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Research Paper

The Relationship among Social Support, Self-Efficacy and Resilience

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ABSTRACT

Adulthood is a period in which a person might face lot of ups and downs in life. There is no set road in life, hence there might be times when person has to deal with a bit challenging situation. Yet people are able to adapt to such stressful situations and these individuals can be considered as resilient. Other factors responsible to help a person bounce back from a tumultuous situation can be social support and self-efficacy. Hence the current research has been carried out to understand the relationship among social support, self-efficacy and resilience in Indian adults. For this purpose, 140 adults of age 20-50 years were randomly selected and were told to fill three online questionnaires (Multidimensional scale of perceived social support, MSPSS; General Self-efficacy Scale, GSE; and Brief Resiliency Scale, BRS). Social support, self-efficacy and resilience are imperative to maintain sound health of a person. It can be concluded from the data collected from the population of Indian adults that there is a positive correlation between social support & self-efficacy and self-efficacy & resilience. Whereas correlation between social support and resilience is insignificant. Therefore, further research can be done in this area to show how a positive relationship between these variables can have an impact on stress level and treatment of an individual in medical and mental health programs and to improve working climate of organisations.

Keywords: *Social Support, Self-Efficacy, Resilience*

In 1970s, Emmy Werner was the first to use the term resilience. She conducted a study on children of Kauai, Hawaii who grew up with parents who were mentally ill and were alcoholic. Also, the parents of these children used to stay on work hence neglecting them and their children's needs many times. It was noted by Werner that two-third of these children showed behaviour which was destructive in nature especially in the end of teenage like substance abuse, chronic unemployment. Whereas other one-third group did not show any behaviour which was destructive hence calling this group to be resilient. Hence family members and children who were resilient as they showed some traits that made them more successful that those who were non-resilient families and children.

Resilience was also highlighted as an important topic from studies of children who had their mothers diagnosed with schizophrenia in 1980s. As children with such parent did not receive

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proper care and affection from their primary caregiver- mother which often impact the child's development and the relationship between parent and child making researchers to study about this term in detail.

Life does not come with an automatic map guiding a person when to take what decision, or hot resolve the problem. It is certainly inevitable to face some turns. But what really matters is how the person comes out of it, how the person finds a way to their goal or maybe what all steps they take to come out of the problem.

There is no set road in life, hence there might be times when person has to deal with a bit challenging situation. Yet people are sometimes able to adapt to such stressful situations. Even though these events might be painful and difficult to come out of, they need not decide the final result. There are many things in our life which are in our hands and can be controlled. Therefore, this the point where the major role of resilience comes in.

Resilience is a concept of positive psychology. Hence it can be said that resilience can be defined as ability to adapt to stressful situation, tragedy, trauma, adversity or any source of stress. Resilience includes "bouncing back" from such situations and can also lead to a personal growth as a person who is resilient are able to find a way to change their path, heal at emotional level and keep moving towards their goal.

Types of resilience
There are various types of resilience which can be easily classified depending on how the person came out or resolved the problem.

- **Psychological resilience:** Psychological resilience, which is also said as mental fortitude is an individual's capability to face and adapt adversity, challenges and uncertainty.
- **Emotional resilience:** It refers to how well a person can cope with stress emotionally and with adversity. Hence are able to manage the stress and their emotions in healthy way.
- **Physical resilience:** Physical resilience refers to ability of body to adapt with stress by maintaining stamina and strength, and recover quickly when faced with accident, illness or any other physical demands.
- **Community resilience:** Community resilience can be defined as capability of group of people to recover and respond from traumatic situations like natural disaster, violent acts, economic turmoil.

It has become important to understand the cycle of resiliency. There are three ways in which people are likely to approach a situation when faced with any kind of problem- (Siebert, 2005)
1. Anger eruption
2. Overwhelming with emotions that are negative, hard to react and going numb
3. Becoming upset about the disruptive change.

First two approaches make people to play the role of victim or play a blame game, therefore rejecting any coping mechanisms.

But the third approach promotes well-being as it is usually taken up by people who are highly resilient as after becoming upset they tend to change their method to resolve the problem.

