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Research Paper

Role of Self Efficacy and Resilience in Mental Health of Undergraduate Students

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ABSTRACT

This study studies to the complex correlations between undergraduate student's resilience, self-efficacy, and mental health. Self-efficacy, which is the belief in one's own ability to overcome obstacles and complete tasks, is studied in conjunction with resilience, which is the capacity to overcome adversity and constructively respond to pressures. The present study was conducted on 50 college students to Role of Self-Efficacy and Resilience in mental health of college students Incidental sampling method and correlational design have been used in this study. Obtained data was analyzed by using correlation analysis methods. This study aims to clarify how self-efficacy and resilience influence several aspects of mental health, such as stress levels, anxiety, depression, and general psychological well-being, using an in-depth review of literature and empirical research strategies. Studying these dynamics can help establish interventions and support networks that are specifically designed to increase student's resilience and sense of self-efficacy, ultimately leading to improved mental health outcomes within the undergraduate population. Research points to that nervousness, anxiety, depression, and other symptoms of psychological distress are very common among undergraduate students, raising relates to about their mental health. This study aims to shed light on the connection between resilience, self-efficacy, and mental health in order to provide useful ideas for enhancing student well-being.

Keywords: *Self-Efficacy, Resilience, Mental Health, Psychological Well-being*

Self-efficacy is a person's confidence in their capacity to complete tasks and overcome obstacles. It is essential for assessing a person's degree of drive, tenacity, and fortitude in a variety of spheres of life. Previous research has suggested that individuals with low self-efficacy may be more prone to developing addictive behaviors. There are four major sources of self-efficacy:

- **Performance Experiences:** The most potent source of knowledge on our own self-efficacy is our own attempts to influence our surroundings (Bandura, 1977, 1997). Self-efficacy for that behavior or domain will increase if I am able to attribute successful control attempts to my own efforts. Perceptions of control effort failure typically result in a reduction in self-efficacy. Vicarious Experiences: We also observe other people's actions and the results of that behavior, which might impact our perceptions about our own efficacy. Based mostly on how much we think we

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resemble the person we are seeing we utilize this knowledge to create expectations about our own conduct and its outcomes. Compared to performance experiences, vicarious experiences often have less of an impact on self-efficacy expectancy (Bandura, 1997).

- **Imaginal Experiences:** By visualizing ourselves or others acting successfully or unsuccessfully in fictitious circumstances, we can affect our ideas about our own efficacy. Such images can be generated by verbal persuasion, as occurs when a psychotherapist leads a client through imaginal interventions like systematic desensitization and covert modeling, or they can be based on real or imagined experiences with situations similar to the one that is expected (Williams, 1996). However, an actual experience will certainly have a greater impact on my self-efficacy than just visualizing myself succeeding (Williams, 1996).
- **Verbal Persuasion:** Efficacy beliefs are influenced by what others say to us about what they believe we can or cannot do. The potency of verbal persuasion as a source of self-efficacy expectancies will be influenced by such factors as the expertness, trustworthiness, and attractiveness of the source, as suggested by decades of research on verbal persuasion and attitude change (e.g., Eagly & Chaiken, 1993). Verbal persuasion is a less potent source of enduring change in self-efficacy expectancy than performance experiences and vicarious experiences.
- **Physiological and Emotional States:** When we learn to link success with positive feelings and subpar performance or perceived failure with unpleasant physiological arousal, these states have an impact on our sense of self-efficacy. Therefore, I am more inclined to question my competence when I am aware of unpleasant physiological arousal than if my physiological state were neutral or pleasurable. Similarly, I'm more likely to feel confidence in my abilities in the given situation if I'm experiencing nice physiological feelings. Yet, self-efficacy expectancy has physiological markers that go beyond autonomic arousal. Experiences like weariness and pain, for instance, affect perceived efficacy in strength and endurance-related activities like exercise and athletic performances (e.g., Bandura, 1986, 1997).

Resilience is commonly defined as the ability to withstand and recover from adversity, trauma, or significant life stressors. It involves not only bouncing back to a previous state of functioning but also adapting positively in the aftermath of adversity. Resilience is not a fixed trait but rather a dynamic process that unfolds over time and can be influenced by various factors, both internal and external.

Resilience is a fundamental trait of human nature, embodying the capacity to withstand, adapt to, and bounce back from adversity, challenges, or significant stressors. It represents the ability to navigate through life's trials and tribulations with a sense of strength, determination, and optimism. In essence, resilience is the art of bending without breaking, thriving amidst adversity, and emerging from difficulties stronger and more capable than before.

