

Hopelessness and Self-Efficacy as Predictors of Resilience among Undergraduates

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ABSTRACT:- This study investigated the extent to which the variability in resilience among undergraduates is attributed to hopelessness and self- efficacy. A sample of 120 undergraduates students comprising of 61 males and 59 females using accidental sampling technique drawn from Madonna University, Nigeria Okija Campus Anambra State within the age range of 19-25 years and the average mean (\bar{x}) age of 22 and SD of 4.7 participated in the study. The Beck Hopelessness Scale (BHS) Developed By Beck, Wiseman, & Trexler, (1974); the general self-efficacy scale (GSES) developed by Mathias Jerusalem and Schwarzer, (1992); and the Resilience scale (RS) developed by Gail M. Wagnild & Heather M. Young, (1993) were used for the data collection while the multiple regression analysis was used in the analysis of the data collected and the result obtained rejected the first hypothesis which state that hopelessness will be a significant predictor of resilience among undergraduates with (β) -.02, $P > .03$. The result accepted the second hypothesis which stated that self efficacy will be a significant predictor of resilience among undergraduates with (β) .336, $P < .001$. Furthermore, gender was seen to play a significant moderating role when it was associated with the predictor variables especially self-efficacy with (β).182, $P < .05$. Discussion of the result together with recommendation were made,

Key words:- Hopelessness, self – efficacy, Resilience and undergraduates.

I. INTRODUCTION

In today's complex world, the environment in which we live is characterized by various risks which could cause the development of mental and physical health problems. These problems could be attributed to the inevitable changes that occur in the various facets of our lives and these changes range from economical, technological, and religious to psychological and Socio-cultural changes etc. These changes invariably pose circumstances that would threaten our coping abilities and as such, a need to adapt to these stressful circumstances arises in order to affirm our survival. But adaption to stressful situations is never the same between individuals given the same stressful situation: as one may crumble while the other remains emotionally healthy. Why?

Resilience is the ability of people or thing to feel better quickly after engaging on unpleasant event or situations such as a shock, injury or accident etc. The concept of resilience originates from early psychiatric literature that examines children who appeared to be invulnerable to unpleasant life situation. Overtime, the term "invulnerable" was replaced by the term "resilience" and a new area of the theory and research was born (Earvolino – Ramirez, 2007). According to Theron (2004) resilience is a cryptic concepts which can be defined as the ability to successfully negotiate lives' adversities and continue along the path of self actualization. Recent research shows that people who are resilient do not reduce the existence of stress in their lives, instead, stressful condition are seen as opportunities for growth and development as opposed to threats to well-being (O'Rourke, 2004). Griffith (2007) state that resilience is the ability to adapt to a traumatic experience, adversity and stress, such as serious illness, the death of a loved one, a divorce or the loss of a job. If an individual has the ability to bounce back when life knocks him or her down, he or she is resilient. Wagnild and Young (1993) defined resilience as a characteristic that moderates the negative effects of stress, and promote adjustment to circumstance. This dimension of resilience namely personal competence and acceptance of self and life were

identified. Higher level of “Personal Competence” as self – reliance, determination, resourcefulness and independence; while “acceptance of self life” reflects a sense of peace despite adverse conditions, accompanied by adaptability and flexibility (Wagnid and Young,1993). Cleary and Malleret (2006) went on to describe resilience as the ability and capacity of individual to withstand situational discontinuities and being able to adapt to new risk environments. The mainstream psychological view of resilience defines resilience in terms of a person’s capacity to avoid psychopathology despite difficult circumstance (Neil, 2006). A practical definition for resilience was found in Lloyd (1995) who stated if resilience could be touched; it would be made from a bendable and stretchable material that would be tough enough to with stand the heat and turbulence brought on by changes. Grotberg (2003, p.1) defend resilience as “ the human capacity to deal with, overcome, learn from or even be transformed by the inevitable adversities of life”

