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PROMOTION OF GENERAL RESISTANCE RESOURCES AT THE UNIVERSITY OF SZEGED, HUNGARY

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ABSTRACT

It is widely accepted in most health promotion – mental health promotion literature that successful coping with stressors depends on the strength and number of General Resistance Resources, as well as on people's Sense of Coherence experienced subjectively. We have studied the subjective sense of General Resistance Resources among 1618 university students at the University of Szeged, Hungary. The research was carried out with the help of a questionnaire. Data was processed by the SPSS 20.0 statistical package. On a scale of -2 to +1 material goods were the most unmet needs (-0,19). Positive strong resources were „friends“ (0,77), positive medium strong resources were „learning and work“ (0,40), „health status“ (0,36) and „family relationships“ (0,25), while „living environment“ received only a slightly positive assessment (0,07). The aggregate value obtained from the six observed resources (on a scale of -12 - +6) was above zero (1,65). Female students had significant disadvantages (1,55) compared to male students (1,95). By age-groups the 26-45 year-olds gained the lowest result (1,4). We have found a linear relationship between the amount of available resources and mental health status. In case of each resource domain, the mentally healthy group possessed the highest set of resources, followed by the vulnerable ones, and the least resource belonged to the mentally endangered group. Our results indicate that there is a strong need to promote and improve students' general resistance resources. We will highlight at the possible ways Hungarian higher education, in cooperation with public education, can intervene, paying a special focus on the curricular and extracurricular, as well as setting based competences of Health Promotion Teachers.

Keywords: health promotion, education, teacher training, General Resistance Resources, Sense of Coherence

INTRODUCTION

Aaron Antonovsky's Salutogenetic model referred to as Sense of Coherence [1] was meant to be a theory to guide health promotion [2]. By thinking along the health – disease continuum Antonovsky emphasises the process nature of health instead of understanding it as a status. He also has a different attitude to stress – he does not want to prevent stress by all means, but highlights at the all prevailing nature of stress and the

means of coping with them. These means are called General Resistance Resources (GRRs) and they ensure our movement towards the health pole of the health – dis-ease continuum [2]. These GRRs reflect repeated life experiences and as a result world seems to make sense in cognitive, emotional and instrumental terms. This recognition led Antonovsky to his Sense of Coherence (SOC) theory. Someone with a strong SOC when confronted with a stressor will:

- “wish to, be motivated to, cope (meaningfulness);
- believe that the challenge is understood (comprehensibility);
- believe that resources to cope are available (manageability).” [2]

The resources to cope, called GRRs, are biological, material and psychosocial factors that make it easier for people to perceive their lives as consistent, structured and understandable. Typical GRRs are money, knowledge, experience, self-esteem, healthy behaviour, commitment, social support, cultural capital, intelligence, traditions and view of life. They help the person to construct coherent life experiences [3].

Higher education involves various stressors for students. Such stressors are the financial issues, continuous pressure to achieve well, independence/lack of independence from family, lack of social support or group identity, loneliness, loose communities, lack of learning abilities and skills required by higher education [4]. The amount of stressor, the ways of coping with them and mental health status are closely connected. Mental health research among students of the University of Szeged, Hungary revealed that only 46,8% of students can be considered mentally healthy, while 42,1% are vulnerable and 11,1% are endangered [5].

Thinking like Antonovsky, we can put forward the question: what are those resources that mentally healthy students possess and other students lack or are not strong possession of.

MATERIALS AND METHODS

We have studied the subjective sense of General Resistance Resources among 1618 university students at the University of Szeged, Hungary. The research was carried out with the help of a self-completed questionnaire. Apart from socio-demographic questions like gender, age, place of living, studies and study achievement, education level of father and mother, we also studied the mental health status of students and mapped the dynamics of the following GRRs:

1. Social support – Family (partnership, parents, children, own family)
2. Social support – Friends.
3. Financial status.
4. Health Status.
5. Learning and work.
6. Environment (workplace, housing, living environment)
7. Life (peaceful, predictable, active, eventful, varied)

The Regional and Institutional Human Medical Biological Research Ethics Committee of the Szent-Györgyi Albert Clinical Centre, University of Szeged approved the study protocol (No. 87/2015). Participation at the research was voluntary and anonymous. Data was processed by the SPSS 20.0 statistical package.