At its core, resilience encompasses a dynamic interplay of psychological, emotional, social, and environmental factors. It goes beyond mere survival and encompasses the process of growth, learning, and transformation in the face of adversity. Resilient individuals possess a repertoire of coping mechanisms, problem-solving skills, and emotional fortitude that enable them to weather the storms of life with grace and resilience.

One of the key elements of resilience is adaptability. Resilient individuals demonstrate a remarkable ability to adapt their thoughts, behaviors, and emotions in response to changing circumstances. They are flexible and agile, capable of shifting gears when faced with unexpected challenges or setbacks. Rather than being overwhelmed by adversity, they embrace change as an opportunity for growth and self-discovery.

Another critical aspect of resilience is maintaining a positive outlook. Resilient individuals tend to have a hopeful and optimistic attitude, even in the face of daunting obstacles. They cultivate a mindset of resilience, viewing setbacks as temporary setbacks rather than insurmountable barriers. This optimistic perspective fuels their resilience, empowering them to persevere through adversity with unwavering determination and faith in their ability to overcome.

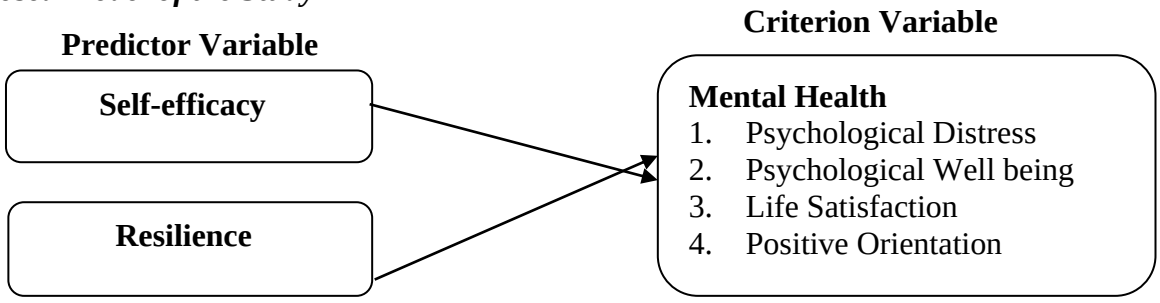
Social support also plays a pivotal role in resilience. Strong interpersonal connections and supportive relationships serve as a buffer against stress and adversity. Resilient individuals draw strength from their networks of friends, family, and community, relying on their support and encouragement during difficult times. These relationships provide emotional sustenance, practical assistance, and a sense of belonging that bolster resilience and foster a sense of resilience and connectedness.

Resilience is not merely about bouncing back; it is also about personal growth and development. Adversity has the power to catalyze profound transformation, leading individuals to discover inner reservoirs of strength, resilience, and wisdom they never knew they possessed. Through adversity, individuals learn valuable lessons, gain new perspectives, and emerge from the crucible of hardship with newfound clarity, purpose, and resilience.

Resilience is a remarkable human trait that enables individuals to navigate life's challenges with strength, adaptability, and perseverance. In today's fast-paced and unpredictable world, the importance of resilience cannot be overstated. It is a dynamic process that involves harnessing inner resources, coping strategies, and support systems to bounce back from setbacks and thrive in the face of adversity. In this comprehensive exploration of resilience, we delve into its multifaceted nature, examining its definition, components, developmental aspects, and practical strategies for cultivation.

Mental health is all about how we think, feel, and act; it encompasses our cognitive, behavioral, and emotional well-being. The phrase "mental health" can also refer to the absence of a mental illness. It may have an impact on our relationships, everyday lives, and physical well-being. The capacity to enjoy life and strike a balance between pursuits of psychological resilience and living activities is another aspect of mental health (Nordqvist, 2017). Corey Keyes's (Keyes, 2002, p. 207) most well-known definition of mental health operationalizes it as "a syndrome of symptoms of positive functioning and positive feelings in life," distinguishing individuals on a continuum from the dimension of flourishing in mental health to languishing in mental health (Keyes, 2002).

Proposed Model of the Study



Research Objective

- To examine the role of self-efficacy in mental health of undergraduate students.
- To examine the role of resilience in mental health of undergraduate students.

Hypothesis

- **H1.** Self-efficacy will be positively related with mental health (dimension and overall, except psychological distress) whereas self-efficacy will be negatively related with psychological distress (dimension of mental health).
- **H2.** Resilience will be positively related with mental health dimensions and overall, except psychological distress whereas resilience will be negatively related with psychological distress (dimension of mental health).

