

A study of self-efficacy, social support, and well-being in working and non-working women of Darbhanga City.

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Abstract

This study aimed to evaluate the self-efficacy, social support, and overall well-being of women in Darbhanga City, both those who work and those who do not. The study also explored the inter-relationship among these variables and whether they differed between working and non-working women. To achieve this, 400 women were included in the study, with 200 working and 200 non-working women selected through purposive-cum-incident sampling. Several scales were employed to measure the well-being, self-efficacy, and social support of the participants. These scales included Diener et al. (1985)'s Satisfaction with Life Scale, the Scale of Positive and Negative Experience (SPANE), Zimet et al. (1988)'s Social Support Scale, and Schwarzer & Jerusalem's (1995) General Self-Efficacy Scale (GSE). Product moment correlation and t-test were used for statistical analysis. The results indicated that the well-being of the participants was significantly associated with their self-efficacy and social support, which were also related to each other. Furthermore, the study found that working and non-working women had varying levels of self-efficacy, social support, and well-being.

Keywords: Well-being, Self-efficacy, Social support, Working and Non-working women.

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Introduction

According to the Oxford Dictionary, well-being is a state of being healthy and happy. However, it can also be seen as a combination of positive emotions and life achievements. Positive emotions refer to experiencing happiness and contentment while having positive relationships, a sense of control and purpose in life, and developing one's potential are also key components of well-being (Huppert, 2009). The World Health Organization (WHO) defines well-being as a positive state that individuals and society experience, contributing to the quality of life and the ability to make meaningful contributions to society. Social, economic, and environmental conditions play a significant role in well-being, a vital resource for life, similar to health. WHO has recommended 17 sustainable development goals (SDGs) to achieve better well-being, and one of these goals is good health and well-being (Hák et al., 2016). Additionally, the Geneva Charter for Well-being was approved by participant countries at the 10th Global Conference of Health Promotion in December 2021.

In conclusion, the WHO's definition of well-being is comprehensive, encompassing positive emotions, a sense of control, and a sense of purpose in life. This state allows individuals to reach their full potential and contribute meaningfully to society. Several approaches to understanding well-being have been studied by psychologists, including the PERMA model of well-being (Seligman, 2018), the Six-factor model of well-being (Ryff, 1989), the Model of Holistic Well-being (Els et al., 2006), the Hedonic approach, and the Eudaimonic approach to well-being (Ryff et al., 2021).

Well-being is a complex construct that a range of factors can influence. A growing body of research has investigated the relationship between well-being and various psychological and social variables. For example, studies have shown that self-efficacy, which refers to an individual's belief in their ability to accomplish tasks and achieve goals, is positively associated with the well-being of resident physicians (Milam et al., 2019) and Italian adolescents (De Caroli & Sagone, 2014). Furthermore, social support has been identified as another important factor that can impact well-being. Research has consistently shown that individuals who receive more social support report higher levels of well-being than those who do not (Chu et al., 2010; Melrose, 2015; Mitchell, 1982; Karademas, 2006). This support can come from various sources, including family, friends, colleagues, and healthcare professionals. Overall, these findings highlight the importance of social and psychological factors in promoting and maintaining well-being.

However, the present study is restricted to examining self-efficacy and social support as factors of well-being. The effects of self-efficacy and social support were measured on the well-being of working and non-working women.

Hypotheses

The present investigation has been conducted to test the following hypotheses:

Hypothesis 1: A positive relationship between self-efficacy and respondents' well-being will exist.

Hypothesis 2: There will be a positive relationship between social support and the well-being of the subjects.

Hypothesis 3: Social support and self-efficacy of the participants will be positively associated with each other.

Hypothesis 4: There will be a significant difference between working women and non-working women on account of self-efficacy, social support and well-being.

Methodology

Sample

For this research, a sample of 400 women was selected using purposive-cum-incident sampling method, with 200 working and 200 non-working women. All participants were personally contacted during their respective working hours with the necessary authorities' permission obtained beforehand. A comprehensive questionnaire consisting of three psychological scales and a personal data questionnaire was handed to each participant. The psychological scales were designed to measure the participants' self-efficacy, social support, and well-being. The study aimed to gather detailed insights into the psychological well-being of working women as compared to non-working women.

The study made use of the following tests/scales:

1. Personal Data Sheet- This section was used to record demographic information.

2. General Well-being Scale

- A. Satisfaction With Life Scale (SWLS) - The Satisfaction with Life Scale is a short scale developed by Diener et al. (1985). It is a 5-item scale to measure global cognitive judgments of satisfaction with one's life.

B. Scale of Positive and Negative Experience (SPANE) - The Scale of Positive and Negative Experience (SPANE) is a 12-item questionnaire. It includes six items to assess positive and six to assess negative feelings. For positive and negative items, three are general (e.g., positive, negative), and three are specific (e.g., joyful, sad).

3. Social Support Scale - Social support will be measured by Zimet et al.(1988) 's scale. It is a 12-item scale, each rated on a 7-point scale.

4. General Self-efficacy Scale - The present study has used a modified version of Schwarzer & Jerusalem's (1995) General Self-Efficacy Scale (GSE). It is a 10-item scale, each rated on a 4-point scale. The Internal reliability for General self-efficacy (Cronbach's alphas) ranges between .76 and .90. 1 represents Not at all true, 2 is Hardly true, 3 is Moderately true, and 4 represents Exactly true. The total score is calculated by finding the sum of all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy.