Resilience, in a more general sense, is described as having a successful adaptation capacity showing a great effort and thus becoming successful despite compelling and menacing conditions. Accordingly, resilience is used to describe, in spite of problem (under high risk) the characteristics that enable individuals overcome difficulties and exhibit a better development than expected to survive or the belief that they have a personal talent. The second fact indicates the ability of the individual to rapidly adjust in the face of stressful living experience. The point on which some research focused, on the other hand, can be the study of more than one stress agents having taken place recently at the same time: Such kind of studies examine the protective factors, reducing the negative effects of different stress sources on children and on their behaviour or the factors increasing their vulnerabilities. The third phenomenon of resilience is to recover from trauma. The studies regarding the third group are the studies examining the individual characteristics and differences, play an important role regarding the recovery from possible effects of trauma. The destructive living experiences are expected to decrease the individual’s living quality. Even though the concept of invulnerability has been used from the past to the present, nobody is really “invulnerable”. When the sources of stress are excessive or reach the extent that will threaten life, resilience leave its place to new traumatic life (Masten, 1994).

Haynes (2005) elucidates the main features of resilient individuals by summing them up under three headings:

- Social feature
- Emotional feature
- Cognitive/Academic feature.

Social characteristics are classified as being gifted in developing friendship, the capability in establishing positive relationship with others, possessing effective communication skills requiring the appropriate use of languages and finding help when needed. Emotion characteristics indicates a strong sense of self-efficacy, self-confidence being at a high level, high self-esteem and self-acceptance, controlling emotions and the skill of awareness, rapidly being able to adapt to new situations, the power to withstand anxiety and obstruction. Cognitive/ academic characteristics are described as high achievement motivation, the ability to consider and plan for the future, struggling rationally against stressful and traumatic events, making much more inner attribution than other attributions (lucky, ability, etc), shaping and activating his or her environment again for the benefit of the others around him or her. In brief, resilience encompasses personal qualifications ensuring achievement despite problems, and it is represented as a changing, Multi-dimensional feature depending on different conditions (Garmezy, 1985, Werner and Smith, 1992).It is indicated that resilient children and youth have some common characteristics and these refer to four important characteristics:

- i **Social activity:** the ability to form positive responses in others, thus to establish positive relationship both with adults and their peer.
- ii **Problem-solving skills:** The ability to ask for help from others and to plan the events under his or her control
- iii **Self-rule:** One’s feeling of possessing his or her own identity, behaving independently and the ability to try to control his or her environment.
- iv **Having objectives and the feeling of future:** The feeling of having some targets, educational expectations, hope and bright future (Krovetz, 1999).

There are mechanisms associated with resilience and they include: Risk Factors and Protective Factors. Risk factors also called vulnerability factors, are defined as the “presence of one or more factors or influences that increases the probability of a negative outcome” (Richman and Fraser, 2001, p.2). Researchers studying resilience have focused on various risk groups such as adolescents with parents who have psychiatric disorder, adolescents with divorce parents, and survivors of childhood sexual abuse (Richman and Fraser, 2001, p.2).

The second mechanism regarding resilience is the protective factors. Attitudes and skills that permit children to defy the effects of environmental risk factors are called “protective factors” and are considered to be the real causes of a child’s success (Gizir, 2004). The protective factors describe the situations Which soften, lesson or remove the risk or the effect of difficulty and develop the health adaptation and the individual’s competencies (Masten, 1994). While the existences of protective factors in the individual or in the environment where the individual is present, on one hand, enables the prevention of the occurrence of any problem and to decrease the

formation of a problematic behaviour, it, on the other hand, enables the individual to survive against difficulties by helping individual's strengthening the behaviours, attitudes and knowledge to increase the emotional and physical well-being of him or her by reducing the effect of existing problem (Romano and Hage, 2000). A consistent theme among the definitions of resilience is a sense of recovery and rebounding despite adversity or change (Earvolino- Ramirez, 2007).

