Effect of Education Program on Students Stress Training, Based on Self-Efficacy Theory

ABSTRACT

Background and Objective: Studies have shown that the level of stress and its complications has increased to a large extent in people's lives, causing concern among many institutions and organizations including the World Health Organization. There are several ways to reduce the negative effects of stress on the academic performance of students. One of these ways is stress management training. The aim of this study was to determine the effect of training based on self-efficacy theory on stress management of high school girl students in Bojnord.

Materials and Methods: In this quasi-experimental study, 60 high school students in Bojnord were classified by cluster sampling and randomly divided into two groups of experimental and control. The instruments used for data collection included demographic questionnaire, self-efficacy questionnaire for children (SEQ-C) and check list of coping skills (CS-R). After completing the questionnaires before the intervention, after the end of the training sessions as well as three months later, they were completed again by the students of both groups. The data were analyzed using SPSS software and Chi-square, Independent Samples T-test and repeated measure ANOVA tests.

Results: The findings showed that there was a significant difference between the mean scores of social self-efficacy, academic, emotional, general and problem-oriented, emotional, avoidant, and less useful strategies among the students of the experimental group compared to the control group after the educational intervention. ($p < 0.001$).

Conclusion: The results showed that educational intervention based on self-efficacy theory influences the coping skills in adolescents.Therefore, it is recommended that appropriate and relevant programs be carried out by experts and school personnel Due to the many stresses during adolescence.

Paper Type: Research Article

Keywords: self-efficacy theory, coping skills, students, Bojnord

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Introduction

Stress is any stimulus or change in the indoor and outdoor environment that may impair vital balance and may be pathogenic in certain conditions (1). The results of recent researches show that the level of stress and its complications has increased in people's lives, causing concern among many institutions and organizations including the World Health Organization (WHO). The problem of stress and depression after muscular and skeletal disorders is the most common cause for referral to physicians (2). One of the important periods of human development is the adolescence period, as adolescents are confronted with several stressors (3). Adolescence is a time of stress and pressure due to maturity. Ways of coping with stress is very important during this period, because on the one hand, adolescence is the formation of individual personality traits, and on the other hand, this is a period of stress and psychological pressure.

One survey has shown that most adolescents (67%) consider educational pressures as their greatest stress in their lives (5). Additionally, meeting the expectations of important people in life can also be another source of educational stress (6). For example, students expect themselves to be excellent in terms of academic achievement in order to meet the parents' expectations and satisfy them, which also causes stress (7). To reduce the negative effects of stress on students' academic performance, there are many ways in which stress management training is one of them (8-10).

According to Bandura, self-efficacy is the most essential mechanism for managing and controlling life events, and self-efficacy beliefs facilitate the adaptation of students who experience stress (11). Self-efficacy refers to the trust a person has in his ability to pursue a behavior. Self-efficacy plays a central role in changing behavior. Bandura mentions self-efficacy as the most important determinant for behavior change, since it can affect the person's choice in the stages of choosing behaviors. It also makes a person more likely to work harder and endure difficulties and obstacles (12).

Several sources of information for promoting self-efficacy are recommended by Bandura, which can help to promote self-efficacy by establishing training on this basis (13). The first source of self-efficacy enhancement is the successful experience of conducting a behavior that will enhance the sense of self-efficacy and undesirable experience will undermine this feeling (14). To induce the sense of self-efficacy, breaking the task or behavior into more feasible and smaller components can be helpful, which can be useful in the case of people who lack previous experience (15). Another effective way to improve the self-efficacy is the vicarious experience which should be adapted to the person undergoing training. People with a comparable lifestyle to friends and colleagues or people with similar characteristics in terms of age, gender, socioeconomic status and culture, are good models for learning (16). Verbal Persuasion is another source of self-efficacy promotion. Flanders and Simon pointed out that encouragement and correct feedback are positively correlated with academic achievement and positive attitudes towards learning (17).

Since the students in the community experience the highest levels of stress (18)

and educational problems are one of the most common sources of stress among them (19), stress management is also associated with student competence and self-efficacy feelings. So, interventions which can reduce stress and increase self-efficacy to overcome educational problems is necessary. Therefore, this study aimed to determine the effect of education program on Students Stress Training, Based on self-efficacy theory in Bojnord.