RESULTS

25,5% of respondents were male and 74,5% of them were female. 94,3% aged between 18-25 years (youth) and 5,5% between 26-45 years (young adulthood). There were also 4 people (0,2%) between the age of 46-65 (upkeep).

Seven larger categories of GRRs, with altogether 15 factors were assessed. We have studied the GRRs that they considered at present good in their life, and those ones also they considered to be bad at the moment. Finally a 10 years prognosis was asked for concerning the evolvement of their GRRs. First we have counted the number of factors selected within a category and computed their mean, median, and mode values (Table 1.).

Table 1. Present and future GRRs (mean, median, mode), N=1618

	good at present	bad at present	will be good in 10 years
Mean	5,74	1,64	7,73
Median	6,00	1,00	8,00
Mode	5	1	8
Std. Deviation	2,418	1,484	3,041
Minimum	0	0	0
Maximum	14	11	13

Division by genders brought significant differences only in case of GRRs that were reported bad at the moment (Table 2.)

Table 2. Present and future GRRs (mean, median, mode) by genders (male n=409; female n=1197)

gender		good at present	bad at present*	will be good in 10 years
male	Mean	5,88	1,43	7,89
	SD	2,612	1,421	3,338
female	Mean	5,68	1,71	7,67
	SD	2,345	1,499	2,927

* p=0,00

Distribution according to age categories did not bring significant differences.

Table 3. Assessed present and future GRR factors (%) (N=1618)

	good at present	bad at present	will be good in 10 years
friends	86,4	4,5	82,7
partnership	50,6	16,5	83,4
parents	81,0	8,3	80,5
own children	1,9	0,4	0
own family	21,5	2,9	0
financial status	30,3	24,3	63,2
learning	53,5	18,4	22,6
work	9,0	5,5	73,3
workplace	6,4	4,5	63,6
health status	55,8	10,0	68,7
housing	57,3	6,8	69,2
living environment	50,2	7,2	54,6
peace, predictability	19,7	34,1	42,5
active, eventful, varied life	49,1	17,0	67,1
other	3,5	4,5	2,9

Significant ($p=0,01$) correlations (Pearson r) were obtained when GRRs bad at present and GRRs that will be good in 10 years were matched. The strongest improvement was found in the cases of relationship to parents ($r=-0,393$) and to friends ($r=-0,211$).

ANOVA revealed a significant strong relationship ($p=0,000$) between mental health status and the „existence“, „lack“ or „hope“ of GRRs (Table 4.).

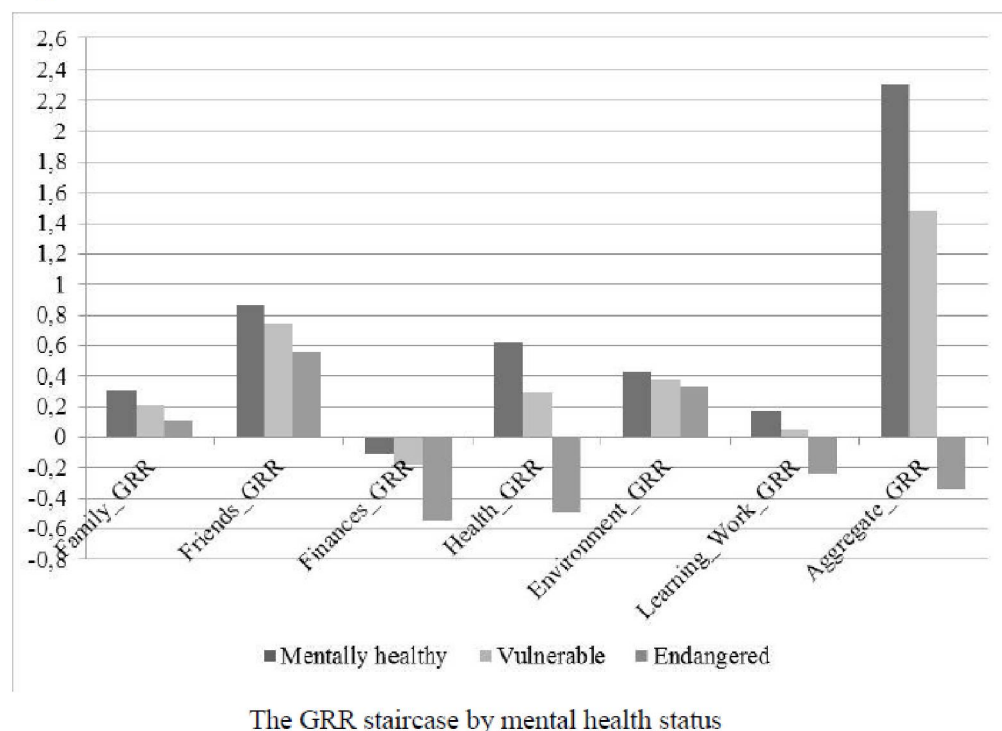
Table 4. The relationship between mental health status and GRRs