This research work therefore seeks to study possible factors that could predict the resilience of undergraduates and the factors of concern are Hopelessness and Self- efficacy. An undergraduate is faced with several problems and challenges like social pressure, identity crises, financial problem time management problem as it affects his or her academic pursuit, drug abuse, problems with his or her primary support groups like death of a family member, health problem in the family; disruption of family by separation, divorce, or estrangement; sexual or physical abuse etc. Unfortunately, while in a quest for an identity, academic achievement and a place in this world, most undergraduates may prove unsuccessful in resolving life's challenges, crises and task and as such lose confidence in themselves and thus be driven into a state of hopelessness. Comer (2002) described hopelessness as continual, pessimistic and dejected belief. In this case, the beliefs accompanying the unchanged spiritual conditions, states and problem exist. Atabek (1990) stated that hopelessness is a human feeling, making the individual think there was nothing to do and people become hopeless. Young et.al (1996) argued that hopelessness does not change from person to person but changes in the same person in time and it is not static. Undergraduates experience hopelessness both at school and at home from time to time as failures and some major changes in the living conditions arouse negative feelings which also affect oneself.

The second factor considered to have an influence on resilience is self- efficacy the expectation that one can master a situation and produce positive outcome. Bandera (1986, 1997) believes that an important person factor in learning is self-efficacy. Self efficacy is involved in people's success in solving problems and engaging in health promoting behaviours. Self-efficacy influences goal setting performance or effort towards goals and persistence of effort in the face of difficulty. Self-efficacy as indicated by Bandura (1986) is derived from four sources: Master experience, vicarious experience, verbal persuasion and physiological state. Pajaras and Valiante (2000) conceptualized self-efficacy as the confidence that people have in their ability to do things they try to do. Clark and Dolge (1999) say self- efficacy influences whether people even try to develop healthy habits, as well as ,how much effort they expand in coping with stress, how long they persist in the face of obstacles, and how much stress they experience. Life as an undergraduate is filled with crises and challenging situations as it is a phase in life that encompasses rigorous education and training in preparation for life as a productive adult citizen in the larger society. To cope with these challenges, an undergraduate must be resilient as it could be the determining factor that separates the hopeful, competent and successful undergraduate from the hopeless, incompetent and unsuccessful undergraduates in the attainment of specific and general goals. Therefore, there exists the need to examine the extent to which hopelessness and self-efficacy could predict resilience among undergraduates.

One theoretical perspective that has proven useful in understanding the development of hopelessness in Western world is the cognitive perspective (Abela and Hankin, 2008). Cognitive theories of hopelessness define vulnerability as an internal and stable feature of an individual that predisposes him or her to develop hopelessness following the occurrence of negative events (Panagioti et al., 2012). Cognitive models are fundamentally diathesis – stress models in that they posit that hopelessness is produced by the interaction between cognitive vulnerability factors (the diathesis) and certain environmental conditions (the stressors) that triggers such diathesis into operation (Ingram et. al, 1998). Evidence suggest that under ordinary conditions individuals vulnerable to hopelessness are indistinguishable from the general population only when confronted with certain stressors do differences between vulnerable and non-vulnerable individuals emerge (Ingram and Luxton, 2005). For individuals who possess cognitive vulnerability factors, negative events trigger a pattern of negatively, biased, self-referent information processing that initiates a downward spiral into hopelessness. Non-vulnerable individuals react to such events with an appropriate level of distress and depressive affect but do not spiral downwards into hopelessness.

One prominent vulnerability stress model of hopelessness is Beck's (1967, 1983) cognitive theory. Central of Beck's cognitive theory is the construct of schema. Beck defines schema as stored bodies of knowledge (ie, mental representation of the self and prior experiences) that are relatively enduring characteristics of a person's cognitive organization. When and individual is confronted with a situation, the schema most relevant to the situation is activated. Scheme activation subsequently influences how the person perceives, encodes, and retrieves information regarding the situation.

Beck proposed that certain individuals possess depressogenic schema that confer vulnerability to hopelessness. Beck (1983) hypothesis that depressogenic schemata are typically organized as sets of dysfunctional attitudes such as "I am nothing if a person I love does not like me" or "If I fail at work then I am a failure as a person". Among individuals who possess depressogenic schema, the occurrence of negatively

biased, self-referent information processing characterized by negative errors in thinking (e.g, negatively skewed interpretations of negative life events such as over generalization and catastrophising). Negative errors in thinking increases the likelihood that the individual will develop the negative cognitive triad comprising three types of depressogenic thought patterns:

- Negative views of the self (e.g, the belief that one is deficient, inadequate or unworthy);
- Negative view of the world (e.g, constructing life experiences in terms of defeat or disparagement);
- Negative views of the future (e.g, the expectation that one difficulties will persist into the future and there is nothing one can do to change this). According to this theory, the development of the negative cognitive triad triggers the onset of depressive symptoms.

