

Relationship between Perceived Social Support, Mental Health and Life Satisfaction in MSc Students of Physical Education

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Abstract The purpose of this study was to examine the relationship between perceived social support, mental health and life satisfaction among MSc students in physical education. This descriptive-analytic study was conducted. The statistical population of the study consisted of all undergraduate students of physical education in Mazandaran province (N=276). According to the table, 159 people were randomly selected as a statistical sample. Demographic data sheet, perceived social support scale, general health questionnaire (GHQ-12) and satisfaction with life scale were used. Descriptive statistics, liner regression analysis, spearman correlation coefficient and Mann-Whitney test in SPSS23 software environment were used for data analysis ($P < 0.05$). According to GHQ-12, 21.4% of participants have on favorite mental health (score less than 14).

Keywords Mental Health, Perceived Social Support, Life Satisfaction, MSc Students, Physical Education

1. Introduction

Social support perceived on the physical, psychological, life satisfaction and aspects of the quality of life of individuals has many effects (Clara et al, 2003; Tajalli et al, 2010), and is known as an effective moderator of coping and adaptation to stressful life situations (Friedlander et al, 2007). Happiness and evaluation related to life satisfaction are some factors that have been common among all models of mental health having been suggested by the scientists (Tamannaefar & Behzadmoghaddam, 2016).

In existing studies in this field, social protection is being studied in both revised and perceived social support. In social support received, the level of support received by the individual is emphasized, and in perceived social support, individual assessments of the availability of support are examined as necessary and necessary (Gülaç, 2010). The concept of perceived social support refers to the support of an individual's cognitive assessment of his relationship. Theorists in this field believe that all the relationships that one with others have with social security is not regarded as social support unless one considers them to be an available and suitable source for meeting its needs (Clara et al, 2003). Perceived social support measures will also focus on the individual's cognitive assessment of the environment and the level of assurance that will be available if assistance and

support are needed (Bruwer et al, 2008).

There is convincing evidence that poor social relationships negatively impact mental health (Kawachi & Berkman, 2001; Santini et al, 2015; Tough et al, 2017). Langeland (2011), was found that the quality of perceived social support improves the sense of solidarity between individuals, thereby improving their mental health (Langeland, 2011). Since mental health plays a major role in issues such as mastering your feelings, coping with life problems and pressures, adapting to people and the community as well as other important issues, such as the prevalence of problems and mental disorders, should be paid attention to this because the young generation, the force, and others, the main capital of a society is a society that, if not prevented from the progress of the problem of this force, has gone into collapse, young people become depressed and saddened society (Enayty et al, 2011).

When examining the impact of social support, it is important to take diverse social agents into account (Rueger et al, 2010). Given that mental and social health is one of the most important issues in the student population, it alone can lead to academic progress or decline for students. The important point is students, because of their education at the university, and the greater expectations of the community of them, are far from the environment, tolerate a new life and the need to adapt to the stresses of educational problems exposed to psychological disorders such as: depression, complaints Physical, social decline and severe anxiety, which can lead to academic failure, the emergence of individual and social tensions, communication problems in the university environment and the lack of prosperity of

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Published online at <http://journal.sapub.org/sports>

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talent (Moghaddasi et al, 2005).

Social support is a likely candidate to explain the association between psychological well-being and health-risk behaviors (Merkaš & Brajša-Žganec, 2011; Lai & Ma, 2016). Physical education students have a different and unique status to other students due to the specific circumstances governing their various aspects of life and education, and the studies conducted in this group are limited to students. Therefore, the present study was designed and implemented to determine the relationship between perceived social support with mental health and physical education.

2. Methodology

An easy way to comply with the paper formatting this descriptive-analytic study was conducted. This descriptive-analytic study was conducted. The statistical population of the study, as well as all the undergraduate students of physical education-who were enrolled in the Universities of Mazandaran Province in 207 who were eligible to participate in the study, were included in this research. (276 = N) The first semester students did not enter the samples because they had not yet completely experienced the university environment. According to the table, 159 people were randomly selected as a statistical sample. Demographic questionnaire, multidimensional perceived social support, general health questionnaire (GHQ-12), life satisfaction scale and Rosenberg self-esteem scale were used to collect data.

Multidimensional Perceived Social Support (MSPSS): This questionnaire was developed by Zemen's et al (1988) to measure perceived social support from family, friends and other important individuals. This scale has 12 sentences and it specifies the responsive opinion on a scale of 7 options from a score of one completely for the totally opposite to seven for perfectly agreeing. Bruwer et al (2008) estimated the internal reliability of this tool in a sample of 788 high school students using Cronbach's Alpha, 90 to 86% for the subscales of this tool, and 86 percent for the entire tool (Bruwer et al, 2008; Edwards, 2004). Salami et al Cronbach's

Alpha coefficient cited 89%, 86% and 82% of the social support received by the family, friends and important people in life (Salami et al, 2009).