Hence based on the research done by American Psychological Association, there are several factors which are found in people who are resilient-

1. Making realistic plans and being consistent to follow them.
2. Having faith on our abilities and strengths
3. Communication and problem-solving skills
4. Managing strong feelings and impulses.

Norman Garmezy's Theory of Resilience
Garmezy was called the "grandfather of resilience theory". Instead of focussing on areas of vulnerability that make people more prone to negative life events, he focused elements from the background of individual or personality that will lead to positive outcome even when they are facing a challenge.

According to him, protective factors at individual and familial level and external to family have an impact on resilience.

1. **Individual Factors**- Attributes of the child like temperament, how one meets new situations and cognitive skills.
2. **Familial Factors-** This includes family cohesion and warmth, presence of caring caregiver/ parent, or parents concern for child's wellbeing.
3. **Support Factor-** These are external to family and include support system like a concerned teacher, supportive social worker or communities like church.

Garmezy gave 3 models that explained resilience-
- **Compensatory Model-** It describes how a promotive factor compensates for a risk factor. Ex- a child living in high conflict home environment and having a close relation with grandparent, is resilient because warm relation with grandparent compensates for the home environment.
- **Protective vs. vulnerability model-** It describes how assets or resource can alleviate the risk of negative outcome. Ex- child with cohesive home environment interacts with poverty to decrease risk.
- **Challenge model-** According to this model, some stress is good for people to help develop coping skills in order to utilize internal and external resources.

Self-efficacy
Self-efficacy was a concept first bought up by Albert Bandura in 1977. According to him, self-efficacy can said to be belief of an individual that he is able to perform task in order to attain a goal. (Bandura, 1977)

Self-efficacy can be referred to as having belief on our own abilities, especially a person's ability to meet challenges ahead of them and successfully complete a task. (Akhtar, 2008)

It is hard to refer self-efficacy as abilities but how strongly it can be used by an individual to use abilities in order to work towards goal. It is not a trait or construct; rather one may have belief of self-efficacy in different domains like academic self-efficacy, self-regulatory self-efficacy and problem-solving self-efficacy.

Self-efficacy effect human functions in many ways like-
1. **Behaviour choice-**Tasks in which people have high self-efficacy they are more likely to take it, whereas tasks with low self-efficacy are less likely to be taken by people as it impact the development and growth of the person in negative way.
2. **Motivation-**People with high self-efficacy are like to show efforts in completing a task and show consistency in their efforts. Whereas those having low self-efficacy get an opportunity to learn about a new task or might show learned helplessness as a negative effect of low self-efficacy.
3. **Work performance-**When the instructions provided for task are concise and clear it hence effects the self-efficacy and work performance of an individual.
4. **Thought pattern-**People with low self-efficacy will have hard time to complete a task which will develop negative thoughts for themselves and their work further creating self-doubt. While a person with high self-efficacy will take a wider look of the situation hence making them easier to complete any task.
5. **Health behaviour-** Self-efficacy has an effect on how high a person can set a goal for healthy behaviour. Example- to get the desired weight.
6. **Locus of control-**An individual with high self-efficacy are like to attribute failure to some external factor. Whereas those with low self-efficacy are likely to blame themselves.

Self-efficacy beliefs can be impacted in five ways- (Bandura, 1977)
1. **Performance experience-** When one succeeds, they expect that they will succeed again in future on doing that task. When one fails, they expect that they will fail again in future on doing that task.
2. **Vicarious performance-** People may develop high or low self-efficacy vicariously by performance of other people. When someone similar to you succeed, then individual may believe that they will succeed as well.
3. **Verbal persuasion-** Encouraging or discouraging messages pertaining to an individual's performance.
4. **Imaginal performances-** When one imagines themselves doing and how well or poorly, they imagine themselves doing.
5. **Physiological feedback-**An individual experience sensation from their body and how one perceives this emotional arousal influencing their self-efficacy.