Bandura's (1986, 1997) social cognitive theory is a theory of human functioning that subscribes the notion that humans can control their behaviour. Individuals possess a system of self-beliefs that enables them to exercise control over their thoughts, feelings and action. According to this theory of human behaviour, "What people think, believe and feel effects how they behave" (Bandura, 1986, P. 25). Among the most pervasive arbiters of self – reflection are perceptions of self-efficacy, or "beliefs in one capability to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, P. 3). Beliefs of personal efficacy, therefore, are not dependent on ones abilities but instead on what one believes may be accomplished with ones personal skill set. Therefore, self-efficacy beliefs are often better predictors of success than prior accomplishments, skills, or knowledge (Multon, Brown, and Lent, 1991).

Social learning theory of self – efficacy though proposed by Miller and Dollard (1941) was broadened by Bandura and Walter (1963). This theory emphasized the importance of observing and modeling the behaviours, attitudes, and emotional reactions of others. Bandura state: "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviours are learned observationally through modeling: from observing others one forms an idea of how new behaviours are performed, and on later occasion this coded information serves as a guide for action" (P.22). This theory explains human's behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influence and according to Bandura for a person to learn through observation and then imitate behaviours four factors are necessary and they include: attention, retention, reproduction and motivation. Therefore by this theory, people would learn to be self – efficacious by observing and imitating the behaviours of other person they perceive to posses self – efficacy. Donelson (1973) who propounded the social cultural theory of Resilience believes that people are a product of their social and cultural environment. According to him, the family can provide a social security that supports the development of the individual. O'Neil (2006) stated that the acquirement of values, beliefs and expectations seems to be due to socialization and unique experiences especially during childhood. Pressure could exert a negative influence on the individual by hampering development of self and encouraging them to be superficial. Social Learning theory of resilience propounded by Albert Bandura (1925), describes the acquisition of socially valuable skills that are developed exclusively or primarily in a social group. Social learning depends on group dynamics and how individual's expectations either influences their success or failure at group interactions. Social learning promotes developments of individual emotional and practical skills as well as the perception of oneself and acceptance of others with their individual competencies and limitation, it considers that people learn from one another and as such individuals could learn how to positively adapt to successful and challenging life situations.

In a study aimed at exploring self-esteem and hopelessness as the predictors of resiliency of adolescents, Karata (2011) using 223 high school students (90 females and 133 males) found that self-esteem and hopelessness is significant predictor of resilience in adolescents. In a study aimed at studying the role of self-esteem, hope and external factors in predicting resilience among regional boarding elementary schools, Kaya (2007) using 391 students in 6,7 and 8 grades in regional boarding elementary schools in Ankara found hope and some external asset (Home caring relationship, high expectation, a meaningful participation, community meaningful participation, peer caring relationships and high expectations) as important predictors of resilience. However, self-esteem and two external assets (school caring relationships connectedness) did not contribute to internal assets of resilience scores. Gizir (2004) investigated the relationship between resilience, hopelessness and locus of control using the Californian Healthy Kids Survey Resilience and Youth Development Module (RYDM). The study conducted with 872 eight grade students (439 girls and 433 boys) living in poverty, aimed to develop a Turkish adaptation of RYDM. Result indicated that internal locus of control is positively linked with academic resilience, whereas there is a negative relationship between hopelessness and resilience.

In a meta-analysis of self-efficacy research published between 1977 and 1988, Multon, Brown and Lent (1991) found a positive relationship between efficacy beliefs and academic achievement in over a decade of published research. The analysis revealed that self-efficacy accounted for approximately 14% of the variance in academic performance and resilient children performed better than non-resilient children. Graham and

Weiner's (1996) review of motivational research revealed similar result with their findings that self-efficacy possessed a stronger relationship to performance in other academic disciplines over and above other motivational constructs; such research finding indicate the strong influence of students perceptions of academic potentials on academic behaviours and performance. Therefore students with a strong sense of self-efficacy will be more resilient in order to achieve better academic performance. Lee and Babko (1994) found that when in a difficult situation such as a college type test, student with a strong academic self-efficacy would devote more attention and efforts to the task at hand. Therefore they will try harder and persist longer than those who have lower level of self-efficacy.

