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## Psychological Impact of Covid-19 and Perceived Social Support as Predictors of Psychological Wellbeing among University Students

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### Abstract

*A total of 289 participants comprising 154 female and 135 male, within the age range of 20 to 29 years, mean age of 22.82 and a standard deviation of 1.49 were selected making use of simple random sampling techniques, from the population of 4<sup>th</sup> year Students of Faculty of Social Sciences and Humanities and Faculty of Law, Enugu State University of Science and technology (ESUT). A 22-item Impact of Event Scale – Revised (IES-R; Weiss & Marmar, 1997), developed to assess subjective distress caused by traumatic events; A 12-item Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farely, 1988) to measure three dimensions of social support (Family, Friends, Significant Others) and 18-item Psychological well-being scale designed to measure the totality of the wellbeing of an individual were used in the study. Cross-sectional design was adopted while Hierarchical Multiple Regression was used to analyse the data. Results revealed that psychological impact of covid-19 predicted psychological wellbeing ( $\beta = -.72$ ,  $t = 19.58$ , at  $P < .01$ ), also, perceived social support predicted psychological wellbeing (Family,  $\beta = .25$ ,  $t = 6.42$ , at  $P < .01$ ; Friends,  $\beta = .41$ ,  $t = 9.72$ , at  $P < .01$ ; Significant Others,  $\beta = .36$ ,  $t = 7.64$ , at  $P < .01$ ). The findings were discussed in view of literature reviewed and recommendations were made.*

**Keywords:** COVID-19, psychological, social support, wellbeing, students

### Introduction

Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Thus, sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief, stress, disease, etc) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life just as experienced during COVID-19. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. Psychological wellbeing is a multi-dimensional concept which includes playfulness, cheerfulness, resilience, optimism and self-control among individuals across cultures (Sinha & Verma, 1992). The concept of wellbeing is defined and explained in a variety of ways in literature. It has been primarily viewed from an intra-personal perspective, something that happens within an individual. Ryff and Singer (1998) used the term “human flourishing” and Felce & Perry (1995) call it a comprising of objective descriptors and subjective evaluations of physical, material, social and emotional well-being. Ryan and Deci (2001) illustrated three basic psychological needs among humans; autonomy, competence and

relatedness. Fulfillment of these needs lead to both psychological and subjective well-being. Keyes (1998) showed that well-being includes psychological as well as social facets of the self. And the concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships. This positive perspective is also enshrined in the constitution of the World Health Organisation, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). More recently, the WHO has defined positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). Hence, according to this approach, well-being while being primarily intra-personal, influences and is influenced by social factors. McCulloch (1991) demonstrated that social support, self-esteem, positive emotions and satisfaction comprise psychological well-being among all age groups. Therefore, present research will limit itself to some pertinent constructs/variables such as psychological effect of COVID-19 and perceived social support which have the potential of destabilizing the individual normal psycho social functions.

A great threat of a novel virus – coronavirus otherwise known as COVID-19 pandemic rocked the entire world in the wake of the year 2020. COVID-19 which was first reported in December 2019 in Wuhan China, declared as Public Health Emergency of International Concern in January 2020 and later a pandemic in March 2020 by the World Health Organisation (WHO) (Web news, 2020; World Health Organisation, 2020). The threat is so strenuous that the entire world was placed on lockdown in the matter of social restriction such as on international and national transport links, market or business transaction, school and organization activities, and all related social and religious gatherings. Being a novel disease that is highly contagious, the COVID-19 pandemic created a lot of panic in every part of the world. Hence, several studies especially in Asia and Europe (Bao, Sun, Meng, Shi, & Lu, 2020; Brooks, Smith, Woodland, Wessely, Greenberg, & Rubin, 2020; Kang, Li, Hu, Chen, Yang, & Yan, 2020; Shigemura, Ursano, Morganstein, Kurosawa, & Benedek, 2020) have reported serious low psychological wellbeing experiences of members of the society in response to the COVID-19 pandemic.

Considering its grave impact, the COVID-19 pandemic has been likened to natural disasters (Morganstein & Ursano, 2020), mass dispute, and war outbreaks (Fiorillo & Gorwood, 2020). The pandemic was devastating because unlike during a natural disaster or war outbreak whereby people can relocate or build a sophisticated defence system to minimize or escape any foreseeable negative impact, there is nowhere to run to escape the impact of COVID-19 pandemic (Olapegba, Ayandele, Kolawole, Oguntayo, Gandi, & Dangiwa, 2020). The effect is far-reaching beyond a specific geographical location as the political and socio-economic structure of the whole world was disrupted and crashed, thus putting people more at risk of experiencing low psychological wellbeing (Raviola, Rose, Fils-Aimé, Thérosmé, Affricot & Valentin, 2020).

