



Video Presentation

Conference INTE 2017



Let's embrace our future.
Who are we? Where do we come from?
Dr. Jutta Völkner Dr. Jutta Völkner

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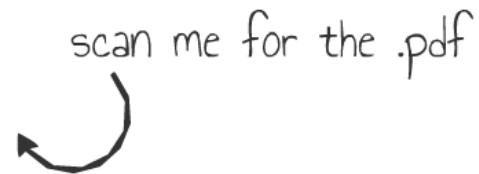
JULY 17-19, 2017, BERLIN, GERMANY

Dear readers, researchers, audience,

The presentation consists of the **two main parts**:

- (1) researcher introduction;
- (2) research (paper) introduction.

You can download the presentation below and pause it anytime you need to. OR contact dr. Jitka Vaculíková (at jvaculikova@fhs.utb.cz) for any further information you might have.



Best, Jitka

Lets introduce myself fist....

Who am I? Where do I come from?

dr. Jitka Vaculíková

Introducing...

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Univerzita Tomáše Bati ve Zlíně
Fakulta humanitních studií

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About us...

Dr. Jitka Vaculíková

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Head of Department, Research Centre of FHS TBU in Zlin
Executive editor of the journal Sociální pedagogika | Social Education

Field of research:

- Promoting self-regulated learning (SRL)
- Motivational aspects of SRL
- Proactive coping
- Academic failure

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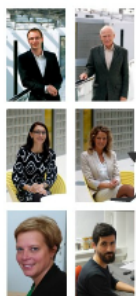
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it's me!



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Now follows my video presentation
of the research:

TESTING THE MAIN DIFFERENCES
AND MEDIATING EFFECTS OF THE
COPING SCALES

TESTING THE MAIN DIFFERENCES AND MEDIATING EFFECTS OF THE COPING SCALES

Jitka Vaculíková

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Abstract

The aim of the study was to examine to what extent personality traits and individual variables are related to the use of proactive and preventive coping. The research sample consisted of 442 full-time university students in helping professions. The results showed that older students tended to be more proactive while men used slightly more preventive coping strategies than women. Moreover, controlling for respondents' well-being had a significant effect on the strength of the relationship between these two variables. In addition, proactive coping, social support and depression explained 47% of the variance in well-being, with the strongest unique contribution being depression.

INTRODUCTION

Proactive coping is characterized by individuals who are able to handle negative events in the distant future (such as health complications, widowhood, job loss or poverty). Whereas those negative situations may or may not become the reality, preventive copers generate resources needed to overcome such situations, for example by purchasing insurance, drawing up their last will, and/or creating a financial reserve (Reuter & Schwarzer, 2009).

The **aim of this study** was to examine to what extent personality traits (well-being, social support and depression) are related to the usage of proactive and preventive coping in university students in helping professions. Explained variance of the selected individual variables (gender, age, level and field of study) was also tested.

The **research questions** were set as follows:

- Q1** Is there a significant difference of selected individual variables on overall coping scales? Is there a significant difference if the dependent variable is considered separately?
- Q2** After controlling for respondents' well-being, is there still a significant relationship between proactive coping and depression?
- Q3** Which variable in a set of independent variables (proactive and preventive coping, social support and depression) is the best predictor of an outcome of well-being?

Method

Participants
442 full-time university students attending the traditional face-to-face classes at a public university were a part of this study. The age ranged from 18 to 24 with the mean age of 20.06 years ($SD = 1.59$, 301 (69%) respondents were in the age category of 18-21 years and 135 (31%) in the age category of 22 to 24 years. 894 (20%) of full-time students were female pursuing bachelor's degree (183, 47%) in the field of Social education (106, 27%).

Measures

Measure of proactive and preventive coping.
The original scales of the Proactive Coping Inventory (PCI; Greenhaus, Schwarzer, & Tachert, 1999) were finally measured in the Czech environment by Šedivý, Lukavský, and Greenhaus (2006). Further, underlying factor structure and psychometric properties were empirically assessed suggesting refinements of the subscales (Vaculiková, 2017).

Measure of social support.
The sixteen-item Social Support Survey (MOS; Sherbourne & Stewart, 1991; Czech validation by Kotěšal & Tanešková, 2005).

Measure of well-being.
The Schwartz Outcomes Scale-10 (SOS-10; Blais et al., 1996; Czech validation by Duganowski, Lendelinger, Motlavi, Goydosová, & Sedgova, 2006).