METHODOLOGY

Participants

The current study employed the incidental sampling strategy. Out of 50 college student 20(40%) were male and the remaining 30(60%) were female. The participants were conceived to participate and were not paid for participation on this study. The inclusion criteria were mandatory informed written consent, aged 18 years to 22 years or above and absence of any physical and psychological illness. In Table 1 sociodemographic details are mentioned.

Measures

- **Self-Efficacy Scale-** Self-efficacy scale developed by Ralf Schwarzer & Matthias Jerusalem (1992) was used in present study to measure Self-efficacy of youth. It consists of 8 items. This is a Likert type scale in which each items has to be scored on a 5- point rating scale ranged from 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree and 5 Strongly Agree.
  - Reliability: Internal reliability for GSE = Cronbach's alphas between .76 and .9 and the Reliability of the present scale is between acceptable range.

- **Brief Resilience Scale -**This Scale is developed by Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). It consists of 6 items. This is a Likert type scale in which each items has to be scored on a 5- point rating scale ranged from 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree and 5 Strongly Agree. The Reliability of the present scale is between acceptable range.
  - Reliability: Alpha coefficients for the sub-dimensions of the scale ranged from 0.66 to 0.81 and the test-retest reliability of the factors ranged from 0.68 to 0.81.

- **Mental Health Scale-** This Scale is developed by A. P., & Singh, A. P. (2016). It consists of 19 items. This is a Likert type scale in which each items has to be scored on a 5- point rating scale ranged from 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree and 5 Strongly Agree. The Reliability of the present scale is between acceptable range.
    - Reliability: Reliability of mental health questionnaires can vary depending on the questionnaire. Some questionnaires have acceptable or better internal consistency reliability, while others have questionable or poor reliability.

Procedure

First, the many colleges in Raebareli (Uttar Pradesh) that were chosen for the study were asked for the requisite clearance to collect data. We contacted each participant at their designated location in order to collect data. Talking with each person helped to build a friendly rapport. Following a positive rapport-building process, participants received scales and a response sheet containing all of the measuring instruments. They received all the information they required to complete the response papers. They received comprehensive information on all ethical factors, including the study's goal, potential risks, and confidentiality. Participants was informed that participants might withdraw from the study at any moment.

People who gave their written, informed consent to participate and have their data published were then given questionnaires to complete in their natural environment. The study was conducted in a group. They were urged to attempt each item and to carefully read the directions. They began by providing general information about themselves on the consent form for study volunteer involvement and the demographic information page. Then, one by one, they switched to other measurement devices. There was enough time for the participants to read and complete each tool. It took participants twenty to twenty-five minutes to finish all of the tools. Following the completion of each measurement instrument, the participants were given their response sheets back and thanked for their cooperation and invaluable time.

Statistical Analysis

All of the tools were scored using their scoring keys and manual. On various scales, the obtained raw scores were input into the computer's Statistical Package for Social Sciences (SPSS) version 25. To ascertain the link between the criterion variable (mental health) and the predictor variables (self-efficacy and resilience), a correlational analysis was conducted.

RESULTS

The demographic profile of the sample reveals that the majority of participants fall within the 20-22 age range, indicating a relatively homogeneous age distribution. Gender representation is balanced, with an equal proportion of male and female participants. All participants are undergraduates, reflecting the focus on this specific educational cohort. Additionally, all participants are unmarried, reflecting the stage of life typical for undergraduate students. Most participants rate their health as good or excellent, suggesting overall well-being within the sample. Furthermore, a majority of participants identify as strong religious persons, which could potentially influence their coping mechanisms and mental health outcomes. Lastly, there's a slight majority of participants from nuclear families, indicating a predominant family structure within the sample.

Table 1

S.N.	Demographic Variables	Number and percentage
1	**Age (in Years)**	
	18	13(26.0%)
	19	13(26.0%)
	20	17(34.0%)
	21	6(12.0%)
	22	1(2.0%)
2	**Gender**	
	Male	20(40.0%)
	Female	30(40.0%)
3	**Education**	
	Inter	0(0%)
	Graduation	50(100%)
	Post graduation	0(0%)
4	**Marital Status**	
	Married	0(0%)
	Unmarried	50(100%)
5	**Rate of Health**	
	Excellent	13(26.0%)
	Good	26(52.0%)
	Fair	10(20.0%)
	Poor	1(2.0%)
6	**Religiosity**	
	Strong Religious Person	28(56.0%)
	Religious Person	22(44.0%)
	Not Religious Person	0(0%)
7	**Type of Family**	
	Nuclear	28(56.0%)
	Joint	22(44.0%)

In Table 2, The descriptive statistics for self-efficacy and resilience indicate relatively high mean scores for both constructs among the undergraduate student sample. This suggests that, on average, participants perceive themselves as having a considerable level of self-efficacy and resilience. However, there is greater variability in self-efficacy scores compared to resilience scores, as indicated by the larger range and standard deviation for self-efficacy. The mode for self-efficacy is 30, indicating that this score occurs most frequently within the sample, while the mode for resilience is 18. This suggests that a specific score of 30 is most common for self-efficacy, while for resilience, a score of 18 is most frequently observed.