Recent studies affirm the high and huge level of psychosocial consequences of outbreaks like COVID-19 on individuals, the general public, and the international community (Hall, Hall, & Chapman, 2008; Wang, Pan, Wan, Tan, Xu, & Ho, 2020). The only difference this has from being locked up in a prison cell is that, you have the keys to your door. Human beings are social beings, and we were made to thrive in a social gathering. Hence, the means of containing the pandemic such as; self-isolation, quarantine, social distancing, and treatment of infected persons further posed a detrimental effect on psychological wellbeing (Fiorillo & Gorwood, 2020; World Health Organisation, 2020). Also, perceived social support refers to the extent to which individuals believe that requirements of social relationships are available to them. These provisions are usually fulfilled by family members, friends and significant others (Armstrong, Brinie-Lefcowich, & Ungar, 2005; Hale, Hannum & Espelage, 2005). Parental support provides much needed social support (Brehaut, Kohen, O'Donnell, Raina, Rosenbaum, Russell, Swinton, & Walter, 2004). For teenagers, family support is the most important element in their lives. Parental guidance, support and encouragement are essential part of their growth experience. Social support is essential for maintaining physical and psychological health. Many researchers have shown that social support was negatively related to symptoms of poor psychological health among victimized or maltreated youths from different cultural backgrounds (Bradley, Schwartz & Kaslow, 2005; Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003; Pine & Cohen, 2002; Wu, Chen, Weng, & Wu, 2009). On the other hand, support from friends makes significant contributions to the well-being of teens (Rodriguez, Mira, Myers, Morris, & Cardoza, 2003). Social support also does wonders with the resilience tendency of individuals. Risk factors include those conditions which boost up the chances of problematic behaviours and negative consequences. Theorists believe that these risk factors can be found in grieved children, their families, social structures and surroundings (Cicchetti & Toth, 1997; Masten, Morison, Pellegrini, & Tellegen, 1990; Rutter, 1990).

Hence, the present study is interested to investigate undergraduate student's psychological wellbeing as predicted by psychological impact of COVID-19 and perceived social support. However, not much is known about the long-term mental health effects of large-scale disease outbreaks on young people. While there is some research on the psychological impacts of severe acute respiratory syndrome (SARS) on patients and health-care workers, not much is known about the effects on ordinary citizens. Wu (2020) found that COVID-19 is much more widespread than SARS and other epidemics on a global scale. There is need to study young people's mental health status over the long term, and to study how prolonged school closures, strict social distancing measures, and the pandemic itself affected the psychological wellbeing of young people.

### **Statement of the Problem**

University students faced variety of stressful challenges in the wake of the COVID-19 outbreak (Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020). The pandemic escalated and threatened the welfare of human beings globally, and this public health emergency generated fear

and led to a spectrum of psychological consequences (Liu et al. 2020), ranging from distress responses such as anxiety, depression, and substance abuse, to behavioural changes such as difficulty sleeping and stress eating. The world has never before seen this scale of education disruption. In recent decades, major disruptions to education mainly involved natural disasters, armed conflicts, or epidemics in individual countries or sometimes regions. According to the WHO (2020), as COVID-19 pandemic sweeps across the world, it caused widespread concerns; fear and stress, all of which are natural and normal reactions to the changing and uncertain situations that people find themselves in. According to Braimah (2020), there is urgent need for people to deal with their mental health by seeking help, engaging in positive activities that will distract them from the psychological impact of COVID-19 pandemic that ravaged the world. In the light of these, the researchers investigated the psychological impact of COVID-19 and perceived social support on the psychological wellbeing of university students.

### **Purpose of the Study**

The general purpose of the study is to examine psychological impact of COVID-19 and perceived social support on the psychological wellbeing of university students. According to Carr (2004) positive psychology is primarily concerned with the scientific study of human strengths and happiness. One of the distinguishing features of positive psychology is a focus on what constitutes the type of life that leads to the greatest sense of well-being, satisfaction and the good life for a human being. The good life refers to the factors that contribute most to a well lived and fulfilling life (Compton, 2005). These factors are one of the objectives of research within positive psychology. Psychological well-being is a theory of positive psychological functioning that focuses on the human capacity to develop, function effectively, and flourish

The origins of this social-cognitive model also lie in the tradition of individual internal models or assumptive worlds that, though they may be illusory, help to sustain people in their everyday lives and motivate them to overcome difficulties and plan for the future. The three common assumptions Janoff-Bulman (1992) regarded as the most significant in influencing response to trauma are that the world is benevolent, the world is meaningful, and the self is worthy. That is, other people are in general well-disposed towards us, there are reliable rules and principles that enable us to predict which behaviours will produce which kinds of outcome, and we ourselves are personally good, moral, and well-meaning. Being attacked by a complete stranger without any provocation, being involved in a serious road traffic accident when we have been obeying the rules of the road, and putting our own survival ahead of anything else when our life is threatened are all situations that have the potential to be traumatic in that they may shatter deeply held and probably unexamined assumptions about how we believe the world and ourselves to be.

Cognitive theories that have focused mainly on the traumatic event itself rather than on its wider personal and social context have been termed “information-processing” theories (Chemtob, Roitblat, Hamada, Carlson, & Twentyman, 1988; Creamer, Burgess, & Pattison, 1992; Foa, Steketee, & Rothbaum, 1989; Litz & Keane, 1989). The central idea is that there is something

special about the way the traumatic event is represented in memory and that if it is not processed in an appropriate way, psychopathology will result. Like social-cognitive theories, this approach emphasizes the need for information about the event to be integrated within the wider memory system. However, the difficulty in achieving this is attributed more to characteristics of the trauma memory itself than to conflict with preexisting beliefs and assumptions.