Measure of depression.
The Beck Depression Inventory-II (BDI-II; Beck, Smeets, & Brown, 1996) validated for the Czech environment (Petroš & Vacík, 1999).

Statistical analysis

- First, descriptive statistics were calculated.
- Second, the statistical techniques to compare groups (MANOVA) were applied (Q1), followed by the partial Pearson correlation analysis aimed to examine the associations among coping variables and the scores on the personality traits (Q2).
- In addition, the significant contribution of the personality trait variables of the correlations analysis was examined by having them as independent variables in the separate linear regression model with the two proactive and preventive coping scores as dependent variables (Q3).

SPSS v. 22 was used for all presented analysis.

RESULTS

The **proactive coping** had a mean score at 2.70 ($SD = .46$) and **preventive coping** reached $M = 2.74$, ($SD = .46$). These scores are located above the center position of the four-point scale used in the questionnaire indicating high use of coping behaviour. Furthermore, participants on average positively viewed their use of a supportive **social network** with assistance available from other people, being in a **positive condition** with low signs of **depression**. Descriptive and correlation between coping scales, personality traits and individual variables can be seen in Table 1.

Table 1. Descriptive statistics, means, correlations, and significant differences.

Variable	Frequency	Mean	SD	Alpha	Reliability	Significance
Proactive coping	12.28	2.70	.46	.82	.90	<.001
Preventive coping	12.28	2.74	.46	.82	.90	<.001
Social support	12.28	3.00	.40	.87	.92	<.001
Well-being	12.28	3.00	.40	.87	.92	<.001
Depression	12.28	1.00	.40	.87	.92	<.001

Note: N = 442; * p < .05; ** p < .01; *** p < .001. Reliability and significance are shown.

Differences by means (Q1)

Age differences were significant only on between-subjects test ($F(2, 438) = 2.50$, $p = .084$; Wilks' lambda = .99, $\eta^2 = .011$). The results showed statistically significant difference between age groups (group 1: 18-21 years and group 2: 22-24 years) for proactive coping, $F(1, 439) = 1.02$, $p = .026$, $\eta^2 = .011$ (1% of the variance in proactive coping score was explained by age). Older students scored marginally significantly higher ($M = 2.67$) than younger students ($M = 2.77$) on proactive coping.

Mediating effect of well-being in proactive coping and depression (Q2)

The model presented in the Figure 1 was appropriate (see Figure 1).

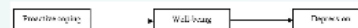


Figure 1. Mediating effect of well-being.

Linear regression results for well-being (Q3)

The tested model including proactive coping, social support and depression explained 47% ($\text{Adj. } R^2 = .47$) of the variance in perceived well-being and reached statistical significance ($F(3, 47) = 129.60$; $p < .001$).

Not surprisingly, feelings of depression made the strongest unique contribution to explaining well-being ($\beta = -.45$). When the variance by all other variables in the model was controlled for with a statistical significant contribution to the equation, i.e. proactive coping ($\beta = .26$) and social support ($\beta = .22$) were significant ($p < .001$) predictors of the dependent variable (well-being). Students who had at their disposal a wide social network undertook more actions in order to prevent potential negative threats.

LIMITATIONS

- A limitation of this study may be a dispositional characteristic of the PCI coping measure. Thus, responses to specific potential stressors may result in a different action.
- Further, conclusions arising from this study can be only generalized to presented research sample of university students in helping professions. Another limitation is that significant individual variables (gender and age) did not explain much of the portion of the variance in proactive and preventive coping. It seems that coping strategies are more dependent on other variables than on stable personality characteristics.
- Lastly, the obvious limitation is the use of self-reports, which always reflect declared behavior instead of the real behavior of respondents.

The focus of this research was aimed at students whose basis of study forms educational, psychological, linguistic and medical disciplines and practical skills developed largely through self-experiential learning. Acquired knowledge and a well-honed set of soft skills are further deepened and developed through teaching practice in the educational and health facilities. Graduates are prepared to work with people and for people. Therefore the ability to anticipate and manage negative stress situations is crucial for this sector. It involves not only the ability to act proactively and preventively, but also the skills to prepare others to cope with these situations.