		good at present	bad at present	will be good in 10 years
mentally healthy	Mean	6,25	1,18	8,05
	N	733	733	733
	SD	2,335	1,156	2,967
vulnerable	Mean	5,58	1,82	7,48
	N	659	659	659
	SD	2,430	1,494	3,037
endangered	Mean	4,47	2,90	7,33
	N	173	173	173
	SD	2,028	1,792	3,116

By combining GRR elements considered to be good and bad by the same respondent we have created a cumulate index. Marking the given GRR as good meant +1, marking the same as bad meant -2 points. The cumulate index resulted in a scale of -2 to +1, on which material goods were the most unmet needs (-0,19). Positive strong resources were „friends“ (0,77), positive medium strong resources were „learning and work“ (0,40),

„health status“ (0,36) and „family relationships“ (0,25), while „living environment“ received only a slightly positive assessment (0,07). The aggregate value obtained from the six observed resources (on a scale of -12 - +6) was above zero (1,65). Female students had significant disadvantages (1,55) compared to male students (1,95). By age-groups the 26-45 year-olds gained the lowest result (1,4). Comparing the aggregate value to mental health status reflected the same tendencies as Table 4. (Figure 1.)

Figure 1.



DISCUSSIONS

We have observed 15 GRR factors altogether among 1618 university students. The mean amount of GRRs at students' satisfaction was 38% of the total GRRs (5,74). They were unsatisfied with 11% of the offered possibilities on average (1,64). Students were optimistic about the future of their GRRs, as 52% of all listed possibilities on average were marked as promising resources (Table 1.). Male respondents proved to be significantly more optimistic concerning their GRRs, with more factors good at present, less factors bad at present and more factors that will be good in 10 years (Table 2.).

It is necessary though to identify the chosen GRR factors (Table 3.). The leading positive GRRs are social support from friends (86,4%) and parents (81,0%). Respondents marked peace and predictability as something they lack (34,1%), and were also unsatisfied with their financial status (24,3%). Students trusted in keeping up, even improving their good relationships with their friends (82,7%) and parents (80,5%) and building a good partnership (83,4%).

What do GRRs predestine students in terms of mental health? The more GRR someone has, the best chance of staying mentally healthy this person would have. Moving from a good mental health status towards becoming mentally endangered students reported on less factors that were good in their life, more factors they were not satisfied with, and less factors that would improve in 10 years. The same descending „staircase“ was seen (Figure 1.) when a cumulate index was developed. The value of the cumulate index descended by the deterioration of mental health status, with financial status, health status as well as learning and work negatively leading.

CONCLUSIONS

We have observed 1618 students out of the approximately 20 000 students studying at the University of Szeged, Hungary. Projecting our results to the university population we can say, that almost 2000 students are mentally endangered with a low set of resources to help coping with everyday challenges, and there are approximately 8000 of those vulnerable in terms of mental health and who lack some important GRRs. Endangered students need professional help from psychologists, vulnerable students need individual and group counselling. Mentally healthy students can also make use of counselling to stay mentally healthy. The Institute of Applied Health Sciences and Health Promotion at the University of Szeged, Hungary educates lifestyle counsellor professionals on a bachelor level, health promotion teachers on a master level, mental health promoters and lifestyle counsellor programme assistants on a postgraduate level who are able to address the mental health related needs of university students. These professionals are competent in creating a “health map” for individuals – in the family, in the workplace - including physical and mental status and lifestyle elements (leisure, nutrition, time management, environment) and build personalized (individual and community level) counselling activity, health promoting actions, campaigns and projects on identified needs. With their knowledge in the socio-demographic determinants of unequal opportunities and the means and “language” of addressing and approaching different social groups these professionals can bring the best out of life opportunities and life chances to promote mental health.

ACKNOWLEDGEMENTS

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