Cognitive-relational theory defines stress (Traumatic event) as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being as experienced during the COVID-19 pandemic (Lazarus & Folkman, 1984b). Appraisals are determined simultaneously by perceiving environmental demands and personal resources. They can change over time due to coping effectiveness, altered requirements, or improvements in personal abilities. The cognitive-relational theory emphasizes the continuous, reciprocal nature of the interaction between the person and the environment. Within a meta-theoretical system approach of cognitive relational theory, Lazarus (1991) conceives the complex processes of emotion as composed of causal antecedents, mediating processes, and effects. Antecedents are person variables such as commitments or beliefs on the one hand and environmental variables, such as demands or situational constraints, on the other. Mediating processes refer to cognitive appraisals of situational demands and personal coping options as well as to coping efforts aimed at more or less problem-focused and emotion-focused. Stress experiences and coping results bring along immediate effects, such as affects or physiological changes, and long-term results concerning psychological well-being, somatic health and social functioning.

Relational models theory (RMT) is a theory of interpersonal relationships, that proposes that all human interactions can be described in terms of just four "relational models", or elementary forms of human relations: communal sharing, authority ranking, equality matching and market pricing (to these are added the limiting cases of asocial and null interactions, whereby people do not coordinate with reference to any shared principle).

## **Theoretical Framework**

Cognitive relational theory was adopted as the theoretical framework for the study. According to this theory (Lazarus & Folkman, 1984; Folkman & Moskowitz, 2004), stress occurs when people interpret situations negatively (i.e., negative appraisals) and stress leads to health problems, in part, insofar as people do not employ adequate coping responses (e.g., problem solving, emotion regulation). Social support promotes health by protecting people from the adverse effects of stressful events (i.e., stress buffering; Cohen & Wills, 1985). It does so by promoting more adaptive appraisals, more effective coping or both. In theory, social support should only enhance appraisals and coping to the extent that the particular type of social support matches the demands of the stressor (the optimal matching hypothesis; Cohen & Hoberman, 1983; Cutrona & Russell, 1990). Social integration, perceived support and enacted support play somewhat different roles in the stress and coping model of social support. Enacted social support is hypothesized to

influence appraisal and coping most directly. Yet, the receipt of enacted support requires at least a minimum of social integration and extensive social ties should provide many opportunities for enacted support (Uchino, 2004). An individual's perception of support should reflect his/her history of the receipt of effective enacted support, and this perception should directly reduce negative appraisals of stressors. However, the theory postulates that perceived social support will assist coping to enhance psychological wellbeing from the impact of COVID-19 pandemic. Perceived social support is associated with increased psychological well-being in response to important life stressful events (Cobb, 1976).

### **Impact of COVID-19 and Psychological Wellbeing**

The novel Covid-19 pandemic has caused disruption of several activities globally. It has resulted in lockdown of economic activities in most countries including Nigeria. There is less studies on the effects of the pandemic and the associated lockdown on the mental health status of Nigerian students. Hence, Idowu, Olawuyi and Nwadioko (2020), in a study to assess the burden of the psychological problems associated with COVID-19 pandemic and coping strategies among students at Bowen University, Iwo (BUI), Nigeria. In all, 55.0% of the respondents had decreased psychological wellbeing because of the lockdown. Protective factors against decreased mental wellbeing included online chatting with friends/watching films, and participating in online vocational training. The odds of decreased mental wellbeing was significantly higher in students who indicated a need for substance use as coping strategy, and those who were not satisfied with online teaching method. They concluded that the mental health impact of COVID-19 on the Nigerian students is huge.

Also, In a study “Psychological Impact of COVID-19 Pandemic on Students at the University of Ibadan in Nigeria”, Boluwatife, Yetunde, Oluwadamilola, Blessing, Peter, Olubunmi, Abiodun, Faith, Chiamaka, and Iseoluwa, (2021) found out that psychological impact was minimal in majority of the study participants during the COVID-19 pandemic as the mean IES-R score was normal. Depression, anxiety and stress subscale scores were also generally within normal limits in majority of the population. The proportion of people with depression is comparable to the pre-COVID-19 prevalence that was obtained (25.2%) among university students in Western Nigeria, where the study participants are located (Peltzer, Pengpid, Olowu, & Olasupo, 2013). Another study conducted in Lagos, Nigeria in the pre-pandemic era had found the prevalence of depression, anxiety and stress among Nigerian students to be 6.3%, 9.5% and 61.6% respectively (Coker, Coker, & Sanni, 2018). The study suggests that more students are depressed and anxious, while fewer are stressed during the COVID-19 period compared to the period before the pandemic. The study however, found a higher prevalence of PTSD compared to a study done before the pandemic among students in Jos, Nigeria. This could suggest that COVID-19 appears to have same, or even worse, psychological impact as other traumatic life events like war and terrorism.

