

PERCEIVED STRESS, COPING STRATEGY AND GENERAL HEALTH: A STUDY ON ACCOUNTING STUDENTS IN MALAYSIA

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ABSTRACT

The current research aims to examine the relationships between perceived stress, coping capability and general health of university students. The Perceived Stress Scale (PSS; Cohen et al., 1988), Coping Strategy Indicator (CSI; Amirkhan, 1990) and the General Health Questionnaire (GHQ; Goldberg, 1981) were administered to 1785 respondents from tertiary education institutions, aged 18 to 26 years. Analyses of data were performed using Pearson correlation coefficient to identify relationships between perceived stress, coping strategy and general health. Results showed that there were positive relationships between perceived stress, General Health Questionnaire and coping strategy. Specifically students that perceived higher levels of stress would have higher scores of GHQ (lower level of general health state) and higher coping strategy. Lastly, results revealed that there was a negative relationship between coping strategy and GHQ. Specifically, students that have better coping strategy would have better general health state.

Keywords: Perceived stress, coping strategy, general health.

INTRODUCTION:

The living life of students in colleges has always been challenging (Ahmed-Tharbe, 2006). According to Hammer, Grigsby and Woods (1998), students in colleges often regard their academic life as stressful and demanding. Stress occurs when one is confronted with a situation which is perceived to be overwhelming and one cannot cope with such a situation (Agolla and Ongori, 2009). Markrides, Veinot, Richard, Mckee&Gallivan (1998) found that 60% or more college students are subjected to high levels of stress. This is not a matter of surprise since student life in the present modern era is not as simple as most people might have thought because their stress is not restricted to their studies but it could come from various sources such as health, financial, academic, and romantic relationship (Hashim, 2007).

The high level of stress may cause negative effect on students' mental and physical health (Houtman, Jettinghoff&Cedillo, 2007). Mental problems resulted from stress, among others; include depression and high levels of anxiety. On the other hand, stress may cause physical health problems such as high blood pressure and disturbed metabolism (AL-Dubai, Al-NAggar, Alshagga and Rampal, 2011). In addition, erratic behavior for example alcohol use (Flynn, 2000) and night-eating syndrome (NES) (Wichianson, Bugh, Unger, Spruijt-Metz & Nguyen-Rodriguez, 2009) are noted among students with excessive stress.

In Malaysia, stress among students is an area of concern for the government. The Health Minister Datuk Seri LiowTiong Lai claimed that a recent study conducted in Malaysia among 6,540 school students revealed that 4.8% school students were found to experience severe stress, 17.1% severe anxiety and 5.2% severe depression. The study found that stress among school students resulted from both family and academic-related problems. The government has taken remedial action where 2,354 students were given an intervention program to help them to curb stress. In addition, training was provided to 279 school teachers to impart on them ways to identify and tackle emotional, behavior and mental problems faced by students (The Sunday, 2011).

Various studies were also conducted by researchers in universities to examine issues pertaining to stress among college students in Malaysia. For example, using 200 students from three universities in Malaysia, Faleel, Tam, Lee, Har and Foo (2012) conducted a research to investigate the effect of perceived social support and stress on the coping capability and level of depression of foreign and local students in Malaysia. Their study showed that stress and depression are positively related whereas coping capability and stress are negatively related. Yusoff, Abdul Rahim and Yaacob (2010) examined the sources of stress among 761 medical students in one of the public universities in Malaysia. The study found that the top ten stressors of medical students were related to academic matters which include (i) test and examinations; (ii) large quantity of contents need to be learned; (iii) lack of time to review what has been learned; (iv) poor marks; (v) self expectation; (vi) insufficient skill in medical practice; (vii) falling behind in reading schedule; (viii) heavy workload; (ix) difficulty in understanding the content; and (x) inability to answer teachers' questions.

