mediators of the relation between social support and SWB (e.g., optimism, loneliness, self-efficacy, self-esteem) that explain the mechanisms underlying this link (Karademas, 2006; Kong & You, 2013).

Several SWB theories, such as top-down theories and dynamic equilibrium models of SWB, propose that personality is critical for SWB (DeNeve & Cooper, 1998; Steel, Schmidt, & Shultz, 2008). Conceptualized as a broad higher-order construct composed of evaluative traits, core self-evaluation (CSE) has recently been used as a predictor in the study of well-being across applied domains such as workplace environment and other life situations (Judge, Bono, Erez, & Locke, 2005; Judge, Locke, Durham, & Kluger, 1998). CSE, or the fundamental appraisals that people make of their own self-worth, competence, and capabilities, is indicated by four personality traits that share conceptual similarities (Judge et al., 1998): self-esteem, locus of control, generalized self-efficacy, and neuroticism. Self-esteem, locus of control, and generalized self-efficacy refer to individuals' judgments of personal capability, while neuroticism refers to self-evaluations of emotional functioning and control. Previous studies have indicated that CSEs are strongly and positively correlated with social support (Brunborg, 2008; Yan & Su, 2013) and SWB (Creed, Lehmann, & Hood, 2009; Judge et al., 2005; Tsaousis, Nikolaou, Serdaris, & Judge, 2007). As a trait related to self-evaluative processes, CSEs might account for the social support–SWB relationship. Furthermore, Song, Kong, & Jin (2012) indicated that CSEs mediate the association between social support and life satisfaction. However, it has been demonstrated that CSEs are correlated with every component of SWB in previous studies. For instance, individuals with high levels of CSE report higher life satisfaction (Judge et al., 2005), more positive and

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less negative affect (Tsaousis et al., 2007). The affective components of SWB have yet to be examined as mediators of the relation between social support and SWB. Therefore, we aimed to examine the mediating effects of CSEs on the relation between social support and every component of SWB to extend our insight into the mechanism of this relationship. Considering the positive associations of social support with CSEs and well-being mentioned above, it was hypothesized that social support would positively affect CSEs, which, in turn, would promote life satisfaction and positive affect and decrease negative affect.

Coping has also been correlated with social support and well-being. Coping is defined as cognitive or behavioral efforts to manage situations appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984). Thus, coping is a regulatory process that can reduce the negative feelings resulting from stressful events. Individuals' ability to maintain well-being is closely related to their personal resources and specifically to the effective use of coping strategies (Crockett et al., 2007). Importantly, cognitive stress theory posits that individual differences in psychosocial outcomes, such as the evaluations of one's quality of life, are mediated by appraisal and coping variables (Lazarus & Folkman, 1984). Social support seems to directly or indirectly influence health and well-being through certain cognitive mechanisms, personality factors, and behaviors. As a trait related to evaluative processes and behavioral efforts, coping might mediate the association between social support and SWB.

Coping strategies can be divided into positive and negative coping (Schwartz, 1986). Positive coping includes looking for help and trying to find different resolutions of the problem, whereas negative coping includes avoiding, abreaction, and other maladaptive coping techniques (Xie, 1998). It has been found that positive coping techniques positively affect well-being, while negative coping strategies are negatively associated with well-being (Gibbons, Dempster, & Moutray, 2011; Smedema, Catalano, & Ebener, 2010). Coping might play a key role in the influence of social support on well-being. To further examine the effects of coping on this relation, the current study focused on how coping styles predict affective and cognitive components of SWB. Consistent with cognitive stress theory and previous findings, it was hypothesized that social support would positively affect positive coping; positive coping, in turn, would promote well-being. In addition, it was expected that a lack of social support would predict negative coping resulting in lower levels of well-being.