On the other hand, Matthew, Lincoln, Iryna, Alessandro, Olivia, Lauren, Scott, Tue, Jennifer, Nathan, Elizabeth, Ashley, Marco, Gregory and Hector (2021) evaluated the psychological impacts of COVID-19 on students in the United States. Among the most commonly reported changes were lack of motivation, anxiety, stress, and isolation, as well as social distancing, education changes, and going out less. Similar findings were reported by another study exploring the impact of COVID-19 on students at a single college in the United States, revealing increases in sedentary lifestyle, anxiety, depressive symptoms and poor psychological wellbeing (Huckins, daSilva, Wang, Hedlund, Rogers, Nepal, 2020). A global study examining experiences of students in 62 countries, including one university in the United States, found that student' expressed concerns about their academic and professional careers, as well as feelings of boredom, anxiety and frustration (Aristovnik, Keržič, Ravšelj, Tomažević, & Umek, 2020). Increased anger, sadness, anxiety and fear were also reported by students in China (Cao, Fang, Hou, Han, Xu, & Dong, 2020). Students in Switzerland reported a decrease in social interaction and higher levels of stress, anxiety, and loneliness (Elmer, Mepham, & Stadtfeld, 2020).

Outcomes of the included studies showed that youth experienced anxiety (Parola, Rossi, Tessitore, Troisi, & Mannarini, 2020; Faize, & Husain, 2021; Baiano, Zappullo, Group, & Conson, 2020; Jiang, 2020), stress (Khan, Sultana, Hossain, Hasan, Ahmed, & Sikder, 2020; Mekonen, Workneh, Ali, & Muluneh, 2021), depression (Parola et al., 2020; Sundarassen, Chinna, Kamaludin, Nurunnabi, Baloch, Khoshaim, Hossain, & Sukayt, 2020), event-specific distress (Khan, et al., 2020), and changes in sleep pattern (Parola, et al., 2020) during the COVID-19 outbreak. Moreover, higher than-normal levels in somatization, obsessive-compulsive disorder, phobic anxiety, and paranoid ideation were found (Jiang, 2020). Cross-sectional studies (Cao, Fang, Hou, Han, Xu, Dong, & Zheng, 2020; Baloch, Sundarassen, Chinna, Nurunnabi, Kamaludin, Khoshaim, Hossain, & AlSukayt, 2021; Faize, & Husain, 2021), also explored how the COVID-19 pandemic influences the prevalence of psychological symptoms. Furthermore, with regard to the longitudinal studies included, two of these assessed and monitored the mental health of the young at two time points: before any restriction measures and during lock down conditions (Cellini, Canale, Mioni, & Costa, 2020; Baiano et al., 2020). One monitored the mental health status during the first month of lockdown during four time intervals (Parola, 2020). Last, the psychological measures applied in examined studies were standardized tests addressed to the assessment of emotional dimensions (i.e., anxiety, depression, anger); only two studies performed semi structured interviews (Cellini, 2020; Faize, & Husain, 2021; Idowu, 2020; Khan, 2020).

Only one study of the included papers investigated the prevalence of event-specific distress caused by the COVID-19 pandemic. This study Khan, et al., (2020) observed that 69.31% of respondents had event-specific distress caused by the outbreak from mild to severe, according to Impact Event Scale (IES). Specifically, fear of infection, perceived social media as a stressor, and inadequate valid information on COVID-19 had a significant association with higher scores on the IES scale. Furthermore, among the socio-demographic characteristics, results indicated that older students scored higher on IES (Khan, et al., 2020).



## **Social Support and Psychological Wellbeing**

Walen and Lachman (2000) examined social supports effects in conjunction with strain on psychological well-being. Using a predominately upper class, white adult sample, the authors test social supports effects in both models of buffering and direct effects with the outcome variables of life satisfaction as well as both positive and negative moods. Measuring perceived support as opposed to the size of the support network, results show that both support and strain measures have significant effects on psychological well-being, though social support explained more variance in life satisfaction and positive mood than negative mood. While strain was found to explain the variance in negative mood, results failed to support the interaction between strain and social support for the total sample. However, they found that social support significantly weakens the effects of strain on life satisfaction and positive mood among females, but not males

Social support can assist coping and exert beneficial effects on various health outcomes (Sarason, Sarason, & Pierce, 1990; Schwarzer & Leppin, , 1991; Veiel & Baumann, 1992). Social support has been defined in various ways, for example as "resources provided by others" (Cohen & Syme, 1985), as "coping assistance" (Thoits, 1986), or as an exchange of resources "perceived by the provider or the recipient to be intended to enhance the well-being of the recipient" (Shumaker & Brownell, 1984). Several types of social support have been investigated, such as instrumental support (e.g., assist with a problem), tangible support (e.g., donate goods), informational support (e.g., give advice), emotional support (e.g., give reassurance), among others.

Social support has been found advantageous in the recovery from surgery in heart patients. Kulik and Mahler (1989) have studied men who had undergone coronary artery bypass surgery. Those who received many visits by their spouses were, on average, released somewhat earlier from hospital than those who received only few visits. In a longitudinal study, the same authors also found positive effects of emotional support after surgery (Kulik & Mahler, 1993). Similar results were obtained by other researchers (Fontana, Kerns, Rosenberg, & Colonese, 1989; King et al., 1993).