In a survey of 559 ninth and twelfth grade high school students, Wasonga et al (2003) looked at the effects of gender on the perception of external asserts, development of resilience and academic achievement. The findings indicated that gender had an effect on external assets and resiliency among urban students. Interestingly, correlation between external assets and resilience were higher in male, even though their resilience scores were significantly lower than those of female. Another study aiming to evaluate the protective factors predicting resilience and academic achievement among urban students as conducted with a sample of 480 high school students (Wasonga, Christman, and Kilmer, 2003). Results of this study suggested that ethnicity, gender, and age influenced the positive factors predicting resilience and academic achievement. Finally, student's sense of efficacy affects how more or less resilient he or she would be academically. students with a strong sense of academic self-efficacy have been proven to willing undertake challenging task (Bandura and Schunk, 1981), expend greater effort, show increased persistence in the presence of obstacle, demonstrate lower anxiety level (Meece, Wigfield and Eccles, 1990, Pintrich and Degroot, 1990) display flexibility in the learning strategies, and self-regulate better than other students (Zimmerman, Bandura, and Martinepons, 1992). Based on the findings discussed in the related literature, the following hypotheses was stated and tested.

1. Hopelessness will be a significant predictor of resilience among undergraduates.
2. Self-efficacy will be a significant predictor of resilience among undergraduates.

II. METHOD

Participants

One hundred and twenty (n = 120) participants drawn from a population of undergraduates students in Madonna University, Nigeria Okija Campus, Anambra State using accidental sampling technique participated in the study. They include 61 males and 59 females ranging in age from 19–25 with the mean (\bar{X}) age of 22 and SD = 4.7.

Instrument

Three instruments were used in the data collection for this study which includes: Beck Hopelessness Scale (GSES) developed by Beck, Weissman, and Trexler, (1974), General Self-efficacy Scale (GSE) developed by Mathias Jerusalem and Ralf Schwarzer, (1992) and the Resilience Scale (RS) developed by Gail M. Wagnild and Heather M. Younger, (1993). Beck Hopelessness Scale (BHS) as one of the instrument used for the data collection was designed to measure three major aspects of hopelessness: feeling about the future, loss of motivation, and expectation. It contains 20 items which includes "my future seems dark to me" and "things just won't work out the way I want them to". There are nine reversed items: 1, 3, 5, 6, 8, 10, 13, 15 and 19. For the reversed items, the response "yes" is assigned "zero" while the response "No" is assigned "one". For the consistent test items: 2, 4, 7, 9, 11, 12, 14,16,17,18 and 20 the option "yes" is assigned "one" while the response "No" is assigned "zero". The cronbach alpha reliability coefficient of the scale was found to be .85. The item test correlation of the scale was found between .31 and .67. The scale's reliability of dividing in half is .85 (Durak, 1994). A pilot study was conducted using 60 participants drawn from Caritas University, Enugu, State and the internal consistence obtained was a cronbach alpha at .70, with a split half reliability of .65. A divergent validity of -.25 was obtained when correlated with self-efficiency. The General Self-Efficacy Scale (GSES) as the second instrument used for the data collection was developed to assess a general sense of perceived self-efficacy with the aim to predict coping with daily hassles as well as adaption after experiencing all kinds of stressful life events. It contains 10 items, and responses are made on a 4 point scale ranging from 1 – not at all to 4 – exactly true. Some of the items include: "I can always management to solve difficult problems if I try hard enough", "I am confident that I could deal efficiently with unexpected events", etc. It is a one – dimensional scale and in sample from many nations, crombach alpha range from .76 to .90, with the majority in the high .80s, Schwarzer, Babler, Kwiatk, Schroder, and Zhang (1997) found a discriminate validity of -.52 correcting the scale with depression by Zerssen (1976). The Resilience Scale (RS) as the third instrument use for the data collection was developed to assess characteristics of resiliency. It contains 26 items, and responses are made in a 7 point scale ranging from 1 – strongly disagree to 7 – strongly agree. Some of the items includes: "I can get through difficult times because I have experienced difficulty before", "my belief in myself gets me