Another study in Malaysia to assess the causes of stress among medical students as well as their coping strategies was conducted by Redhwan, Sami, Karim and Zaleha (2009). Their study found that the most important causes of stress were (i) financial; (ii) lack of sleep; and (iii) family problems. The ways to reduce stress were (i) seeking for counseling services; (ii) doing meditation; (iii) sharing of problems, (iv) getting adequate sleep; and (v) going out with friends. Similarly, Ahmad, Yusoff and Abdul Razak (2011) conducted a study to examine various issues of stress among dental students in Malaysia which include the prevalence of stress, types of stressors, consequences of stress and coping strategies adopted by the students. Their study found that prevalence of stress was 100% among the dental students. Academic concerns, patient management as well as clinical management were the sources of stress. The study reported that fatigue, mood alternation, headache and sleep disturbance were the most common consequence of stress among the students. Talking to friends was the most common way to curb stress among the dental students.

To complement the previous studies in Malaysia, the present study aims to examine the interrelationship among perceived stress, coping strategies and general health among college students in Malaysia. Research findings of such a Malaysian study will in turn help parents, counselors and educators to understand stress among college students in the Malaysian context. The results of the study will also provide the bases to identify preemptive measures and remedies for students that are suffering from high levels of stressors, anxiety and depression to reduce their level of stress.

DEFINITION:

PERCEIVED STRESS:

Lazarus (1999) found that stress can be perceived as any form of event that strains an individual's ability to cope. No one's life is free of stress regardless of how sensible you are. McEwen (1998) explained that a controllable amount of perceived stress is in fact healthy and would challenge the individuals to grow. However, too high level of perceived stress may influence the functioning of the immune system (Cohen, 1996). For example, Morgan (1997) and Walton (2002) found that exam anxiety is the most commonly perceived stress experienced by undergraduate students and such high level of perceived stress frequently lead to suicide.

COPING STRATEGY:

Coping refers to ways to handle stressful and troublesome circumstances. It also includes expelling effort to resolve problems and to deal with problematic situations. Problem-focused coping, emotion-focused coping and seeking social support are some of the common coping strategies one may use to deal with stressful situation (Kohlman, Weidener, Dotzauer, & Burns, 1997). Filling up questionnaire surveys, interviews or written texts are often used to find out how people cope with stress.

GENERAL HEALTH:

The GHQ (General Health Questionnaire) is a self-administered questionnaire used to detect the psychiatric disorder among patients (Goldberg, 1981). Goldberg and Blackwell (1977) explained that there would be 2 major classes of phenomena; the normal healthy group and those who are demonstrating the syndromes of mental health disorder which include the inability to carry out one's normal healthy functions.

General health is also a representative state of which individuals realizes own abilities, able to cope with life stressors and able to contribute to society (WHO, 2004). Keyes (2007) further explained that general health as the integration of human's daily well function in cognitive, feelings and behaviours as well as the absence of disability and diseases. It is essential to take care of the integration of one's cognitive, emotional and relational aspects in order to interact with the environment to achieve positive and balance self-growth.

LITERATURE REVIEW:

There are numerous tests of coping strategy that mediated the relations between perceived stress and other related variables (e.g. stressors, self-esteem and general health). The distress has shown that coping strategy partially or fully settles the effect of perceived stress on the general health of students (Uchino, 2004).

PERCEIVED STRESS AND GENERAL HEALTH:

It is evident that physical health, general health and social life of a student will be affected by the harmful effects of perceived stress (Allgöwer et al., 2001). Results of their research revealed that there were 33% of students when suffered from the characteristics of depression and anxiety. Demakis and McAdams (1994) also found that when a high level of stress is reported by the undergraduate students, there would be a significant decrease in the stability of their general health state compared with those who have reported the lower levels of stress. In addition, The American College Health Association (2006) found that the most common health factor that created the negative impact on the undergraduate students' general health was stress. In parallel with Morgan (1997), Walton (2002) and Beck (1995) also revealed that fear of not achieving is constantly a drain on student's energy and resources that ultimately deteriorate their level of performance. With such a high level of perceived stress, students are likely to be demotivated and consequently exaggerate their general health state.