There are three theoretical approaches in self-efficacy
I. **Social cognitive theory**
   There are four cognitive processes that are included in social cognitive theory which are dependent on each other. To achieve a goal, an individual goes through these cognitive processes- (Redmond, 2010)
1. **Self-evaluation-** It's a process in which a person compares their performance cognitively to a desired performance to achieve their goals. (Bandura, 1991)
2. **Self-observation-** Process in which person observe and monitor themselves in order to work towards their goal. (Zimmerman, 2001)
3. **Self-reaction-** Process in which person modifies their behaviour based on their progress towards the goal. (Bandura, 1991)
4. **Self-efficacy-** Belief of an individual on his capacity in order to execute necessary behaviour to reach their goal. (Bandura, 1997)

II.   **Social learning theory-**
It describes skills that are that are learned and developed within the social group. According to it, people are able to learn by modelling, imitation or observation. Self-efficacy tells the skills which can be offered by a person in group.

III.   **Attribution theory-**
It focuses on how an individual attributes an event and how is it like to impact their self-perception and self-efficacy. If it is internal locus of control then there will by enhancement of self-efficacy and self-esteem whereas on facing with any failure the same will be effected negatively.

Social support
Social support is one of the major key component important for building up of good relations and health.

Social support refers to helping an individual to cope up with stress by providing them with material, physical or psychological resources. This might involve-
1. Helping someone in daily wages when having a poor health or providing money in case of need.
2. Giving advice when faced with a problem
3. Providing love, empathy and care to dear ones

Social support is referred to as assistance provided to help a person cope with biological, psychological and social stressors.

Social support is a perception that an individual is being cared for, and gets assistance from other people.

Types of social support
1. **Functional support-** it is divided in two domains-
    a) **Perceived support-** Subjective construal of support that people believe is available to them.
    b) **Received support-** It refers to help which is rendered by other person. Perceived and received support takes various forms

2. **Informational support-** It refers to help that other can offer by providing guidance, advice, information and mentoring which can make a person less stressed out when taking major decisions.

3. **Emotional support-** It referred as things which are done by people to make a person feel cared and loved for to increase the sense of self-worth.

4. **Instrumental support-** Tangible help provided by others like taking care of physical need or offering helping hand in need.

Benefits of social support
1. **Healthy behaviour-** A social group will influence our choice of behaviour hence it will also affect our health by the choice of food we eat, choosing to smoke or not etc.
2. **Belongingness-** A good social support will make a person feel accepted, also make them feel that they belong to a particular group along with security.

3. **Stress-** Social support can help an individual to come out of a stressful situation in just few seconds by feeling the love and care, getting good advices or by spending time with their closed family members or friends.
4. **Motivation-**Social relations make an individual to stay highly motivated in order to achieve the goal.

Relational regulation theory (RRT)-
This theory was given by Lakey and its main role was to explain effect of perceived support on mental health.

According to this theory link is formed between mental health and perceived support when people are able to regulate emotions through conversations and some shared activities which should be based on personal taste, instead of getting involved in conversation on how to cope with stress.

Life span theory
As per the explanation of this theory, social support is developed throughout the lifespan more specifically by the attachment formed in childhood with parents. Social support is also developed with adaptive personality traits like low hostility, high social and coping skills, low neuroticism as well as high optimism.

Hence based on this support and personality traits influence the mental health of person by promoting healthy practices and thus reducing stressors.

REVIEW OF LITERATURE

Andrew (2019) the impact of gratitude, social support, resilience and life satisfaction on police officers with depression after hurricane Katrina was studied. Based on results it could be said that by increasing social support and gratitude, enhancing life satisfaction and resilience will make it easier for officers to address symptoms of depression.

Djourova (2019) examined the role of self-efficacy and resilience on transformational leadership and well-being on 225 social service employees. Based on result, it was concluded that self-efficacy and resilience mediate leadership dimension and well-being of an individual.

Konaszewski (2019) examined the effect of resilience, sense of coherence and self-efficacy on coping style in students of university. Based of research it can be said that relation between self-efficacy and resilience is positive with task-oriented style of coping.

Lin (2019) studied the impact of bullying experience on social support, personal resilience and self-efficacy in Chinese and German university students. On the basis of research, it was concluded that social support, personal resilience and self-efficacy impact the mental health of victims of bullying.

Miller (2019) examined the impact of exercise on mood, self-efficacy, and social support in older adults with depression. It was concluded that exercise plays a very big role in improving mood, enhancing self-efficacy and increasing social support.

Wang(2018) relationship of social support, self-efficacy and resilience was examined on 747 nurses. Hence it was established that support of co-worker has high impact on resilience and

self-efficacy of nurse, suggesting the need of positive work environment to increase the support of colleagues.