Abstract

The aim of the study was to examine to what extent personality traits and individual variables are related to the use of proactive and preventive coping. The research sample consisted of 442 full-time university students in helping professions. The results showed that older students tended to be more proactive while men used slightly more preventive coping strategies than women. Moreover, controlling for respondents' well-being had a significant effect on the strength of the relationship between these two variables. In addition, proactive coping, social support and depression explained 47% of the variance in well-being, with the strongest unique contribution being depression.

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Q1 Is there a significant difference of selected individual variables on overall coping scales? Is there a significant difference if the dependent variable is considered separately?

Q2 After controlling for respondents' well-being, is there still a significant relationship between proactive coping and depression?

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Participants

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Measures

Measure of proactive and preventive coping.

The original scales of the Proactive Coping Inventory (PCI; Greenglass, Schwarzer, & Taubert, 1999) were firstly measured in the Czech environment by Šolcová, Lukavsky, and Greenglass (2006). Further, underlying factor structure and psychometric properties were empirically assessed suggesting refinements of the subscales (Vaculíková, 2017).

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Table 1: Descriptive and correlation between coping scales, personality traits and individual variables

Variable	Possible range	Proactive coping	Preventive coping	Social support	Well-being	Depression
Age	18–28	.12*	.06	.03	.09	-.05
Gender	1–2	-.00	-.09*	.15**	.03	-.07
Level of study	1–2	.06	.03	.06	.06	-.02
Field of study	1–2	-.03	-.00	-.17**	-.09*	.03

Note: ** = $p < .01$. * = $p < .05$. Gender: 1 = male, 2 = female; Level: 1 = first year of study, 2 = higher years of study; Field: 1 = pedagogical disciplines, 2 = healthcare and linguistic disciplines.

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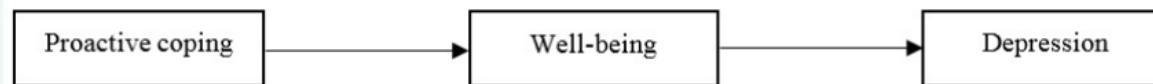


Figure 1: Tested mediating effects of well-being

Linear regression results for well-being (Q3)

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TESTING THE MAIN DIFFERENCES AND MEDIATING EFFECTS OF THE COPING SCALES

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Abstract

The aim of the study was to examine to what extent personality traits and individual variables are related to the use of proactive and preventive coping. The research sample consisted of 442 full-time university students in helping professions. The results showed that older students tended to be more proactive while men used slightly more preventive coping strategies than women. Moreover, controlling for respondents' well-being had a significant effect on the strength of the relationship between these two variables. In addition, proactive coping, social support and depression explained 47% of the variance in well-being, with the strongest unique contribution being depression.

INTRODUCTION

Proactive coping is characterized by individuals who are able to handle negative events in the distant future (such as health complications, widowhood, job loss or poverty). Whereas those negative situations may or may not become the reality, preventive copers generate resources needed to overcome such situations, for example by purchasing insurance, drawing up their last will, and/or creating a financial reserve (Reuter & Schwarzer, 2009).

The **aim of this study** was to examine to what extent personality traits (well-being, social support and depression) are related to the usage of proactive and preventive coping in university students in helping professions. Explained variance of the selected individual variables (gender, age, level and field of study) was also tested.

The **research questions** were set as follows:

- Q1** Is there a significant difference of selected individual variables on overall coping scales? Is there a significant difference if the dependent variable is considered separately?
- Q2** After controlling for respondents' well-being, is there still a significant relationship between proactive coping and depression?
- Q3** Which variable in a set of independent variables (proactive and preventive coping, social support and depression) is the best predictor of an outcome of well-being?

Method

Participants
442 full-time university students attending the traditional face-to-face classes at a public university were a part of this study. The age ranged from 18 to 24 with the mean age of 20.06 years ($SD = 1.59$, 301 (69%) respondents were in the age category of 18-21 years and 135 (31%) in the age category of 22 to 24 years. 89% (393) of full-time students were female pursuing bachelor's degree (183, 47%) in the field of Social education (106, 27%).

Measures

Measure of proactive and preventive coping.
The original scales of the Proactive Coping Inventory (PCI; Greenhaus, Schwarzer, & Tachert, 1999) were freely measured in the Czech environment by Šedivá, Lukavský, and Greenhaus (2006). Further, underlying factor structure and psychometric properties were empirically assessed suggesting refinements of the subscales (Vaculiková, 2017).