PERCEIVED STRESS AND COPING STRATEGY:

Blonna (2005) found that a stressful circumstance can be reduced considerably if an individual knows how to cope with it. In addition, Cheng and Cheung (2005) explained that individuals who face stressful circumstances need to have constructive coping strategy. Often it is wise to choose strategies that work in a particular context; such as exercise regularly, seek social support, practice relaxation and so on. Cheng and Cheung further explained that a person who has experienced a cluster of stressful life event would be able to

cope successfully with life if he/she is able to modify coping strategy to match the demands of the situation. An effective coping strategy can determine one's outcomes in facing and handling a stressful situation and influence the level of general health state (Uchino, 2004). Uchino defined coping strategy as the ability of a person in changing cognitive and behavioral efforts to manage psychological stress adaptively. Uchino further explained that coping strategy frequently act as a mediator in influencing one's level of stressors. For example, a person who has a higher level of perceived stress tends to have a lower level of coping strategy. Folkman and Lazarus (1980) have distinguished coping strategies into two broad types: problem-focused coping and emotion-focused coping. The goal of both strategies is to control and reduce threats that lead to perceived stress in a person. Grade anxiety and the fear of not achieving is the constant drain on student's energy and resources that ultimately deteriorate their level of psychological well-being (Beck, 1995; Walton, 2002). Thoits (1995) further suggested that the use of effective coping mechanisms is in fact the determinant factor to alleviate the harmful effects of student's perceived stress and enhance their level of general health. Drawing a conclusion from the aforementioned literature, it is shown that an individual's coping strategy while facing stress or difficulties in life would affect the person's general health.

COPING STRATEGY AND GENERAL HEALTH:

When problems or life difficulties arise, there are different strategies in which different individuals would apply. Litman and Lunsford (2009) studied the variety of coping strategies people employed and its relations to general health among 450 individuals with a mean age of 20.84 years. The findings of their study showed that acceptance and planning would increase one's self-efficacy while positive reinterpretation leads to greater general health growth. On the other hand, the use of acceptance, emotions venting, and behavioral disengagement were shown to weaken an individual. Litman and Lunsford explained that acceptance could involve identifying factors that were either within or outside of an individual's control, hence the significant findings to both positive and negative impacts. Approaching people for advice was also linked negatively to diminishment. In sum, the study of Litman and Lunsford demonstrated approach-oriented strategies to contribute to positive impacts while avoidant-oriented strategies to negative impacts.

A similar investigation was carried out among 268 Singaporeans aged 17 to 66 years (Diong & Bishop, 1999). Their analyses showed that both active coping and coping by seeking social support were related to better general health while avoidant coping was related to worse general health. Another study was conducted in Taiwan using 441 16 to 20-year-olds on the relationships between coping methods and psychological well-being (Wang & Yeh, 2005). Their results showed that problem-focused coping would have the positive effect of alleviating psychological distress while emotion-focused coping would have the negative effects of impairing general health. Other than the aforementioned studies conducted in other nations, a similar research was administered in Malaysia context using the sample of 421 undergraduates (Arulrajah & Harun, 2000). Among the four categories of coping, avoidance coping, positive intrusive thoughts, and problem-focused coping but not negative intrusive thoughts were found to be positively linked to undergraduates' psychological wellbeing (Arulrajah & Harun). The positive relationship between avoidance coping and general health was inconsistent with other research findings; however, the effect size was smaller as compared to positive intrusive thoughts and problem-focused coping (Arulrajah & Harun).

The inconsistent research findings on the relationship between student's coping strategy and general health emphasize the needs for further research, particularly in the Malaysian context.

RESEARCH HYPOTHESES:

Previous research had proven that perceived stress, coping strategy and GHQ are interrelated. As for this research, the focus will be on the effects of perceived stress and coping strategy on the general health among the university students. It is hypothesized that:

1. There is a positive relationship between perceived stress and GHQ. Specifically, students that perceived higher levels of stress would have higher scores in GHQ (indicating lower level of general health state).
2. There is a positive relationship between perceived stress and coping strategy. Specifically, students that perceived higher levels of stress would have better coping strategies.
3. There is a negative relationship between coping strategy and GHQ. Specifically, students that have better coping strategies would have lower scores in GHQ (indicating better level of general health state).