In sum, the goal of the present study was to test CSEs and coping styles as mediators of the relation between social support and well-being in a sample of Chinese college students. Although the mediating effects of CSEs on the relation between social support and life satisfaction have been examined in previous studies, further investigations are warranted. It is necessary to examine the universality of the findings in other cultures, such as Asian cultures. Compared to individualistic cultures, people's self-evaluations are more affected by others in collectivistic cultures (e.g., Chinese culture). Thus, the findings of the present study will extend our knowledge of the mechanisms underlying the link between social support and the affective and cognitive components of SWB.

## 2. Methods

### 2.1. Participants and procedure

Participants included 765 students from four universities in China; the number of participants with valid data was 722 (376 females, 346 males; response rate: 94.4%). The students' ages ranged from 17 to 24 years, with an average of 19.68 ( $SD = 1.12$ ).

Participants completed the questionnaires in a classroom; the completion of the questionnaires took approximately 25 min. Informed consent was obtained from all participants prior to completing the measures.

### 2.2. Measures

#### 2.2.1. Perceived social support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was used to assess perceived social support. The MSPSS consists of 12 items that measure perceived support across three domains: family, friends, and significant other. It includes items such as "I can talk about my problems with my family" and "I can count on my friends when things go wrong." Each item is rated on a 7-point Likert-type scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores indicate greater levels of perceived social support. The MSPSS has good reliability and validity, with Cronbach's alphas ranging from 0.79 to 0.95 (Akhtar et al., 2010; Chou, 2000).

#### 2.2.2. Core self-evaluations

The Core Self-Evaluations Scale (CSES; Judge, Erez, Bono, & Thoresen, 2003) was used to assess participants' CSEs. The CSES is a 12-item self-report scale that measures the underlying self-evaluative factor that is present across four specific traits of self-esteem, generalized self-efficacy, neuroticism, and locus of control. It includes items such as "I complete tasks successfully" and "I determine what will happen in my life." Items are rated from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate more positive CSEs. The CSES has good reliability and validity, with Cronbach's alphas ranging from 0.76 to 0.87 (Judge et al., 2003; Song et al., 2012).

#### 2.2.3. Subjective well-being

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) and the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) were administered to assess SWB. The SWLS is a 5-item measure of global life satisfaction or a person's satisfaction with life as a whole. Participants are instructed to indicate the extent to which they agree or disagree with each statement using a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores reflect higher levels of life satisfaction.

The PANAS was used to assess the affective component of SWB; this questionnaire includes ten positive (e.g., happy, joyful, pleased) and ten negative (e.g., depressed, frustrated, angry) adjectives. Items are rated from 1 (not at all) to 5 (extremely agree). Higher scores reflect more positive or negative moods. The reliability and validity indexes are comparatively good, and the scales are widely used. The Cronbach's alphas for the SWLS range from 0.79 to 0.88 (Diener et al., 1985; Zhou, Wu, & Lin, 2012); for the PANAS, the Cronbach's alpha coefficients range from 0.86 to 0.90 for the positive affect scale and from 0.84 to 0.87 for the negative affect scale (Crawford & Henry, 2004; Watson et al., 1988).

#### 2.2.4. Coping styles

The Simplified Coping Style Questionnaire (SCSQ; Xie, 1998) was used to assess coping styles. The SCSQ is a 20-item questionnaire classified into two dimensions: positive and negative coping styles. Positive coping styles include looking for help and changing, whereas negative coping styles include avoidance, abreaction, and other maladaptive strategies (e.g., use of tobacco and alcohol). Items are rated on a 4-point Likert scale ranging from 0 (never use) to 3 (always use). Higher mean scores on each dimension indicate more frequent use of that coping style. The SCSQ has good reliability and validity, with a reported test-retest correlation coefficient of 0.89 (Xie, 1998) and Cronbach's alphas ranging from 0.78 to 0.90 (Ni et al., 2012; Zhou et al., 2012).

### 2.3. Data analysis

SPSS 21.0 and Mplus 7.0 were used for data processing and analysis, which consisted of three steps. First, descriptive analyses were conducted to obtain means, standard deviations, and internal consistency

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