Research studies have shown that increase or onset of psychological problems in young people may be prevented by social support from parents, siblings, members of the extended family, and peers (Walen & Lachman, 2000; Whitney, 2010). The knowledge that we are accepted, respected, loved, supported, that there are people that we can lean on and get help from, affects self-esteem and self-image. Past research has shown that people who receive high social support are more likely to be insulated from problems they have in life and thus less likely to be driven to extreme actions/reactions. In other words, although social support primarily has the role of "bumper" which mitigates the effect of stressful life events, it is also a very important source of strength to quickly and with less bad consequences, overcome the most difficult life situations (Vlajkovi, 1992).

Research studies have repeatedly found that people who receive a high level of social support enjoy enhanced health and well-being (Cohen & Wills, 1985; Sarason, Sarason, & Gurung, 2001). Over time, social support has come to possess different dimensions and is expressed in different forms and different ways. Of all the constructs, perceived support has been regarded as consistently linked to health. Perceived support is the subjective judgment of how much the individuals perceive that they are supported by family or peer groups. Research has also indicated that perceived support is a better predictor of psychological well-being than the actual support received (Cohen et al., 2000; Gallagher & Vella-Brodrick, 2008)

Social support has been extensively studied and is thought to influence well-being by modifying and buffering the impact of life events and other stressors (Pugliesi & Shook, 1998; Southwick, Vythilingam, & Charney, 2005). Social ties are being increasingly linked to longevity, lower stress levels and improved overall well-being. Psychological well-being (PWB), as summed by Huppert, Marks, Clark, Siegrist, Stutzer, Vittersø, and Wahrendorf (2009), is about lives going well. It is the combination of feeling good and functioning effectively. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. In a psychological sense, the concept of functioning effectively involves the development of one's potential, having some control over one's life, having a sense of purpose in life in terms of working towards valued goals, and experiencing positive relationships. By definition, people with high PWB report feeling happy, capable, well supported, satisfied with life, and so on; A large body of cross-sectional survey data shows that happy people: tend to function better in life than less happy people; are typically more productive and more socially engaged; and tend to have higher incomes (Diener, 2000; Judge, Thoresen, Bono, & Patton, 2001). Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion.

In a study "Perceived Social Support and Psychological Well-Being: Testing the Unique Association and Gender Differences among" (Rani, 2016). The results of correlation analysis showed a moderate significant positive relationship between PSS and PWB. The regression model too was found significant suggesting that a high perception of social support is associated with high PWB indicating that PSS has a significant impact on PWB. This result of significant association between social support and PWB is in line with the results of research studies (Shakespeare-Finch & Julie 2013; Liu, Li, Xiao, & Feldman, 2013; Gülaçtı 2010)

## **Hypotheses**

These hypotheses were tested in the study:

Psychological impact of COVID-19 will significantly predict psychological wellbeing among University Students.

Perceived social support (family, friends, significant others) will significantly predict psychological wellbeing among University Students.

## **Method**

### **Participants**

A total of 289 participants comprising 154 females and 135 males, within the age range of 20 to 29 years, mean age of 22.82 and a standard deviation of 1.49 were selected making use of simple random sampling techniques, from the population of 4<sup>th</sup> year Students of Faculty of Social Sciences and Humanities and Faculty of Law, Enugu State University of Science and technology (ESUT).

### **Instruments**

#### **Impact of Event Scale – Revised (IES-R; Weiss & Marmar, 1997)**

The Impact of Event Scale-Revised (Weiss & Marmar, 1997) is a 22-item scale developed to assess subjective distress caused by traumatic events. It is rated on a 5-point scale ranging from 0 = not at all; 1 = A little bit; 2= Moderately; 3 = Quite a bit; 4 = Extremely scale with respect to how distressing each item has been during the past months. Scale scores are formed for the three subscales, which reflect intrusion (8 items; 1,2,3,6,9, 14,16,20 ), avoidance (8 items; 5, 7, 8, 11, 12, 13, 17,22), and hyperarousal (6 items; 4, 10, 15, 18,19,21). The IES-R yields a total score (ranging from 0 to 88) and subscale scores can also be calculated for the Intrusion, Avoidance, and Hyperarousal subscales. The authors recommend that the scale can be used as a composite scale whereby high score indicate high impact of distress as a result of the traumatic event experienced while low score means that the individual experienced low impact of distress as a result of traumatic event. Hence, when used as a composite score, the total score of the scale is calculated and used. In general, the IES-R (and IES) is not used to diagnose PTSD. Example of items in IES-R are “Any reminder brought back feelings about it”; “I avoided letting myself get upset when I thought about it or was reminded of it” and “Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart”.

IES-R show a high degree of intercorrelation ( $r_s = .52$  to  $.87$ , Creamer et al., 2003). High levels of internal consistency have been previously reported (Intrusion: Cronbach’s alpha =  $.87 - .94$ , Avoidance: Cronbach’s alpha =  $.84 - .87$ , Hyperarousal: Cronbach’s alpha =  $.79 - .91$ , Creamer et al., 2003; Weiss & Marmar, 1997). Test-retest reliability, collected across a 6-month interval, ranged from  $.89$  to  $.94$  (Weiss & Marmar, 1997). For the present study the researcher obtained a Cronbach Alpha Coefficient of  $.73$  in a pilot testing using 40 4<sup>th</sup> year Law Faculty Students from University of Nigeria, Enugu Campus.