Statistical tools

In the study, correlations between social support and well-being, self-efficacy and well-being, and between social support and self-efficacy of the participants were measured using the Product Moment Correlation (r). To determine the significance of the mean difference between working and non-working women in terms of social support, self-efficacy, and well-being, t-ratio tests were utilised.

Result and discussion

Self-efficacy and Well-being

Product moment correlation has been computed for the measurement of the relationship between self-efficacy and the well-being of the participants, The result is shown in Table 1 below.

Table 1: Showing the correlation between Self-efficacy and Well-being (N=400)

Variables	SE		WB
	X ₁	Y ₁	Y ₁
SE	X ₁	1	.284*
WB	Y ₁	.284*	1

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

X₁=, Self-efficacy, Y₁=Well-being.

Table 1 shows that self-efficacy and well-being are positively and significantly (at 0.01) correlated. It means that as the participants' level of self-efficacy increases, their level of well-being goes higher. Therefore, the first hypothesis, stating that "*there would be a positive relationship between self-efficacy and the well-being of respondents*" is accepted.

Social support and well-being

The correlation between social support and well-being has been assessed again using product moment correlation. The obtained result is reflected in Table 2, given below:

Table 2: Showing the correlation between Social support and Well-being (N=400)

<u>Variables</u>	<u>SS</u>		<u>WB</u>	
	<u>X₁</u>	<u>1</u>	<u>Y₁</u>	<u>1</u>
<u>SS</u>	<u>X₁</u>	<u>1</u>	<u>.278*</u>	
<u>WB</u>	<u>Y₁</u>	<u>.278*</u>	<u>1</u>	

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

X₁=, Social support, Y₁= Well-being.

Table 2 shows that social support and well-being correlate positively and significantly (at 0.01). It means that as the participants' social support level increases, their well-being level increases. Therefore, the second hypothesis, stating that "*there would be a positive relationship between social support and the well-being of respondents*", is accepted.

Social support and self-efficacy

As the third hypothesis was related to the association of social support with self-efficacy, product moment correlation has been used to measure the relationship.

The obtained result is recorded in Table 3.

Table 3: Showing the correlation between Social support and Self-efficacy (N=400)

<u>Variables</u>	<u>SS</u>		<u>SE</u>	
	<u>X₁</u>	<u>Y₁</u>	<u>X₁</u>	<u>Y₁</u>
<u>SS</u>	<u>X₁</u>	<u>1</u>	<u>.328*</u>	<u>1</u>
<u>SE</u>	<u>Y₁</u>	<u>.328*</u>	<u>1</u>	<u>1</u>

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

X₁=, Social support, Y₁=Self-efficacy.

Table 3 shows that social support and self-efficacy correlate positively and significantly (at 0.01). It means that as the participants' social support level increases, their self-efficacy level increases. Therefore, the third hypothesis is accepted, stating that "social support and self-efficacy of the participants will be positively associated with each other".

Comparison between working and non-working women based on self-efficacy, social support, and well-being

For measuring the difference between working and non-working women on the basis of their self-efficacy, social support and well-being, thet-ratio test has been applied to each one. The result has been recorded in Tables 4 and 5.

	Group	N	Mean	Std. Deviation	Std. Error Mean
Self-efficacy	WW	200	32.15	2.044	.39
	NWW	200	30.71	1.705	.18
Social support	WW	200	23.12	1.682	.21
	NWW	200	21.83	1.586	.09
Well-being	WW	200	23.82	1.491	.31
	NWW	200	21.48	1.681	.11

Abbreviations:

WW – Working Women

NWW – Non-Working Women

Table 5: t-ratio showing the difference between working and non-working women on account of self-efficacy, social support, and well-being (N 400)

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Self-efficacy	3.675	398	.000	1.44	.307	.830	2.036
Social Support	3.023	398	.002	1.29	.258	.280	1.297
Well-being	3.967	398	.001	2.34	.288	-.136	.998

The tables labelled Tables 4 and 5 provide a comprehensive view of the difference in self-efficacy, social support, and well-being between women who work and those who don't. Statistical analysis conducted on these variables has revealed a significant difference between the working and non-working female participants. The mean difference and t ratio of self-efficacy are 1.44 and 3.675,

respectively. Similarly, the mean difference and t ratio of social support are 1.29 and 3.023, respectively. In terms of well-being, the mean difference and t ratio are 2.34 and 3.967, respectively. These findings suggest that the working women participants have higher mean values in all these variables than the non-working group.

Based on these results, it can be concluded that working women possess more self-efficacy, social support, and well-being than their non-working counterparts. This conclusion is supported by the fact that the working women's mean values are higher than those of the non-working group. Therefore, the fourth hypothesis, which states that *“there will be a significant difference between working and non-working women in terms of self-efficacy, social support, and well-being”*, is accepted.

Furthermore, other researchers, such as Singh (2014), reported similar findings. They observed that working and non-working women differed in well-being, with the working women experiencing a higher level of well-being. This might be because they receive a regular salary to meet their needs. This study, therefore, adds to the growing body of evidence that suggests that working women enjoy better self-efficacy, social support, and well-being than their non-working counterparts.

Conclusion

The research findings show that there is a positive and meaningful correlation between self-efficacy and well-being among both working and non-working participants. The study also revealed that social support and well-being are positively associated with each other. In addition, social support was found to be

significantly linked with the self-efficacy of the participants. The study also found significant differences between working and non-working women in terms of their self-efficacy, social support, and well-being.

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