Measure of social support.
The sixteen-item Social Support Survey (MOS; Sherbourne & Stewart, 1991; Czech validation by Kotěšal & Tanešková, 2005).

Measure of well-being.
The Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1996; Czech validation by Duganowski, Lendelinger, Motlavi, Goydosová, & Sedgova, 2006).

Measure of depression.
The Beck Depression Inventory-II (BDI-II; Beck, Smeets, & Brown, 1996) validated for the Czech environment (Petroš & Vacík, 1999).

Statistical analysis

- First, descriptive statistics were calculated.
- Second, the statistical techniques to compare groups (MANOVA) were applied (Q1), followed by the partial Pearson correlation analysis aimed to examine the associations among coping variables and the scores on the personality traits (Q2).
- In addition, the significant contribution of the personality trait variables of the correlations analysis was examined by having them as independent variables in the separate linear regression model with the two proactive and preventive coping scores as dependent variables (Q3).

SPSS v. 22 was used for all presented analysis.

RESULTS

The **proactive coping** had a mean score at 2.70 ($SD = .46$) and **preventive coping** reached $M = 2.74$, ($SD = .46$). These scores are located above the center position of the four-point scale used in the questionnaire indicating high use of coping behaviour. Furthermore, participants on average positively viewed their use of a supportive **social network** with assistance available from other people, being in a **positive condition** with low signs of **depression**. Descriptive and correlation between coping scales, personality traits and individual variables can be seen in Table 1.

Table 1. Descriptive statistics and correlations between coping scales, personality traits and individual variables.

Variable	Proactive coping	Preventive coping	Social support	Well-being	Depression
Age	19.28	19.28	19.28	19.28	19.28
Gender	1.00	1.00	1.00	1.00	1.00
Field of study	1.00	1.00	1.00	1.00	1.00
Level of study	1.00	1.00	1.00	1.00	1.00
Year of study	1.00	1.00	1.00	1.00	1.00

Differences by means (Q1)

Age differences were significant only on between-subjects test ($F(2, 438) = 2.50$, $p = .084$; Wilks' lambda = .99, $\eta^2 = .011$). The results showed statistically significant difference between age groups (group 1: 18-21 years and group 2: 22-24 years) for proactive coping, $F(1, 439) = 1.02$, $p = .026$, $\eta^2 = .011$ (1% of the variance in proactive coping score was explained by age). Older students scored marginally significantly higher ($M = 2.67$) than younger students ($M = 2.77$) on proactive coping.

Mediating effect of well-being in proactive coping and depression (Q2)

The model presented in the Figure 1 was appropriate (see Figure 1).



Figure 1. Mediating effect of well-being.

Linear regression results for well-being (Q3)

The tested model including proactive coping, social support and depression explained 47% ($\text{Adj. } R^2 = .47$) of the variance in perceived well-being and reached statistical significance ($F(3, 47) = 129.60$; $p < .001$). Not surprisingly, feelings of depression made the strongest unique contribution to explaining well-being ($\beta = -.45$). When the variance by all other variables in the model was controlled for with a statistical significant contribution to the equation, i.e. proactive coping ($\beta = .26$) and social support ($\beta = .22$) were significant ($p < .001$) predictors of the dependent variable (well-being). Students who had at their disposal a wide social network undertook more actions in order to prevent potential negative threats.

LIMITATIONS

- A limitation of this study may be a dispositional characteristic of the PCI coping measure. Thus, responses to specific potential stressors may result in a different action.
- Further, conclusions arising from this study can be only generalized to presented research sample of university students in helping professions. Another limitation is that significant individual variables (gender and age) did not explain much of the portion of the variance in proactive and preventive coping. It seems that coping strategies are more dependent on other variables than on stable personality characteristics.
- Lastly, the obvious limitation is the use of self-reports, which always reflect declared behavior instead of the real behavior of respondents.

The focus of this research was aimed at students whose basis of study forms educational, psychological, linguistic and medical disciplines and practical skills developed largely through self-experiential learning. Acquired knowledge and a well-honed set of soft skills are further deepened and developed through teaching practice in the educational and health facilities. Graduates are prepared to work with people and for people. Therefore the ability to anticipate and manage negative stress situations is crucial for this sector. It involves not only the ability to act proactively and preventively, but also the skills to prepare others to cope with these situations.

Thank you for your
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