through hard times” etc. Wagnild et. al (2009) found that its internal consistency was high with Cronbach alpha coefficients ranging from .85 to .94. Concurrent validity of the resilience scale has been assessed by correlating resilience scale with measures of life satisfaction ($r = 0.37$, $P = 0.001$), depression ($r = 0.43$, $P = 0.001$) and health ($r = 0.23$, $P = 0.001$). A pilot study was conducted by Ugbewi (2012) using 134 undergraduate students accidentally sampled from Imo State University of Science and Technology Owerri, Nigeria and the split half reliability obtained was .78 and a concurrent validity of ($r = .5$) was obtained when it was correlated with the general self-efficacy scale by Mathias Jerusalem and Schwarzer (1992).

Procedure

The instruments were administered to the accidental sampled participants during their lecture free periods with the help of an assistant researcher employed. They were given instructions on how to fill the instruments and after filling, the instruments were collected immediately and were later scored and was used for data analysis.

Design/Statistics

A cross-sectional design was adopted and multiple regression analysis was used for data analysis.

III. RESULTS

Using enter method and gender as a moderating variable in the hierarchical multiple regression, the ANOVA model summary was significant for the first and the second model respectively:

$F_{1, 119} = 4.96$, $P < .05$ and $F_{1, 119} = 8.04$, $P < .001$.

The adjusted R square shows some increase from .032 to .132 in the first and second models showing that gender is a moderating factor in the ability of the independent factor to predict resilience.

Table 1 below shows the significant co-efficient Beta (β) of the independent factors

COEFFICIENT ^a			
Model	Un-standardized Coefficients)		Standardized Coefficients
Model	β	Std. Error	Beta (β)
1. (Constant)	128.535	4.820	
Gender	6.826	3.064	.201
2. (Constant)	90.410	11.173	
Gender	6.191	2.907	.182*
Hopelessness	-.199	.703	-.024
Self-efficacy	1.259	.321	.336**

a = Dependent variable: Resilience

* = $P < .05$

** $P < .001$ (Hopelessness was not a significant predictors in the model).

From the table 1, the gender was entered alone it show no significant influence upon the dependent variable (resilience), but when it was entered with the other independent factors, some significant influence was observed.

Accordingly, only gender and self-efficacy significantly predictor resilience with betas (β) .182, $P < .05$ and (β) = .336, $P < .001$ respectively while hopelessness was not a significant predictor of resilience as it showed betas (β) = -.02, $P > .03$.

TABLE 2: Mean scores of gender on resilience

Gender	Mean \bar{x}	Standard deviation	N
Male	135	17.50	61
Female	142	15.99	59
Total	277	33.49	120

From table 2, females were shown to have more resilience than males with the mean scores (\bar{x}) = 142 and (\bar{x}) = 135 respectively.

Result Summary

1. Hopelessness is not a significant predictor of resilience
2. Self – efficacy is a significant predictor of resilience.

3. Gender played a significant moderating role in the prediction of resilience when associated with self-efficacy.

IV. DISCUSSION

The first hypothesis which stated that hopelessness will be a significant predictor of resilience among undergraduates was rejected. This is because the obtained result showed a negligible significance on the resilience of the undergraduate studied. This result is contrary to Beck's cognitive theory of hopelessness which believes a hopeless individual believes he or she is bound to fail and as such make no further attempt at solving his or her problems. This result is also contrary to the findings of Karata (2011) who in exploring self-esteem and hopelessness as significant predictor of resilience in adolescents found that self-esteem and hopelessness are significant predictors of resilience in adolescents; Kaya (2007) who in studying the role of self-esteem, hope and external factors in predicting resilience among regional boarding elementary schools found hope, and some external assets as important predictors of resilience; and also Gizir (2004) who in investigating the relationship between resilience, hopelessness and locus of control using eight grade students found a negative relationship between hopelessness and resilience and also that internal locus of control has a positive link with academic resilience. This contradiction may be as a result of the small sample size studied in this research.