Yang (2018) examined the role resilience and social support on life satisfaction and stress on 426 people with substance use disorder in the rehabilitation facility. It could be said that resilience and social support play a very important role in alleviating patient's stress level of substance use disorder.

Boland (2017) investigated which of them is more powerful in academic self-efficacy, support from family or psychological resilience. Based on the research it could be said that relationship between social support by family, resilience and academic self-efficacy is positive. But out of both variables psychological resilience has more predictable power.

Harandi (2017) studied relation between mental health and social support. Based on results it was concluded that there is positive relation between social support and mental health.

Karami(2017) relationship was examined between resilience, self-efficacy and social support of employees in job. Based on the results it can be said that self-efficacy, resilience and social support are having an important job in prediction of job satisfaction level of the employees.

Liu (2017) examined the effect of social support and self-efficacy on depressive and anxiety related symptoms in rheumatoid arthritis patients. Hence it was concluded that there is a major role of social support and self-efficacy on decreasing the level of stress in RA patients.

Botting (2016) examined the impact of social support, self-efficacy on emotional health of people with language impairment. Hence it was concluded that self-efficacy plays a major role in improving the emotional health of person with language impairment.

Narayanan (2016) examined relation of self-efficacy and social support on resilience among students. Therefore correlation between social support, self-efficacy and resilience is strong.

Laila (2016) examined a relationship between parental support, self-efficacy and learning self-regulation. Based on research it can be said that there exists a strong positive correlation between self-efficacy. Parental support and learning self-regulation.

Bowen (2015) examined the relationship of social support, self-efficacy and QOL in 187 old age people. Hence it can be said on the basis of result that self-efficacy plays a major role to have better QOL in diabetic patients.

Roslan (2015) examined relation between resilience, optimism and social support in students internationally. Hence results were concluded and it was predicted that optimism and social support is one of the important predictor of resilience.

Wang (2015) examined relationship between self-efficacy and social support in women psychiatrists. Hence based on the results it can be said that self-efficacy is positively correlated with other dimensions of social support.

Mladenovic (2014) examined social support's effect on self-efficacy and motivation to do physical activity in diabetes primary care programme. It was concluded that increased

support by health care providers had a great impact on their self-efficacy and motivation to do a task.

Wang (2014) effect of social support on depression and stress of university students was examined. Hence it was concluded that effect of depression because of stress was less as there was high social support.

Schwarzer (2013) examined the relationship between resilience and self-efficacy. Based on the results it was concluded that people having high self-efficacy showed high resilience as such people trust and motivate themselves and on confronting with adversity show perseverance.

Sivandani (2013) studied the relation between self-efficacy and social support with academic achievement and satisfaction of school in 240 female high school students. Hence based on this, it was concluded that correlation between self-regulation, self-efficacy (test-taking), and school satisfaction is high. It was also said that high support provided by school teachers has a major job role in school satisfaction.

Cassidy (2012) examined relationship between academic self-efficacy and academic resilience. Hence on the basis of result it was concluded that academic self-efficacy was positively correlated with academic resilience.

Lyrakos (2012) examined the influence of stress, social support and self-esteem on university students. Hence it was concluded that correlation between stress positive coping mechanism and stress level, level of self-esteem and social support is negative.

Warner (2011) examined the effect of social support on self-efficacy and autonomy in case 309 individuals with multiple morbidities. Hence based on results it can be said that social support has great impact on self-efficacy and autonomy, but there is a negative correlation between self-efficacy and autonomy.

Martz (2010) investigated the impact of disability on posttraumatic level of stress in veterans, and if coping/social support alleviates posttraumatic level of stress. Based on this it was concluded that problem solving coping and emotional social support alleviate the impact of stress thus decreasing PTSD.

Rationale
I decided to study the relation among social support, self-efficacy and resilience as life of an individual is not always smooth, a person has to face challenges in their life. With increased social support, self-efficacy and resilience an individual can bounce back and again start working effectively by coping with any kind of adversity. With this study it becomes easier for us to understand that how the relation among these variables can be helpful in different professions and healthcare programs.