The 12-item General Health Questionnaire (GHQ-12) has 12 items, one of the most proven tools for measuring mental health. The measurement scale for each statement is Likert (at all, it is common, more than usual, and much more than usual), the range of scores between zero and 36 and a score higher than 14 indicates a poor health. Cronbach's alpha was 87% reported by Ebadi and his colleagues to assess the reliability of this tool (Ebadi et al, 2002). The Life Satisfaction Scale developed by Diener et al (1985) has five phrases that measure the component of knowing subjective well-being by means of a seven-degree Likert scale of totally opposite (score 1) (to a fully agree point) 7. The range of changes Score on this scale are from 35 to 5, and a higher score indicates a high level of satisfaction with life. Diener et al (1985) reported that the re-test correlation coefficient of this scale was 82% among students and 87% of Cronbach's alpha coefficient (Salami et al, 2009). Schimmack et al (2002) the Cronbach's alpha coefficient of life satisfaction scale in a study between The cultures for the German, Japanese, Mexican and Chinese nationalities were 90, 82, 79, 76 and 61% respectively (Schimmack et al, 2002; Adler & Fagley, 2005). This paper was translated into Farsi and its validity was re-tested by Bayani et al (2008) about 69%. The data were analyzed in SPSS23 software using descriptive statistical tests, independent t-test, Mann-Whitney test and regression test. In all tests, a significant level of 5% was considered.

3. Results

The mean and standard deviation of students' age was 21.82 ± 3.85 years old and female students 69.68% of the samples 17.5% of samples were single. Based on the cutoff score of the health questionnaire Psychology (GHQ-12) 77.7% of physical education students participating in this study in terms of mental health at a desirable level (score below 14) and 21.4% of them in this regard need follow-up and health interventions were psychological (high score 14).

Table 1. Pearson correlation coefficients among the main studied variables

Social variable	M(SD)	Mental health	Life satisfaction	Support
Life satisfaction	26.22±5.63	-0.534*	-	-
Total social support	66.49±12.53	-0.175	0.253*	-
Family social support	24.00±4.37	-0.271**	0.247***	-
Social support from friends	20.45±6.55	0.005	0.026	-
Social support by important people of life	22.03±5.21	-0.196*	0.231*	-
Age	21.82	0.073	-0.221*	-0.261**

* Significant relationship was significant at level <0.05

** at the level of <0.01

*** at the level of <0.001

The mean and standard deviation of students' score in the social support scale were 66.49 ± 12.53 and 26.22 ± 5.33 in the standard of living satisfaction and 56.9% of the students with social support score were higher than the average; also, 60.8% of them had higher life satisfaction than average. Mann-Whitney Nonparametric test showed that the mental health status of male and female students is not significantly different. There was no significant relationship between social support perceived by friends and important people with mental health and life satisfaction (Table 1). There was a significant relationship between the perceived social support subscales of the family with mental health ($P < 0.001$) and life satisfaction ($P < 0.01$, $r = 0.247$). There was a direct and significant correlation between the total score of perceived social support and life satisfaction ($p < 0.05$, $p < 0.05$); if the relationship between total social support and mental health was not significant, perceived social support The friends had no significant relationship with any of the variables of mental health and life satisfaction (Table 1).

Also, life satisfaction was significantly correlated with mental health ($P < 0.001$, $r = 0.534$). Age had a negative relationship with the total score of perceived social support and the social support subscale by the family. ($P < 0.01$, $r = -0.261$).

Regression analysis indicated that perceived social security by the family alone predicted 23% of changes in mental health ($P = 0.032$) (Table 2) and 42% of life satisfaction changes ($P = 0.001$) (Table 3).

In other words, by increasing the score on the perceived social support scale by the family, mental health and life expectancy increased by 23% and 42%, respectively.

Table 2. Pearson correlation coefficients among the main studied variables

Perceived Social Support	B	β	t	P value
Social support by the family	-0.291	-0.238	-2.17	0.03
Social support from friends	0.102	0.125	1.17	0.245
Social support by important people of life	-0.138	-0.137	-1.17	0.245

Table 3. The results of regression analysis for social support and life satisfaction

Perceived Social Support	B	β	t	P value
Social support by the family	0.551	0.428	4014	0.001
Social support from friends	-0.093	-0.108	-1.07	0.0285
Social support by important people of life	0.06	0.057	0.516	0.607

4. Conclusions

In the present study, according to the cut-off score of the general health questionnaire, 21.4% of physical education students were not in desirable mental health condition and needed follow up, which is almost by study of Rafati et al (2003) reported that students with mental health problems reported 24.8%. It is worth noting that Rafati's students were regular students (non-physical education students).

Jahani-Hashemi et al (2010) The Prevalence of Undesirable Mental Health Status among Students of Medical Sciences Universities, Zanjan, Qazvin and Arak were reported by 28.6%. In any case, in most studies, student psychological vulnerability is emphasized, based on these comparisons, physical education students participating in this study have an acceptable mental health status.

In the current study, there was no significant difference in mental health between the two sexes. In this case, the findings are consistent with Rafati, Kafi et al (1998), Bagheri Yazdi et al (1995). The perceived social support of the family was related to mental health, which in this case is consistent with the findings of the study of Expression and partners, Rasher et al (2005), and Ghaedi & Yaaghoobi (2008). Bruwer et al (2008) The scores of social support scale are inversely related to depression in students. Klineberg et al (2006) In their study showed that the social support variable can be effective in promoting mental health independently.

Stice et al (2004) In their study showed that parenting is more effective than peer support, although peer support has also been effective in reducing depression (22). In this study, it was found that with the increase in perceived social support, especially from the family, the level of life satisfaction increases, which is consistent with the Karademas (2006) study. In his study, he showed that social support is directly related to life satisfaction. Social support directly and indirectly affects cognitive mechanisms, coping strategies, and individual behaviors, thereby improving the quality of life, Health and life satisfaction.

In this study, a significant percentage of students in terms of mental health were not in a desirable situation, and this is the importance of it reveals the health care of this group of students. On the other hand, given the unique conditions of physical education students and the findings of the study on improving mental health and life satisfaction by increasing social support from family members, it seems that social protection enhancement strategies, such as: studying in the area Student life will also improve mental health indicators.

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