Materials and Methods

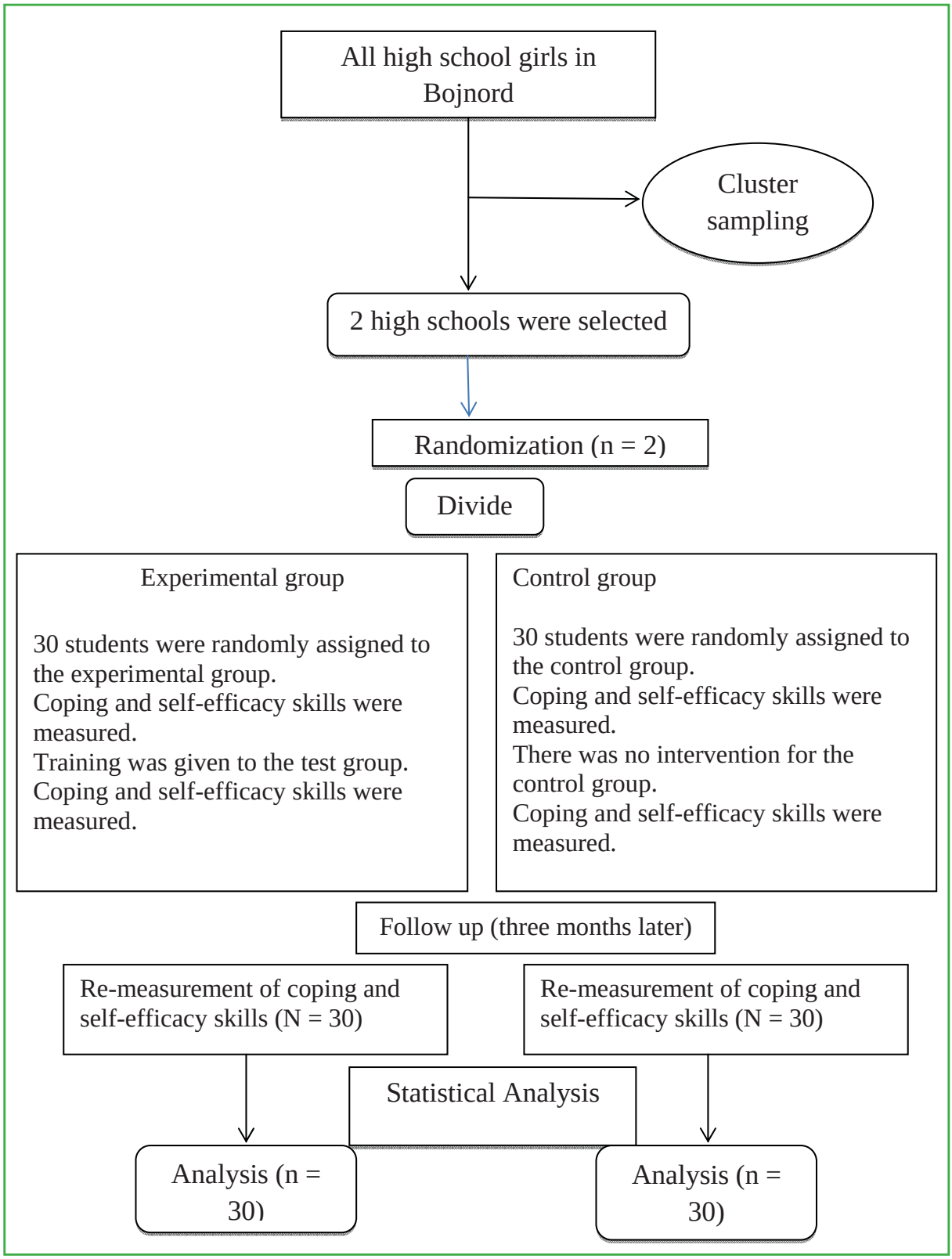
In this quasi-experimental study, 60 high school students in Bojnord were classified by cluster sampling and randomly divided into two groups of experimental and control and were under follow-up three months after intervention. After receiving the introduction letter from the School of Public Health, the necessary coordination with education was carried out. Of the government girls' schools in Bojnord, two schools that were similar in cultural and economic terms and had geographical distance were selected. Then, from the students of both schools, the tenth grade was selected for sampling and after homogenization of both the experimental and control groups, intervention was performed in the experimental group. To determine the sample size, Soltani et al. study (20) were used. With considering the type of first error (0.05), 80% test power, standard deviation and mean of pre-test and post-test of the experimental group, sample size for each group (experimental and Control) were calculated. After explaining the research goals, written consent were completed.