Objective
The major objective of the research is to measure social support, self-efficacy and resilience among Indian adults, as well as to study the relation among social support, self-efficacy and resilience.

Hypothesis
Hypothesis that have been analysed in this paper are-
1. Relationship exists between social support and self-efficacy and resilience.
2. Increase in social support can help to increase self-efficacy and resilience

In addition, social support is considered as independent variable while self-efficacy and resilience have been considered as dependent variables. Further Indian adults of age 20-50 years have been utilized as control variables in the study.

METHODOLOGY

Research Design
Quantitative research design was used for this study. In the research, independent variable are measures obtained from social support. Whereas score for dependent variable was obtained from self-efficacy and resilience. 140 people were a part of this study. The participants consisted of 20-50 years of age sample were randomly selected.

Discussion of Tools Employed
To evaluate the variables of research, three questionnaires relating to social support, self-efficacy and resilience were used.

Multidimensional Scale of Perceived Social Support- To analyse the social support of adults, a questionnaire name Multidimensional scale of perceived social support given by Zimmet et al. 1988 was used. Only total social support component has been utilised in this paper.

The questionnaire contains 12 items (Appendix A). Participants rate the statement on a 7 point Likert scale which ranges from Very strongly disagree (1) to Very strongly agree (7). The internal consistency of whole scale is good, with Cronbach's α of 0.91.

General Self-Efficacy Scale-To analyse self-efficacy, a self-report measure called General self-efficacy scale given by Schwarzer & Jerusalem (1995) was utilised. This scale measured strength of the individual's belief on his ability to respond in difficult situations.

The questionnaire has 10 items (Appendix B). Each item has 4 choice in the response as 'Not at all true' to 'Exactly true'. It has good internal reliability with Cronbach's α ranged from .76 to .90 and a high criterion related validity.

Brief Resilience Scale-To analyse resilience, a questionnaire called Brief Resilience Scale given by Smith et al. (2005) was used.

There are 6 items (Appendix C). Participants rate the item on a 5 point Likert scale which ranges from strongly agree to strongly disagree. In some items reverse scoring was done. It has good internal consistency reliability, with Cronbach's alpha ranging from .80–.91 and a test-retest reliability of .69. The scale also has high convergent and discriminant validity.

Procedure
After obtaining the approval from the Dissertation guide, an online questionnaire on Google forms was created. This form consisted of all 3 questionnaires (Multidimensional scale of perceived social support, General self-efficacy scale and Brief resilience scale) along with

instructions and consent of free will to participate in research was randomly circulated to Indian adults of age group 20-50 years.

In the online Google form participants were provided with a very little information about this study so that they are able to get a rough idea about what it is, how to fill the questionnaire and what is expected of them. They were given clear instructions on how to record their responses, and were encouraged to clear any doubt through the contact information provided.

All participants in the study agreed to take part in the research by giving the consent. Once the questionnaire was completed, they were expressed with gratitude for their participation and contributing their time for filling up the questionnaire.

Statistical Analysis

Once the data was gathered and after completing the scoring, analysis of hypothesis was done using descriptive and inferential statistics processed by SPSS software. In addition, bar graphs and mean have been used in descriptive statistics whereas Pearson's Correlation has been used in inferential statistics.

RESULT

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
TOTAL_SCORE_MSPSS	5.3226	1.06784	140
TOTAL _SCORE_GSE	31.08	4.773	140
TOTALSCORE_BRS	3.1378	.62472	140

TABLE 1: Correlations among variables social support (MSPSS), self-efficacy (GSE) and resilience (BRS)

		TOTAL_SCORE_MSPSS	TOTAL_SCORE_GSE	TOTALSCORE_BRS
TOTAL_SCORE_MSPSS	Pearson Correlation	1	.333**	.135
	Sig. (2-tailed)		.000	.112
	N	140	140	140
TOTAL _SCORE_GSE	Pearson Correlation	.333**	1	.382**
	Sig. (2-tailed)	.000		.000
	N	140	140	140
TOTALSCORE_BRS	Pearson Correlation	.135	.382**	1
	Sig. (2-tailed)	.112	.000	
	N	140	140	140

**. Correlation is significant at the 0.01 level (2-tailed).

MSPSS= multidimensional scale of perceived social support
GSE= general self-efficacy scale
BRS= brief resilience scale

A Pearson correlation was used to examine if there exists a relation among social support, self-efficacy and resilience. The score obtained from the measure of social support as independent variable while resilience and self-efficacy as measure of dependent variable to measure the direction and strength of relationship.