## **Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farelly, 1988)**

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farelly, 1988) was used to measure social support. It is 12-item scale with three sub scales of Family (Fam), Friends (Fri) and Significant Others (SO) with equal number of items. Item no. 3, 4, 8 and 11 are related to sub scale of Family, items 6, 7, 9 and 12 is for Friends and items 1, 2, 5 and 10 for Significant Others. The response format is 7 point Likert scale ranging from 1 strongly disagree to 7 strongly agree and one neutral with score of 4. Maximum score is 84. The higher the sum of the 12 items the higher the level of social support. A test-retest reliability coefficient of .88 was reported by Zimet (1988), while Canty-Mitchell and Zimet (2000) reported a Cronbach Alpha reliability coefficient for the 12 items as .93 and .91, .89, and .91 for the three sub scale, Family, Friends and Significant others respectively. For the present study the researcher obtained a Cronbach Alpha Coefficient of .69, .62 and .75 for Family, Friends and Significant others respectively in a pilot testing using 40 4<sup>th</sup> year Law Faculty Students from University of Nigeria, Enugu Campus

## **Psychological Well Being Scale (Ryff, 1989)**

Psychological well-being scale is an eighteen (18) self-report scale designed to measure psychological well-being. (Ryff, 1989). The instrument consists of six sub-scales (with three items in each sub-scale): (a) Autonomy, (b) Environmental mastery, (c) Personal growth, (d) Positive relationships with others, (e) Purpose in life, and (f) Self-acceptance. “The autonomy dimension assesses self-determination, independence, and an internal locus of control. The environmental mastery dimension measures one’s ability to manipulate and control complex environments. The personal growth dimension measures one’s needs to actualize and realize one’s potentials. The positive relationships with other’s dimension assess the ability to love, trust, and establish deep relationships with others. The purpose in life dimension is to measure one’s sense of direction and goals. The self-acceptance dimension assesses positive attitudes held toward the self” (Akin, 2008). Participants were made to respond on a 6-point scale that ranges from “strongly agree” (1) to “strongly disagree” (6). The following items are reverse: 1,5,9,10,12,13,15,18. Higher scores indicate higher psychological well-being within the respective dimension. The internal consistency reliability coefficients as reported by Ryff (1989) ranges from .86 to .93 for the six sub-scales. For the present study the researcher obtained a Cronbach Alpha Coefficient of .81 in a pilot testing using 40 4<sup>th</sup> year Law Faculty Students from University of Nigeria, Enugu Campus

## **Procedure**

A total of 350 copies of the research instruments were administered by the researcher within a period of 5 weeks to the target population. The administration of the instrument took the form of group testing in their respective class rooms. The researcher introduced herself to the students in their respective classes and informed them what the research is all about, that the project is purely

for knowledge purpose. There was no time limit and correct or wrong answers to the items of the instruments. However, out of the number distributed 312 copies were collected while 289 copies correctly filled were scored and analysed whereby 23 copies were discarded.

**Design and Statistics**

The design for the study is correlational design. Therefore, the statistics for the study was Hierarchical Multiple Regression to help the researcher account for the contribution of psychological impact of COVID- 19 and each of the dimensions of social support (Family, Friends, Significant Others) on psychological wellbeing.

**Result**

**Table 1:** Zero order correlation coefficient matrix showing Psychological Impact of Covid-19 and Perceived Social Support as Predictors of Psychological Wellbeing among University Students

	M	SD	1	2	3	4	5	6	7
Age	22.74	.40	1						
Gender	.53	.50	-.76**	1					
Psy Impact covid-19	59.78	13.31	-.04	.04	1				
Family	9.35	5.21	.26**	-.30**	-.67**	1			
Friends	8.78	4.44	.29**	-.30**	-.76**	.91**	1		
Significant Others	8.75	4.49	.30**	-.33**	-.76**	.92**	.93**	1	
Psychological Wellbeing	27.11	19.90	.25	-.30**	<b>-.73**</b>	<b>.94**</b>	<b>.95**</b>	<b>.95**</b>	1
Coefficient of Determinant (r <sup>2</sup> )					<b>.53</b>	<b>.88</b>	<b>.90</b>	<b>.90</b>	

*Note* \*\* $p < .01$ ; \* $p < .05$  Bold are relevant coefficient for research hypothesis

The result shows that Psychological Impact of Covid-19 correlated significantly with Psychological wellbeing ( $r = -.73$ ,  $P < .01$ ,  $r^2 = .53$ ). Based on the result above, the stated hypothesis which states that “Psychological Impact of Covid-19 will significantly predict Psychological wellbeing” was accepted.

Also, the result shows that Social Support (Family, Friends, Significant others) correlated significantly with Psychological wellbeing. The table shows that correlation coefficients were as follows; Family and Psychological wellbeing,  $r = .94$ ,  $P < .01$ ,  $r^2 = .88$ ; Friends and Psychological wellbeing,  $r = .95$ ,  $P < .01$ ,  $r^2 = .90$ ; Significant Others and Psychological wellbeing,  $r = .95$ ,  $P < .01$ ,  $r^2 = .90$ . Based on the result above, the second hypothesis which states that “Social Support

(Family, Friends, Significant Others) will significantly predict Psychological wellbeing” was accepted.