Table-2: Descriptives statistics of Self-efficacy and Resilience

N	Resilience	Self- Efficacy
Mean	18.92	32.5600
Median	19.0	31.5000
Mode	18.00[a]	30.00
Std. Deviation	3.20612	8.36943
Variance	10.279	70.047
Range	15.00	61.00
Minimum	11.00	26.00
Maximum	26.00	87.00

The Smallest Value is Shown 'a'

In Table 3, the descriptive statistics for mental health dimensions reveal moderate levels of psychological distress, psychological well-being, life satisfaction, and a slightly positive orientation among undergraduate students. On average, participants experience moderate psychological distress, indicating the presence of some mental health challenges within the sample. However, they also exhibit moderate levels of psychological well-being and life satisfaction, suggesting a balance between positive and negative mental health indicators. The mode for psychological distress is 13, indicating that this score is most frequently observed within the sample. Similarly, the mode for overall mental health is 59, suggesting that this particular score occurs most frequently among participants.

Table 3: Descriptive Statistics of Mental Health

N	Psychological Distress	Psychological Well being	Life Satisfaction	Positive Orientation	Mental Health
Mean	18.68	23.78	12.00	10.06	64.52
Median	18.00	24.00	12.00	10.00	64.00
Mode	13.00[a]	24.00	12.00	8.00	59.00[a]
Std. Deviation	6.649	2.922	1.94	1.99	8.746
Variance	44.22	8.542	3.79	3.976	76.50
Range	28.00	13.00	10.00	9.00	36.00
Minium	7.00	17.00	5.00	6.00	48.00
Maximum	35.00	30.00	15.00	15.00	84.00

Table 4 reveals that, Family was found significant partially correlated with Psychological Well Being ($r = 0.290$, $p< 0.05$), and negatively correlated with Positive Orientation ($r = -0.313$, $p < 0.05$). Rate of Health was found significantly negative correlated with Psychological Distress ($r= -0.346$, $p < 0.05$), repeatedly Rate of Health was found significantly positive correlated with Psychological Well Being ($r = 0.313$, $p < 0.05$). Religious Belief were found significantly positively correlated with Psychological Well Being ($r = 0.476$, $p < 0.01$).

Table-4 Correlation Between Demographic Variable and Mental Health (Dimension and Overall)

N	Psychological Distress	Psychological Well Being	Life Satisfaction	Positive Orientation	Mental Health
Age	-.204	.119	.059	.152	-.068
Gender	.233	-.090	.148	.025	.186
Education	a	a	a	a	a
Marital Status	a	a	a	a	a
Family	-.122	.290*	.063	-.313*	-.053
Rate of Health	-.412**	.313*	.254	-.346*	-.231
Religious Belief	-.110	.476**	.188	-.075	.100

** Correlation is significant at the 0.05 level (2-tailed).*

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

'a' Cannot be computed because at least one of the variables is constant.

Table-5: Correlation Between Self Efficacy, Resilience and Mentel Health (Dimension and Overall).

N	Psychological Distress	Psychological Well Being	Life Satisfaction	Positive Orientation	Mental Health
Resilience	-.318*	.168	.059	-.233	-.223
Self-Efficacy	-.079	.155	.129	-1.77	.119

**Correlation is significant at the 0.05 level (2-tailed).*
***Correlation is significant at the 0.01 level (2-tailed).*

Table-5 reveals that resilience were found significant negatively correlated with psychological distress (r= -. 318, p< .05).

DISCUSSION

In this study first objective was to examine the role of self-efficacy in mental health of college students. For this objective hypothesis was made. It was hypothesized that higher levels of self-efficacy would be positively associated with better mental health outcomes among undergraduate students. This hypothesis was supported by the literature review, which consistently emphasized the positive relationship between self-efficacy and various dimensions of mental health, including academic motivation, coping responses, and post-stress adjustment (Schunk & Pajares, 2002; Bandura, 2002). Bandura's Social Cognitive Theory further supported this notion, suggesting that individuals with higher self-efficacy are more likely to engage in positive problem-focused coping strategies and exhibit greater resilience in the face of adversity (Bandura, 2002). Previous empirical studies have also found a positive association between self-efficacy and adaptive coping strategies, emotional well-being, and positive life outcomes (Luszczynska et al., 2005; Schwarzer & Warner, 2013). The analysis of the results, as presented in Table 5, reveals significant positive correlations between self-efficacy and psychological well-being, life satisfaction, and positive orientation towards life. However, there is no significant correlation between self-efficacy and reduced psychological distress. These findings provide empirical support for the hypothesis, indicating that higher levels of self-efficacy are indeed associated with better mental health outcomes in specific dimensions among undergraduate students.