Based on the results as shown in Table 1, it was found that there is a positive and significant relationship between self-efficacy and social support r (138) = .33, p= 0.00 < 0.01. The strength of correlation is medium indicating that high level of self-efficacy is associated with high level of social support; and between self-efficacy and resilience r (138) = .38, p = 0.00 < 0.01. The correlation is medium in strength indicating high level of self-efficacy is associated with high level of resilience.

Whereas results also revealed positive and insignificant relationship between social support and resilience r (138) = .13, p = 0.112 > 0.01. The correlation is weak in strength.

Statistics

		TOTAL_SCORE_MSPSS	TOTAL _SCORE_GSE	TOTALSCORE_BRS
N	Valid	140	140	140
	Missg	0	0	0
Mean		5.3226	31.08	3.1378
Median		5.5000	31.00	3.0000
Mode		5.16	30[a]	3.00
Std. Deviation		1.06784	4.773	.62472
Variance		1.140	22.778	.390

a. Multiple modes exist. The smallest value is shown

The descriptive statistics shows here that in case of social support ($\bar{x}$ =5.32, σ = 1.06 with a range of 4.26 - 6.38).

Hence depicting that most of the sample has moderate and high social support.

Similarly, in case of self-efficacy ($\bar{x}$ =31.08, σ = 4.77 with a range of 26.31- 35.85).

Hence it depicts that most of the sample has moderate and high self-efficacy.

Whereas resilience has ($\bar{x}$ = 3.13, σ = 0.62 with a range of 2.51-3.75).

Hence depicting that most of sample has low and normal resilience.

Statistics

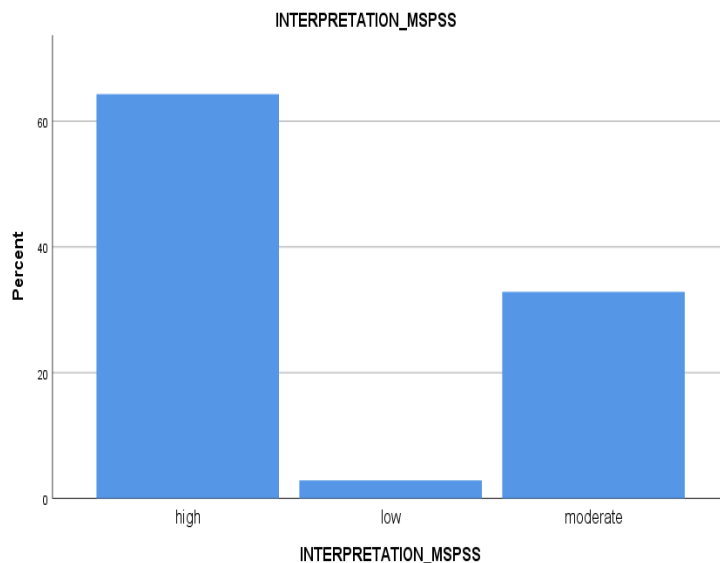|		INTERPRETATION_MSPSS	INTERPRETATION_GSE	INTERPRETATION_BRS
N	Valid	140	140	140
	Missg	0	0	0

To increase our understanding from the data, (Table 2 and Graph 1) below represents that 64.3% of people are high on social support; 32.9% are moderate and only 2.9% are low on social support.

TABLE 2: Frequency Table for social support

INTERPRETATION_MSPSS

|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	90	64.3	64.3	64.3
	Low	4	2.9	2.9	67.1
	Moderate	46	32.9	32.9	100.0
	Total	140	100.0	100.0	

FIGURE 1: Bar Chart for social support

In the data and graph represented below (Table 3 and Graph 2), it can be seen that 67.1% are high on self-efficacy; 32.1% are moderate whereas 0.7% are low in self-efficacy

TABLE 3: Frequency table for self-efficacy

		INTERPRETATION_GSE			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	94	67.1	67.1	67.1
	Low	1	.7	.7	67.9
	Moderate	45	32.1	32.1	100.0
	Total	140	100.0	100.0	