Inclusion Criteria included the willingness to participate in the study and being girl. Exclusion criteria were reluctance to continue studying and absent more than one session at training sessions.The instruments used for data collection included demographic questionnaire, self-efficacy questionnaire for children (SEQ-C) and check list of coping skills (CS-R). The demographic information questionnaire included (family size, birth date, parent education level, parent's job).

Self-efficacy questionnaire for children (SEQ-C): The questionnaire was designed by Muris in 2001 to assess the level of self-efficacy in children and adolescents in three Social self-efficacy, Academic self-efficacy and Emotional self-efficacy sub scales. Each category is evaluated on a Five-point Likert-type scale from 1 =Not at all = to 5 = very well. In doing so, the respondent is asked to carefully read each of the test questions about his ability to perform an activity, and choose one of the options. Then by summing up, four scores are calculated: Social self-efficacy, Academic self-efficacy, Emotional self-efficacy and Total self-efficacy scores. The range of self-efficacy scores are from 23 to 115 for general self-efficacy, from 1 to 8 for Social and Academic self-efficacies and from 7 to 35 for emotional self-efficacy (21).

The factor analysis has shown a factor structure in three Social, Academic and Emotional domains by Muris and its validity is appropriate and acceptable on the basis of Face and Content Validity. The reliability was measured in Tahmassian study and it was 0.89 in general self-efficacy, 0.81 in social self-efficacy, 0.87 in academic self-efficacy and 0.88 in emotional self-efficacy, 0.88, respectively (22).

Check-list of Coping Skills (CS-R): This scale was prepared by Carver et al. Based on the Lazarus Model of Stress and Behavioral Self-Regulatory Model. This scale is a



Flowchart of the sampling process using randomization

multidimensional tool that examines how people respond to stress. There are 56 questions that measure problem-oriented, emotional-oriented, avoidance, and less useful coping strategies. Problem-oriented coping strategy includes Questions 1 to 20, Emotional-oriented coping strategy including questions 21-24, 53-56, and 61-72, less useful coping strategies, questions 25-44 and avoidance coping strategies including questions 57 to 60 and 45 to 52.

The validity and reliability of this tool were reviewed by Carver et al. in their three studies. Evidence of its reliability was measured by Carver et al. in a study and the re-test reliability coefficient after the six weeks was 0.76 for the social instrument search tool and 0.42 for the non-interventional scale. In the second study to compare its convergent and differential validity, the coping scales with respect to the theoretical basis were compared with other valid cognitive and diagnostic tests. The results showed that this scale has a high validity as an instrument for measuring the coping strategies against the specific situations and as a coping desire (23). In Iran, content validity and reliability of the checklist of coping skills were studied by Ebrahimi et al. in 1993 and the reliability coefficient was reported from 63% to 95% in different scales. Also, in a study done by Roshan et al. in 2004 on students, Cronbach's Alpha was reported 85% (24, 25).

After analyzing self-efficacy data in the first stage (before intervention) that identified the constraints and needs and weaknesses of students in different fields, training programs for stress management were designed based on self-efficacy theory for the experimental group. In this research, educational strategy based on self-efficacy theory and according to the quadratic steps in self-efficacy theory were designed including experience and success in performance, breaking behavior towards smaller components, substitution experience and encouragement, emphasizing on increasing self-efficacy in the experimental group. The curriculum was arranged in three sessions of 1.5 to 2 hours. During these sessions, students were trained in familiarizing with stressful factors and ways to reduce stress, relaxation techniques, and relaxation during stress time.

During the training program based on the educational strategy, various educational methods such as group discussion, practical presentation, role play, and the provision of thoughts on the situation were used. Also, simple pamphlets were distributed to the experimental group for managing stress and relaxation methods and the relationship between diet and stress. Control group did not receive any training. Three months after training, Self-efficacy questionnaire for children (SEQ-C) and Check-list of Coping Skills (CS-R) were completed by both groups.

Data were analyzed using SPSS software (version 16), Chi-square, Independent Samples T-test and Repeated measure ANOVA. Quantitative and qualitative descriptive findings were reported as mean and standard deviation, number and percentage, respectively. The significance level was less than 0.05.

Results

The mean age of students was 15.63 ± 0.58. The frequency distribution of demographic variables is fully described in Table 1. The results indicated that the two groups were homogeneous ($p > 0.05$).