**Table 2:** Summary of Hierarchical Multiple Regression Analysis for Variables Predicting Psychological Wellbeing (N=289)

	Step 1		Step 2		Step 3	
	$\beta$	t	$\beta$	t	$\beta$	t
Age	.04	.47				
Gender	-.28	-3.20**				
Psy Impact of covid-19			-.72	19.58**		
Family					.25	6.42**
Friends					.41	9.72**
Significant Others					.36	7.64**
R	.31		.78		.98	
R <sup>2</sup>	.20		.61		.95	
$\Delta R^2$	.20		.52		.34	
F	15.06(2,286)		383.23(1,285)		638.11(3,282)	

Note \* $p < .05$ ; \*\* $p < .01$

Results of the hierarchical multiple regression for the test of the first factors of psychological wellbeing index is shown in the Table 1 above. The variables were entered in stepwise models. The demographic variable (age) in the Step 1 of the regression analysis and it had no significant relationship with psychological wellbeing. Age,  $\beta = .04$ ,  $t = .47$ ,  $p > .05$ . On the other hand the demographic variable (gender) had a significant relationship with psychological wellbeing. Gender,  $\beta = -.28$ ,  $t = -3.20$ ,  $p > .01$ . Hence, the demographic variable (age and gender) serves as control variables in the study and that is why they are keyed in step 1

In step 2, psychological impact of covid-19 was entered and the result showed that psychological impact of covid-19 significantly predicted psychological wellbeing ( $\beta = -.72$ ,  $t = 19.58$ , at  $P < .01$ ). The contribution of psychological impact of covid-19 in explaining the variance in psychological wellbeing was 52% ( $\Delta R^2 = .52$ ). Therefore, psychological impact of covid-19 is a significant predictor of psychological wellbeing.

In step 3, perceived social support (Family, Friends, Significant Others) were entered. All the dimensions of social support, Family,  $\beta = .25$ ,  $t = 6.42$ , at  $P < .01$ ; Friends,  $\beta = .41$ ,  $t = 9.72$ , at  $P < .01$ ; Significant Others,  $\beta = .36$ ,  $t = 7.64$ , at  $P < .01$ , predicted psychological wellbeing. The contribution of perceives social support in explaining the variance in psychological wellbeing was 34% ( $\Delta R^2 = .34$ ). Therefore, perceived social support is a significant predictor of psychological wellbeing

## Discussion

The finding of this study revealed that the hypothesis tested which stated that “Psychological impact of COVID-19 will significantly predict psychological wellbeing among university students” was accepted. This means that psychological impact of COVID-19 significantly predicted psychological wellbeing among university students. Hence, Idowu, Olawuyi and Nwadioko (2020), in a study to assess the burden of the psychological problems associated with COVID-19 pandemic and coping strategies among students at Bowen University, Iwo (BUI), Nigeria. In all, 55.0% of the respondents reported decreased psychological wellbeing because of the lockdown. Outcomes of the included studies showed that youth experienced anxiety (Parola, Rossi, Tessitore, Troisi, & Mannarini, 2020; Faize, & Husain, 2021; Baiano, Zappullo, Group, & Conson, 2020; Jiang, 2020), stress (Khan, Sultana, Hossain, Hasan, Ahmed, & Sikder, 2020; Mekonen, Workneh, Ali, & Muluneh, 2021), depression (Parola et al., 2020; Sundarasan, Chinna, Kamaludin, Nurunnabi, Baloch, Khoshaim, Hossain, & Sukayt, 2020), event-specific distress (Khan, et al., 2020), and changes in sleep pattern (Parola, et al., 2020) during the COVID-19 outbreak.

On the other hand, Matthew, Lincoln, Iryna, Alessandro, Olivia, Lauren, Scott, Tue, Jennifer, Nathan, Elizabeth, Ashley, Marco, Gregory and Hector (2021) evaluated the psychological impacts of COVID-19 on students in the United States, they collected over 2,500 survey responses from students at seven universities in late-February to mid-May 2020. Qualitative data from open-ended responses showed students experienced largely negative impacts of COVID-19 on psychological health, lifestyle behaviours and psychological wellbeing. Among the most commonly reported changes were lack of motivation, anxiety, stress, and isolation, as well as social distancing, education changes, and going out less. Similar findings were reported by another study exploring the impact of COVID-19 on students at a single college in the United States, revealing increases in sedentary lifestyle, anxiety, depressive symptoms and poor psychological wellbeing (Huckins, daSilva, Wang, Hedlund, Rogers, Nepal, 2020). A global study examining experiences of students in 62 countries, including one university in the United States, found that students expressed concerns about their academic and professional careers, as well as feelings of boredom, anxiety and frustration (Aristovnik, Keržič, Ravšelj, Tomažević, & Umek, 2020).

In addition, Cognitive-relational theory supported the outcome of the study result where traumatic event is perceived as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being as experienced during the COVID-19 pandemic (Lazarus & Folkman, 1984b). According to cognitive-relational theory, appraisals are determined simultaneously by perceiving environmental demands and personal resources. The cognitive-relational theory emphasizes the continuous, reciprocal nature of the interaction between the person and the environment. Stress experiences and coping results bring along immediate effects, such as affects or physiological changes, and long-term results concerning psychological well-being, somatic health and social

functioning. Threat occurs when the individual perceives being in danger, and it is experienced when the person anticipates future harm or loss (COVID-19 pandemic).