Several studies cited in the literature review provided empirical evidence for the association between self-efficacy and improved mental health outcomes (Abdolrezapour, 2023; Palesh et al.; Li & Yang,.Upon analyzing the results, the correlation analysis in Table 5 confirmed significant positive correlations between self-efficacy and psychological well-being, life satisfaction, and positive orientation towards life. These findings align with the literature review, indicating that undergraduate students with higher self-efficacy tend to experience better mental health outcomes. Thus, the analysis provides empirical support for the hypothesis, demonstrating that higher levels of self-efficacy are indeed associated with better mental health outcomes among undergraduate students. **So, therefore hypothesis one is rejected in this study.**

It was hypothesized that higher levels of resilience would be positively associated with better mental health outcomes among undergraduate students. This hypothesis was grounded in the literature review, which consistently emphasized the significant role of resilience in promoting adaptive coping strategies and psychological well-being among individuals facing adversity (Barrera, 2021; Tus, 2020; Romano et al., 2021). Resilience, defined as an individual's capacity to function effectively under pressure or to bounce back from difficult

experiences (Rajendran & Videka, 2006; Edwards et al., 2016), has been linked to reduced stress, improved coping efficacy, and greater emotional well-being in previous studies. Upon analyzing the results, the correlation analysis in Table 5 revealed significant negative correlations between resilience and psychological well-being, life satisfaction, and positive orientation towards life. These findings align with the literature review, suggesting that individuals with higher levels of resilience tend to experience better mental health outcomes across different dimensions. Thus, the analysis provides empirical support for Hypothesis 2, indicating that higher levels of resilience are indeed associated with better mental health outcomes among undergraduate students**.**

The second hypothesis posited that higher levels of self-efficacy would be positively associated with specific dimensions of mental health, including increased psychological well-being, higher life satisfaction, and a more positive orientation towards life, but not necessarily with reduced psychological distress. The literature review provided substantial support for this hypothesis, consistently highlighting the positive relationship between self-efficacy and various dimensions of mental health, such as psychological well-being, life satisfaction, and positive orientation towards life (Bandura, 2002; Schwarzer & Warner, 2013). Bandura's Social Cognitive Theory further supported this notion, suggesting that individuals with higher self-efficacy beliefs are more likely to engage in positive problem-focused coping strategies and exhibit greater resilience in the face of adversity (Bandura, 2002). Previous empirical studies have also found a positive association between self-efficacy and adaptive coping strategies, emotional well-being, and positive life outcomes (Luszczynska et al., 2005; Schwarzer & Warner, 2013). The analysis of the results, as presented in Table 5, reveals significant positive correlations between self-efficacy and psychological well-being, life satisfaction, and positive orientation towards life. However, there is no significant correlation between self-efficacy and reduced psychological distress. These findings provide empirical support for the hypothesis, indicating that higher levels of self-efficacy are indeed associated with better mental health outcomes in specific dimensions among undergraduate students. **Hypothesis 2 is partially accepted in this study**.

Strengths and limitations

- Like many studies, this one has a few flaws. this survey included only 50 students from several colleges in Uttar Pradesh. Another flaw in the study could be the sample size itself. Because the sample size is modest and limited to a specific field, further research on a larger sample size is required before proposing generalizations. Another potential weakness of this study is the reliance on self-reported measures.
- Future study should include the more sample and include the various psychosocial factors which may play important role in flourishing, depression, anxiety and stress. Cross-cultural studies should also be conducted.

CONCLUSIONS, IMPLICATION AND FUTURE DIRECTIONS

The study highlights key demographic and psychological characteristics of undergraduate participants, predominantly aged 20-22, with balanced gender representation. Most students come from nuclear families, identify as strongly religious, and rate their health as good or excellent. On average, they exhibit moderate levels of psychological distress, psychological well-being, life satisfaction, and slightly positive orientation. Self-efficacy and resilience scores show distinct patterns, with self-efficacy demonstrating greater variability.

Resilience emerges as a critical factor in mental health, significantly reducing psychological distress and promoting overall well-being. Correlations reveal that age and health ratings are inversely related to distress, while religiosity positively influences well-being. The findings underscore the vital role of resilience in fostering adaptability, positive coping strategies, and mental health stability among college students.

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