Table 1: Demographic characteristics of students participating in the study in two groups of experimental and control groups

Variable Number (%)		Experimental Group Number (%)	Control Group	P-value
number of family members	2	2(6.7)	(0.0) 0.0	592.0
	3	1(3.33)	(0.0) 0.0	
	4	8(26.7)	9 (30.0)	
	5	6(20.00)	10(33.3)	
	6	6(20.00)	5(16.7)	
	7	6(20.00)	3(10.0)	
	8	1(3.3)	3(3.3)	
	9	1(3.3)	(0.0) 0.0	
	13	(0.0) 0.0	1(3.3)	
Birth rank	1	11(36.7)	5(50.0)	075.0
	2	8(26.7)	2(6.7)	
	3	3(10.0)	7(23.3)	
	4	2(6.7)	3(10.0)	
	5	5(16.7)	1(3.3)	
	7	1(3.3)	1(3.3)	
	8	1(3.3)	1(3.3)	
	9	1(3.3)	1(3.3)	
Father's job	Employee	1(3.3)	5(16.7)	051.0
	Free job	24(80.0)	18(60.0)	
	Retired	2(6.7)	7(23.3)	
	Unemployed	2(6.7)	(0.0) 0.0	
Mother's job	Employee	4(13.0)	3(10.0)	368.0
	Free job	5(16.66)	6(20.0)	
	Retired	2(6.66)	2(6.66)	
	housewife	19(63.3)	19(63.3)	
Father's education	Primary and higher	26(86.7)	27(90.0)	999.0
	Diploma and higher	2(6.7)	1(3.3)	
	Bachelor and higher	1 (3.3)	3(10.0)	
Mother's education	Primary and higher	26 (86.7)	27(90.0)	896.0
	Diploma and higher	3(10.0)	2(6.7)	
	Bachelor and higher	1 (3.3)	1(3.3)	

Table 2: Comparison of mean and standard deviation of self-efficacy score of the experimental and control groups before, immediately and three months after intervention

Variables	Group	Before intervention		Immediately after intervention		three months after intervention		Test (Repeated measure ANOVA)
		Mean	standard deviation	Mean	standard deviation	Mean	standard deviation	
social self-efficacy	Experimental	26.8	4.72	30.3	4.96	31.23	4.296	p <0.05 F=18.14
	Control	26.5	5.00	26.53	4.96	26.46	5.056	p=0.41 F=0.9
	P-value (t)	p=0.812 t= 0.239		p <0.005 t= 2.93		p <0.001 t= 3.93		
Academic self-efficacy	Experimental	26.86	5.78	29.06	6.056	30.80	4.97	p=0.003 F= 14.34
	Control	29.3	4.74	29.3	4.73	29.33	4.556	P=0.935 F=0.67
	P-value (t)	p=0.082 t= -1.77		P= 0.86 t= -0.16		P= 0.239 t= 1.19		
emotional self-efficacy	Experimental	18.03	6.41	21.83	7.07	24.9	4.96	p= 0.008 F= 18.14
	Control	21.06	6.70	21.16	6.75	21.16	6.45	P= 0.41 F= 0.9
	P-value (t)	P= 0.079 t=-1.77		P= 0.71 t= 0.373		P= 0.15 t=2.51		
total self-efficacy	Experimental	71.7	13.14	281.2	13.14	86.93	10.47	p <0.001 F= 29.17
	Control	76.86	14.18	76.86	14.18	76.96	13.86	P= 0.67 F= 0.39
	P-value (t)	P= 0.149 t=-1.46		P= 0.25 t=1.15		P= 0.003 t=3.14		

Qualitative variables were tested with chi-square.

Mean score of self-efficacy and coping skills between the two groups did not show any significant difference before intervention. To evaluate the effect of training and compare changes in self-efficacy score and coping skills in two groups of experimental and control in three periods (before intervention, immediately after intervention and 3 months after intervention), Repeated Measures ANOVA were used. Based on this test, there was a total opposite effect between the experimental group and the mean score of social self-efficacy, academic self-efficacy, emotional self-efficacy and total self-efficacy. So, the results were presented by the educational groups in Table 2. According to the findings, the mean score of social self-efficacy, academic self-efficacy, emotional self-efficacy and total self-efficacy was significantly different in the experimental group during the study (p <0.001).

Also, Repeated Measures ANOVA showed that there was a significant difference between the educational group and the mean score of problem-oriented, emotional-oriented, avoidance, and less useful coping strategies. So, the results were presented by the educational groups in Table 3. The

results of this test showed that there was no significant difference between variables in the two groups of experimental and group before the intervention (p> 0.05), but there was a significant difference in the variables after the intervention. Mean score of problem-oriented and emotional-oriented increased significantly (p <0.05) and avoidance, and less useful coping strategies decreased significantly (p <0.05).