FIGURE 2: Bar chart for self-efficacy


INTERPRETATION_GSE
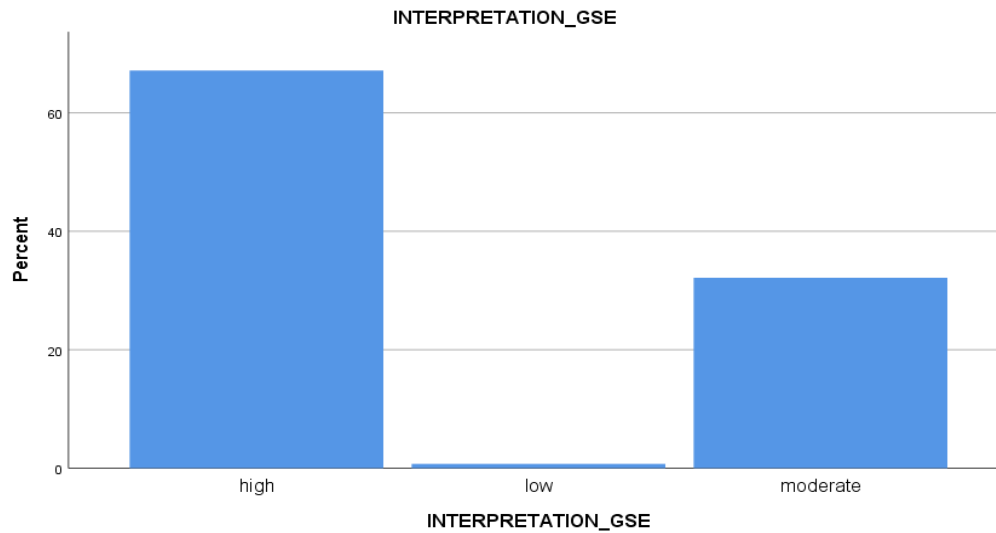
According to the data interpreted and graphical representation (Table 4 and Graph 3), it can be noted that only 3.6% have high resilience whereas 36.4% and 60% are low and moderate on resilience respectively.

TABLE 4: Frequency table for resilience

INTERPRETATION_BRS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	5	3.6	3.6	3.6
	Low	51	36.4	36.4	40.0
	normal	84	60.0	60.0	100.0
	Total	140	100.0	100.0	

