

Mediators of the Relationship between Social Support and Positive Health Practices in Middle Adolescents

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ABSTRACT

Introduction: This correlational study developed and tested theory to better understand positive health practices (PHPs) in middle adolescents. It tested theoretic relationships postulated between PHPs and (a) social support (SS), (b) optimism, and (c) loneliness, and between SS and the variables of optimism and loneliness. Optimism and loneliness were tested as possible mediators in the relationship between SS and PHPs.

Method: A convenience sample of 204 middle adolescents was obtained. Participants completed a demographic sheet and four instruments.

Results: There were statistically significant positive relationships between SS ($r = .44$) and optimism ($r = .54$) with PHPs. There was a statistically significant negative relationship between loneliness ($r = -.39$) and PHPs. There was a statistically significant positive relationship between optimism ($r = .63$) and SS. There was a statistically significant negative relationship between loneliness ($r = -.76$) and SS. Optimism was found to partially mediate the relationship between SS and PHP; loneliness did not.

Discussion: Findings contribute to a more comprehensive knowledge base regarding health practices in middle adolescents. *J Pediatr Health Care.* (2008) 22, 94-102.

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Middle adolescents, that is, persons between the ages of 15 to 17 years, experience a wealth of developmental opportunities to engage in behaviors that lead to health risks, on the one hand, or to develop a healthy lifestyle, on the other hand (Millstein, Peterson, & Nightingale, 1993). By targeting the behaviors of middle adolescents in such areas as nutrition, physical activity, tobacco use, substance use, and sexual behavior, the risks of major sources of mortality and morbidity during adolescence and later in life can be reduced (U.S. Department of Health and Human Services, 2001). Thus, research that increases our knowledge of middle adolescents' positive health practices has the potential to reduce the risks of disease in this age group and to improve their health and longevity.

Positive health practices are defined as a composite of exercise, nutrition, relaxation, avoidance of substance use, and the promotion of health (Brown, Muhlenkamp, Fox, & Osborn, 1983). In the classic works of Langlie (1977) and S. Cohen (1988), social support is theorized to influence health behaviors, such as diet, exercise, smoking, and limiting alcohol intake, by providing information about positive health practices and by establishing norms that encourage such behaviors.

Empirical support has been demonstrated for the relationship between social support and positive health practices in adults (Cannella, 2006; McNicholas, 2001) and adolescents (Mahat & Scoloveno, 2001; Mahat, Scoloveno, & Whalen, 2002; Mahon, Yarcheski, & Yarcheski, 2004; Yarcheski, Mahon, & Yarcheski, 2003). Although research evidence has confirmed the relationship between social support and positive health practices, mediator variables need to be identified to further explain the re-

lationship. Mediator variables are key explanatory mechanisms to understand the relationship between two variables, in this case, the independent variable, social support, and the dependent variable, positive health practices. Two variables that have been identified as potential mediators to this relationship are optimism and loneliness.

Although optimism and loneliness have been examined as mediator variables to help explain the relationship between social support and the performance of positive health practices in adults (Cannella, 2006; McNicholas, 2001), this relationship has not been examined in middle adolescents. Thus, the purpose of this study was to examine the relationships between positive health practices and social support in middle adolescents, and to test two variables—optimism and loneliness—that theoretically mediate this relationship.

MEDIATION MODELS

Social support, as defined in this study, was based on Weiss' (1974) classic work on social support, which consists of six categories of relational provisions: attachment, social integration, opportunity for nurturance, reassurance of worth, a sense of reliance, and obtaining guidance and information in stressful situations. Classic theorists (Langlie, 1977; S. Cohen, 1988) have suggested that social support can influence the performance of specific health behaviors, such as seat belt use, exercise and nutrition, medical checkups, dental care, immunizations, and miscellaneous screening examinations by providing information about positive health practices and by establishing norms that encourage healthy behaviors.

Research findings have consistently demonstrated a strong to moderately strong positive relationship between social support and positive health practices in adults (McNicholas, 2001) and ad-

olescents (Mahat & Scoloveno, 2001; Mahat et al., 2002; Mahon et al., 2004; Yarcheski et al., 2003) when using the Personal Resource Questionnaire 85-Part 2 (PRQ85-Part 2) (Weinert, 1987) to measure social support and the Personal Lifestyle Questionnaire (PLQ) (Brown, Muhlenkamp, Fox, & Osborn, 1983) to measure positive health practices (see Table 1).

These findings give credence to the work of classic theorists (Langlie, 1977; S. Cohen, 1988) suggesting a relationship between the two variables. Therefore, based on theory and previous research, it is hypothesized that social support is positively related to positive health practices in middle adolescents (see Figure 1).

Baron and Kenny (1986) provide a classic paper on the moderator-mediator distinction in social psychological research, taking into account conceptual, strategic, and statistical considerations. When a strong relationship is found between two variables, theoretically derived mediators of the relationship need to be found and studied to help explain the relationship. One possible mediator between social support and positive health practices is optimism. According to Scheier and Carver's (1987) classic work on optimism, optimism refers to a person's tendency to be motivated by a belief that desired outcomes are easily attainable and is defined as "a generalized expectancy for favorable outcomes" (p. 174).

Additional theorists (Peterson & Bossio, 1991; Taylor, 1989) propose that social support contributes positively to optimism. Taylor suggests that the encouragement, hope, and support provided by social networks promote optimism. Support from others during times of stress also can improve the situation, promoting a sense of control through advice, resources, and feelings of acceptance. Additionally, Peterson and Bossio suggest that optimism is influenced by so-

cial support through the relational provision of emotional support and satisfying relationships.

Researchers have found low to moderate confirmation for the relationship between social support and optimism in adults (Cannella, 2006; McNicholas, 2001) when using the PRQ85-Part 2 to measure social support and the Life Orientation Test (LOT) (Scheier & Carver, 1992) to measure dispositional optimism (see Table 1). On the basis of theory and previous research, it is hypothesized that social support is positively related to optimism in middle adolescents (see Figure 2).

Optimism has been theorized to contribute to the performance of positive health practices. In the classic work of Scheier and Carver (1992), optimism, or the belief that good things will happen throughout one's lifetime, is theorized to affect individuals' actions, including their health behaviors. Optimists are more likely to follow treatments and change behaviors that might compromise their health and to engage in behaviors that help them to adapt to situations. Because positive health practices are considered to be adaptive, optimists have more of a tendency to perform them.

A low positive correlation has been shown between optimism and the performance of positive health practices in adults (McNicholas, 2001) and adolescents (Yarcheski, Mahon, & Yarcheski, 2004) when using the LOT to measure dispositional optimism and the PLQ to measure positive health practices (see Table 1). Based on the theoretic and empiric linkages between social support and the performance of positive health practices, social support and optimism, and optimism and positive health practices, optimism is theorized to mediate the relationship between social support and the performance of positive health practices, and thus helps to explain this relationship.

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