The second hypothesis which stated that self-efficacy will be a significant predictor of resilience among undergraduates was accepted. This result is in concordance with Bandura's social cognitive theory (1986, 1997) who believed that people possess a system of self-beliefs that enable them to exercise control over their thoughts, feelings and actions and as such, the more a person believes in his capability to perform a given task, the more persistent such a person will be in the face of challenge so as to yield a positive outcomes; it also conforms with the social learning theory proposed by Miller and Dollard (1941) and broadened by Bandura and Walter (1963) which emphasized the individuals learn by observing and imitating the behaviours, attitudes and emotional reactions of others across situations and as such, people could learn to be self-efficacious by observing and imitating the behaviour of other persons they perceives to possess self efficacy. This result is also in concordance with the findings of Multon, Brown and Lent (1991) who in a Meta-analysis of self-efficacy published between 1977 and 1988, found a positive relationship between efficacy beliefs and academic achievements. The analysis revealed that self-efficacy accounted for approximately 14% of the variance in academic performance and resilient children performed better than non-resilient children Graham and Weiner's (1996) who in the review of motivational research revealed similar results with their findings that self-efficacy possessed stronger relationship to performance in other academic discipline over and above other motivational constructs and as such students with a strong sense of self-efficacy will be more resilient in order to achieve better academic performance than students with a weak sense of self-efficacy; it also conforms with Lee and Babko (1994) who found that when in a difficult situation such as college type test, student with a strong academic self-efficacy would devote more attention and effort to the task at hand. Therefore, they will try harder and persist longer than those who have lower level of self-efficacy; it also conforms to the findings of Bandura and Schunk (1982) who found that students with a strong sense of academic self-efficacy have been proven to willingly undertake challenging task.

Furthermore, gender was found to play a significant moderating role when it was associated the predictor variables especially self-efficacy. This discovery is in accordance with the findings of Wasonga (2002) who looked at the effect of gender on the perception of external assets, developments of resilience and academic achievements and found that gender had an effect on external assets and resiliency among urban students; the result also conforms with the findings of Wasonga, Christman and Killer (2003) who in evaluating the protective factors predicting resilience and academic achievement among urban students, found that ethnicity, gender and age influenced the positive factors predicting resilience and academic achievement.

Resilience is an important psychological factor which predicts other desirable factors in undergraduate students. However, the present study shows that high self-efficacy predicts greater resilience. This is an important point for therapist and counselors in schools as they should inculcate self-efficacy enhancement programs in their treatment of a student in whom resilience is implicated in his or her behavioural problems. The study also revealed a variation in the level of resilience possessed by both gender. Therefore, gender specific programs should be designed to address the various gender specific problems as it affects each student.

An undergraduate may be faced with challenges ranging from social pressure, identity crises, financial problems, time management as it affects his or her academic pursuit, drug abuse; to problems with his or her primary support group like death of a family member, health problem in the family, disruption of family by separation, divorce or estrangement; sexual or physical abuse and so on. With all these risk, challenges, and stress inducing situation capable of causing various forms of physical and or mental health problems, the need for an effective adaptation and survival – resilience, becomes paramount. Resilience is not just ones ability to cope with challenging situations but also to be better equipped for future challenges; but as evidence by the result obtained, resilience is seen to be affected by self-efficacy, while gender played significant moderating

role in predicting resilience when it was associated with self-efficacy. By this, the more self-efficacy an individual possesses, the more resilient such an individual will be and vice-versa. Therefore, there arises the need to design gender specific programs and activities that will promote, build and hopefully maintain the self-efficacy of the undergraduates. School counselors and therapist are also advised to include gender specific self-efficacy enhancement programs in their treatment of an undergraduate realizes to have a low resilience as doing this will invariably build the resilience of the undergraduate. Also seminars, talks shows and workshops dedicated to motivation building and self-efficacy building should be introduced into the schools curriculum. Religious institution are not left out of this motion for self-efficacy building and enhancement, as everyone capable is employed to help build a more self-efficacious citizenry: So as to have a more resilient nation.

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