RESEARCH METHODOLOGY:

RESEARCH DESIGN AND SAMPLING:

Correlation analysis was adopted to investigate the interrelationships among perceived stress, coping strategy and general health of university students.

The sample comprised of 1785 accounting students, primarily from 3 public universities and 2 private universities. Participants recruited for this study were between the ages of 18 to 26 years. Random convenience sampling is used as data collection method. Each of the university will be represented by 360 respondents. From the 360 respondents of each university, the participants will be further differentiated into 3 groups; Year 1 – 120 participants, Year 2- 120 participants, Year 3- 120 participants.

The collection of data is considered as quota sampling (non-probability sampling method) where a population (students) is first segmented into mutually exclusive sub-groups. Then judgment is used to select the subjects or units from each segment based on a specified proportion.

The sample consists of 712 (39.9%) males and 1073(60.1%) females. In terms of ethnicity, there were 464 (26.0%) Malay, 1107 (62.0%) Chinese, 170 (9.5%) Indian and 44 (2.5%) others.

MEASUREMENT INSTRUMENTS:

The questionnaire comprised of three well validated and reliable measurement instruments. The instruments are the Perceive Stress Scale (PSS), Coping Strategy Indicator (CSI)and General Health Questionnaire (GHQ). *Perceived Stress Scale [PSS]* (Cohen et al., 1988) was widely used to find out the levels of stress among respondents. The scale was first used in the community with high school education. PSS is a 10 item scale where respondents rate themselves in a five point scale (i.e 0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often).PSS scores are obtained by reversing responses (e.g., 0=4, 1=3, 2=2, 3=1& 4=0) to the four positively stated items (4,5,7 and 8). Total scores would be obtained by summing all scale items.

Coping Strategy Indicator [CSI] (Amirkhan, 1990) was a 33 items scale used to examine the stressful event occurring. The respondents were required to recall the problems encountered within the last 6 months and relate with their coping strategies. CSI was a three point scale (a lot =3, a little=2, not at all = 1). There were three main subscales and each scale consists of 11 items. The higher the scores, the better the level of coping strategy. An adequate internal consistency was observed with Cronbach’s alpha value of 0.77-0.96 (Avoidance), 0.86-0.98 (problem solving) and 0.89-0.98 (Seeking Social Support).

The General Health Questionnaire [GHQ] (Goldberg, 1981) is a screening device used to examine psychiatric disorder for adults. This instrument includes questions on the following areas: (i) somatic symptoms, (ii) anxiety and insomnia, (iii) social dysfunction, and (iv) depression. This questionnaire is a self-administered 12 item scale where respondents are required to rate themselves on a four point scale (i.e Better than usual, Same as usual, Worse than usual and Much worse than usual). Higher scores mean greater symptomatology. A high level of internal consistency was noted for each of the 12 items. It has a Cronbach’s alpha value of 0.37-0.79. Test-retest coefficients for the 12 items were also highly significant (Goldberg, 1981).

PROCEDURE:

The participants of this study took around 25 to 30 minutes to answer the research instrument. The questionnaires were collect either on the spot upon completion or after a day or two. The participants were recruited on a voluntary basis and they were informed that they could exit from the survey at any point of time.

RESEARCH RESULTS:

PERCEIVED STRESS, COPING STRATEGY AND GENERAL HEALTH:

Matrix correlation was applied to investigate the relationships between perceived stress, coping strategy and GHQ. Results showed a significant positive relationship between perceived stress and GHQ[r = .289, p<.01]. This implies that the higher perceived stress an individual receives, the higher the score of the GHQ which implies a lower level of the general health state.

Besides, the results showed a positive relationship between perceived stress and coping strategy[r = .372, p<.01]. This impliesthat higher the level of perceived stress, the better the level of coping strategy.

Lastly, results showed a week negative correlation between coping strategy and general health [r = -.083, p

<.01]. This implies that the higher the level of coping strategy, the lower the score of GHQ (the better the level of general health state). Details of all the mentioned findings are presented in Table 1.