Table 3: Comparison of mean and standard deviation of coping skills score of the experimental and control groups before, immediately and three months after intervention

Variable	Group	Before intervention		Immediately after intervention		three months after intervention		Test (Repeated measure ANOVA)
		Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
problem-oriented coping strategies	Experimental	50.4	13.54	52.83	14.05	56.33	13.18	p= 0.004 F= 1.41
	Control	49.16	11.49	49.66	312.37	50.46	11.196	P= 0.21 F= 1.85
	P-value (t)	P= 0.7 t=0.38		P= 0.35 t=0.92		P= 0.68 t=0.85		
emotional-oriented coping strategies	Experimental	44.68	9.53	44.56	13.15	10.45	10.45	p= 0.1 F= 2.38
	Control	38.96	12.5	37.41	11.47	37.93	11.31	P= 0.26 F= 1.36
	P-value (t)	P= 0.58 t=1.93		P= 0.03 t= 2.13		p<0.001 t=3.95		
less useful coping strategies	Experimental	34.1	18.5	31.93	14.66	29.93	14.18	P= 0.19 F= 1.66
	Control	24.06	9.92	26.06	10.2	26.03	9.7	P= 0.002 F= 7.03
	P-value (t)	P= 0.012 t=2.6		P= 0.078 t=1.79		P= 0.21 t=1.24		
Avoidance coping strategies	Experimental	18.85	7.08	20.1	8.07	19.1	8.27	P= 0.36 F= 1.404
	Control	17.00	7.59	16.16	7.73	16.2	7.75	P= 0.16 F= 1.86
	P-value (t)	P= 0.34 t=0.95		P= 0.59 t=1.92		p=0.167 t=1.4		

Discussion and conclusion

The aim of this study was to determine the effect of training based on self-efficacy theory on stress management of high school girl students in Bojnord. The results of this study showed that training based on self-efficacy theory increases stress management skills.

Adolescence is called a period of stress and tension. In fact, it's a transition from childhood to adulthood, and that's why it's a critical time. Considering that this period is full of different stresses and, on the other hand, the formation of the personality of adolescents in this period, understanding the ways of coping with stress is important at this time (26).

The findings of this study showed an increase in self-efficacy after the training period, which is consistent with the study by Bahmani et al. (27). Moradi et al. also

referred to the effectiveness of self-efficacy training on reducing social phobia with the power of predicting self-efficacy in social situations, social interaction anxiety, and fear of observation (28).

In this study, the most observed changes were in academic self-efficacy. According to the researchers, the greater impact of education on academic self-efficacy can be attributed to the fact that teenagers care more about their academic achievement during this life cycle and focus more on it. Bandura et al. study shows that high self-efficacy is associated with active coping strategies, seeking social support and problem solving (29).

Barlow et al. study also shows that individuals with low self-efficacy experience a lot of anxiety in dealing with potential dangers (30). In terms of problem-oriented and emotional-oriented coping skills, Sohrabi et al. study was consistent with the findings of this study (31). Similarly, the study of Ashuri et al. was consistent with this study in terms of coping skills (32). Individuals with avoiding and less helpful coping skills will delay problems or engage in inappropriate work to stay away from the main problem. In this study, these skills have decreased after training, which indicates the effect of training in these individuals.

Adolescents are one of the best communities that can be trained in coping skills in terms of their specific characteristics, their better empowerment and their social presence in schools (27). Mishara states that students are reporting less educational pressure because of coping skills training. Coping strategies also play a vital role in the mental and physical health of the individual during stressful situations in his life (33).

Self-efficacy training and consequently increased coping skills in adolescents are an important finding of this research.

The limitations of this study were the inability to control variables such as parental literacy levels, parent relationships with each other and with children, economic status of students› families and the limitation of the statistical population to first-year high school girls.

Conclusion

The results of this study showed that education based on self-efficacy theory somewhat improves students' stress management. Given the findings of the recent study and its comparison with the results of similar studies and research on coping skills and its relationship with self-efficacy, it is emphasized that health educators pay attention to the role of self-efficacy as an important indicator of stress management. The result of such interventional and educational programs is to increase self-efficacy. Therefore, due to the existence of many stresses during adolescence, appropriate and relevant programs should be designed and implemented by experts and school personnel.

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