FIGURE 3: Bar chart for resilience

INTERPRETATION_BRS
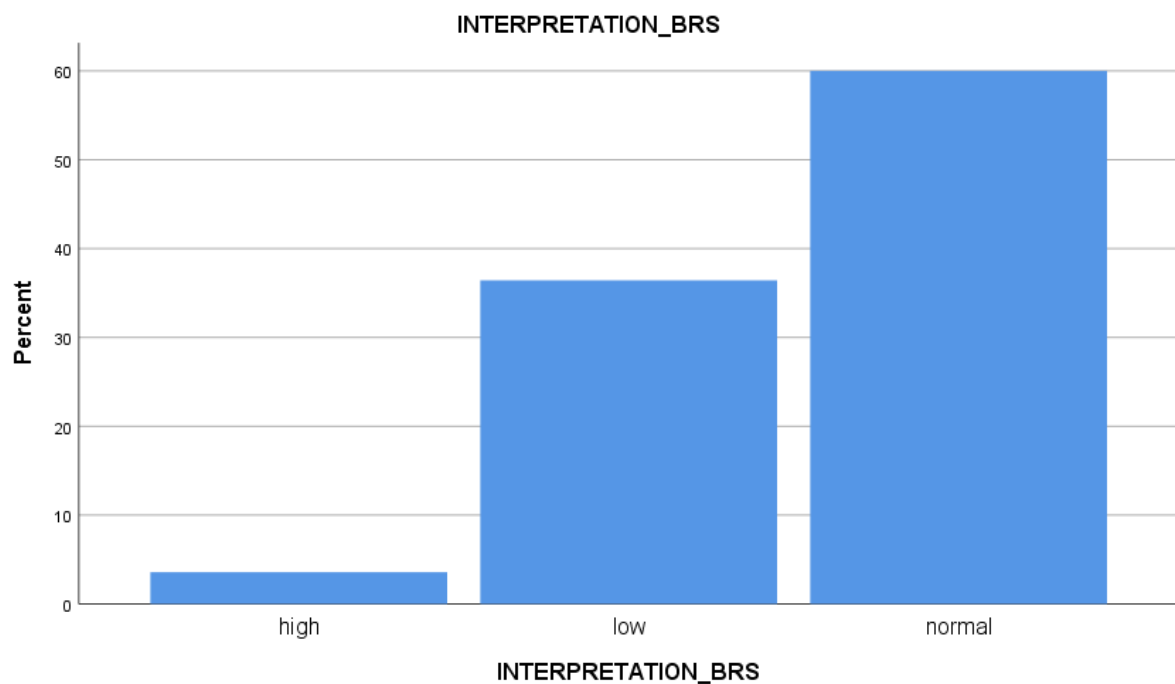
DISCUSSION

The main purpose of the research was to measure social support, self-efficacy and resilience among adults, as well as to understand the relationship among social support, self-efficacy and resilience.

The result of this research reveals that there exists a positive and meaningful association between self-efficacy and social support which was also shown in studies of Wang, Qu & Xu (2015).

Whereas it was also found that there exists a meaningful and positive relationship between self-efficacy and resilience as observed in the findings of Schwarzer & Warner (2013). Hence the data contributes a clear understanding that when social support increases then self-efficacy will also increase further aggravating the resilience. This result is also supported by the findings of Narayanan & Weng (2016) and Wang, Tao, Bowers, Brown & Zhang (2018).

On the other hand, based on the result it was noted that the relation between resilience and social support is insignificant.

Further Harandi,Taghinasab & Nayeri (2017) suggested that there is a positive correlation between mental health and social support especially in women and elderly population.

Independently increase in these factors can help an individual to build on some positive character strengths with a positive impact on the level of gratitude and life satisfaction as shown by studies of Andrew, McCaniels, Gu & Violanti (2019); further it may also impact leadership dimension and wellbeing hence benefitting people in different domains of life as shown by studies of Djourova, Molina & Santamatilde (2019).

Also, there are other important benefits of building self-efficacy, increasing social support and enhancing resilience as it can impact lot of health programs as shown by studies of Mladenovic et al (2014); Bowen et al (2015) and Liu et al (2017). It was noted that these factors have an impact on the patients with mental health disorder diagnosis in a positive way, which was shown in studies done by Martz et al (2010); Botting et al (2016); Harandi et al (2017); Yang et al (2018) and Lin et al (2019).

On the other hand, because of the statistical significance of social support & self-efficacy and self-efficacy & resilience can also help in various professions as studied by Karami et al (2017) and Wang et al (2018).

Therefore, this research focuses on the fact that correlation between social support and self-efficacy is positive; and self-efficacy and resilience thus impacting the person in positive way by building up on positive character strengths; serving benefits in lot of different professions; increased advantage to the patients in healthcare programs; and to continue the treatment process for mental health disorders as proved by the studies shown in review of literature.

Relationship between the variables of social support, self-efficacy and resilience has previously been unexplored in the Indian adult population.

Therefore, further research can be done in Indian population to show how a positive relationship among these variables can have an effect on stress level and treatment of an

individual in mental health and medical programs; and other variables like quality of life and life satisfaction in different professions.

Further comparative studies can be done for both the genders as well to study the topic in more detail.

Research in these areas can also be helpful for the organisational and health sector by improving the working climate and treatment facilities respectively.

CONCLUSION

Since life of an individual is not always smooth, one has to face with one or another challenge in life. By increased social support, self-efficacy and resilience a person can bounce back and again start working effectively by coping with any kind of adversity. By increasing the social support for a person there will be an increase in self-efficacy and resilience of an individual.

Social support, self-efficacy and resilience are imperative to maintain sound health of a person.

It can be concluded from the collected data of Indian adult's population that there is a correlation between social support & self-efficacy and self-efficacy & resilience which is positive. Whereas the correlation between social support and resilience is insignificant.

If we can combat the effect of stress on our mind and body by good support, there will be improvement in the overall wellbeing, quality of life and satisfaction of a person thus improving health and the effect of treatment on a person.

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