Table 1: Correlation Matrix Depicting Relationships between Perceived Stress, Coping Strategy and GHQ (General Health Questionnaire)

Table 1. Correlation Matrix Depicting Relationships between Perceived Stress, Coping Strategy and GHQ (General Health Questionnaire)

	PS	GHQ	CS
PS	1.00		
GHQ	.289**	1.00	
CS	.372**	-.083**	1.00

Note: *p < .05, ** p< .01

PS: Perceived Stress

GHQ: General Health Questionnaire

CS: Coping Strategy

DISCUSSION AND CONCLUSION:

Stress is seen as a modern society’s illness (Redwan et al. 2009). It causes both psychological and physical disorder (French et al., 1982). Some of the physical disorder, among others, includes craving for food, lack of appetite, constipation, diarrhea, gastritis, indigestion, heartburn, insomnia and headaches. On the other hand, physical disorder may cause problems such as a lack of interest in life, constant or recurrent fear of disease and a feeling of being bad or of self-hatred. Critical ailments and afflictions such as hypertension, heart attack, skin disorders and tuberculosis are found in more serious cases (Arnold et al., 2005). In view of the detrimental effects of stress, a research study to understand the nature and sources of stress is very much needed as it helps to devise effective remedies to reduce stress.

This study aims to explore the interrelationships of perceived stress, coping strategy and general health among university students. Research revealed that there was a significant positive relationship between perceived stress and GHQ of students. Thus, the first hypothesis was accepted. In addition, this study found that there was a positive relationship between perceived stress and coping strategy. Hence the second hypothesis was also supported. Lastly, results of the present study showed that there was a negative relationship between coping strategy and GHQ of students; the higher the level of coping strategies the better the level of their general health state. This in turn supported the third hypothesis. Overall, the findings of the present study are in line with previous studies discussed in the literature review of the paper such as Morgan (1997), Walton (2002), Beck (1995), Blonna (2005), and Litmand and Lunsford (2009).

The results of this study show that university students, regardless of gender, ethnicity and nationality may encounter numerous stressors in their student life. The perceived stress may vary from meeting deadlines to reaching expectations and coping in a new environment. Research of present study proved that perceived stress, coping capability and general health are interrelated. Hence, it is essential to raise awareness among parents, educators and people from all walks of life to provide constructive strategies to ensure that the needs of these students are met. In addition, as coping capability are important in moderating stress and general health, every possible action should be taken to enhance the coping strategy of students.

Redwan et al. (2009) suggested that the university should provide students with programmes that help them to identify effective stress management strategies. Time management seminars, counseling services and healthy co-curricular activities can well be implemented in the university to help students reduce their stress. A well-organised buddy system could also be implemented whereby each student is assigned a mentor to guide and advise them when they face stressful problems. In addition, lecturers in the university can also help students reduce their stress by providing them with additional coaching in their studies.

It is acknowledged that students confronted with excessive stress should seek effective solution through various means. Expressing their problems by talking to friends, lecturers and parents may ease their stress. Students may also seek help from psychologist and psychiatrists from various private and government hospitals to look for counseling and medical treatments. Partaking in religious activities organised by the various organisations such as Dharma talk in a Buddhist temple, attend mass or service in the church, attend

events such as youth campsorganised by the mosque could be effective ways to reduce students' stress.

LIMITATION AND RECOMMENDATION FOR FUTURE STUDIES:

60.1 percent of respondents of the present study were females and 39.9 percent were males. In addition, 62 percent of them were Chinese as opposed to 26 percent of Malays and 9.5 percent of Indians. This disparity in males and females as well as their ethnicity may cause the findings of the study to be obscured. To improve the reliability of the findings, it is suggested that future studies should have an equal number of males and females and also, in terms of their ethnicity. The results of the study could also be strengthened by increasing the number of universities responding to the questionnaire survey. In addition, a longitudinal study can be conducted by future researchers to observe the changes of stressors among students over times.

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