Also, the second hypothesis tested which stated that “Perceived Social Support will significantly predict psychological wellbeing among university students” was accepted. This means that perceived social support significantly predicted psychological wellbeing among university students. Hence, university students that scored high on perceived social support were observed to experience high psychological wellbeing. On the other hand university students that experience high psychological wellbeing tend to score high on psychological impact of covid-19.

This result of significant association between perceived social support and psychological wellbeing is in line with the results of research studies (Shakespeare-Finch & Julie 2013; Liu, Li, Xiao, & Feldman, 2013; Gülaçtı 2010). Also, Research studies have repeatedly found that people who receive a high level of social support enjoy enhanced health and well-being (Cohen & Wills, 1985; Sarason, Sarason, & Gurung, 2001). In a study “Perceived Social Support and Psychological Well-Being: Testing the Unique Association and Gender Differences among” (Rani, 2016). The results of correlation analysis showed a moderate significant positive relationship between PSS and PWB. The regression model too was found significant suggesting that a high perception of social support is associated with high PWB indicating that PSS has a significant impact on PWB.

Research studies have shown that increase or onset of psychological problems in young people may be prevented by social support from parents, siblings, members of the extended family, and peers (Walen & Lachman, 2000; Whitney, 2010). The knowledge that we are accepted, respected, loved, supported, that there are people that we can lean on and get help from, affects self-esteem and self-image. Past research has shown that people who receive high social support are more likely to be insulated from problems they have in life and thus less likely to be driven to extreme actions/reactions. In other words, although social support primarily has the role of “bumper” which mitigates the effect of stressful life events, it is also a very important source of strength to quickly and with less bad consequences, overcome the most difficult life situations (Vlajkovi, 1992).

In consonance to the outcome of the study relational regulation theory (RRT; Lakey & Orehek, 2011) explained main effects (the direct effects hypothesis) between perceived support and mental health. Perceived support has been found to have both buffering and direct effects on mental health (Wethington, & Kessler, 1986). RRT was proposed in order to explain perceived support's main effects on mental health (Lakey & Orehek, 2011). RRT hypothesizes that the link between perceived support and mental health comes from people regulating their emotions through ordinary conversations and shared activities rather than through conversations on how to cope with stress. This regulation is relational in that the support providers, conversation topics and activities that help regulate emotion are primarily a matter of personal taste. This is supported by previous work showing that the largest part of perceived support is relational in nature (Lakey, 2010).



### **Implications of the Finding**

The finding of the present study revealed that psychological wellbeing was predicted negatively by psychological impact of COVID-19 among university students. The psychological impact was related to the experience of several intensive stressors associated with academic perspectives, social restrictions, and daily living side effects related to the COVID-19 outbreak. It seems that stress management skills promotion alongside mental health promotion would be necessary and useful to develop community health through school health programmes. Physical activity is also an important aspect of health promotion and a predictor of well being and death worldwide (Musavian, Pasha, Rahebi, AtrkarRoushan & Ghanbari, 2014). Also, sedentary life style and lack of physical exercise may lead to progressive psychological wellbeing problems among university students. Physical exercise act as an empowering or buffering factor, protecting university students from stress, poor physical and mental health (Sagatun, Heyerdahl, Wentzel-Larsen, Lien, 2015).

Also, the finding revealed that perceived social support predicted psychological wellbeing positively among university students. The finding provide empirical evidence about the importance of perceived social support for psychological well-being among university students, suggesting that higher perception of social support contributes to higher psychological wellbeing. Social support has been extensively studied and is thought to influence well- being by modifying and buffering the impact of life events and other stressors (Pugliesi & Shook, 1998; Southwick, Vythilingam, & Charney, 2005). Towards that end, the present study is valuable in suggesting for design of programmes at school/college level to foster social support networks which may help youngsters improve their ability to face the challenges they encounter in their studies and also maintain their overall well being. Though personality is generally attributed to play a role for people to form and sustain inter-personal relations, there is ample research which shows that social skills can also be taught through custom-made programmes. However, in growing numbers, social support is being exchanged via computer-mediated communication (on-line) among people who do not know each other and do not communicate face to face. There is a definite need to undertake a study to investigate the impact of such wider social network interactions beyond the immediate inter personal relations to get a full view about the role of perceived social support on psychological wellbeing.

### **Limitations for Further Study**

One major shortcoming of the study was that the participants selected for the study were writing their degree examination. This made them to be reluctant in responding to the research instruments but the researcher used rapport which enhanced data collection. Also, it is somewhat difficult to generalize the finding as sample included only 289 university students out of myriad of undergraduates in Enugu State.

## Summary and Conclusion

The finding of this study is summarized as follow:

Psychological impact of COVID-19 and perceived social support (Family, Friends, Significant Others) were observed to significantly predict psychological wellbeing among university students. The present study has provided support for the effectiveness of social support in maintaining psychological wellbeing. Conventional social support is thought of as taking place most often within established, multi-dimensional, and primarily dyadic close personal relationships (Cutrona & Suhr, 1992; Leatham & Duck, 1990).

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