

# **EFFECTS OF FAMILY FUNCTIONING AND FAMILY HARDINESS ON SELF-EFFICACY AMONG COLLEGE STUDENTS**

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## **ABSTRACT**

Family functioning has been related to numerous developmental problems. Although there are other factors affecting a student's self-efficacy, this research focused on the effects of family functioning and family hardiness. The implications that family functioning plays a great role in shaping one's self belief systems will help to emphasize the need to resolve a growing cycle of social issues. The objectives of this study is to find out whether family functioning and family hardiness will have an influence on students' self-efficacy and also to determine the level of difference in self-efficacy of male and female students. Participants involved in this study were made up of a random sample of 120 students from a few colleges in the state of Selangor. Results obtained from this research study showed that there is a correlation amongst all three variables used, namely, family functioning, family hardiness and self-efficacy are interrelated. In addition, the results also showed that more males than females have been categorized in the category of clinical group for family functioning and self-efficacy.

Keywords: Family Functioning, Family Hardiness, Self-Efficacy

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## **INTRODUCTION**

There are different schools of thought that look at how a person grows up to be what he/she is today. Some researchers believe that it is the upbringing of the child; yet some argue that it is the genetic of the person, and to an even further extent, it is the soul of a person that determines his/her character. Our research focuses on how a healthy family functioning environment will affect a strong sense of self-efficacy in children.

There are multi-dimensional perspectives toward how some people are able to persevere during difficult times in life, leading them to choose different ways in handling such situations. One of the approaches taken by psychologists to explain such an ability of an individual is from the perspective of self-efficacy. It is the sets of experiences and beliefs that determine how people feel, motivate themselves, behave and think when facing problems (Bandura, 1994). Some researchers believe that self-efficacy also plays a role in shaping self-esteem (Smith, 1989). However, there are distinct differences between these two views. Self-efficacy focuses on a person's cognitive assessment and beliefs system, be it consciously or unconsciously. Self-esteem is the emotional feeling of self-worth and self-confidence (Bandura, 1994). How you feel compared to what you believe can be two very

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related topics but, in general, the former serves as a predictor for the latter (Lightsley *et al.*, 2006). Belief systems take time to shape and build. However, emotions do have some effects on them, especially when it comes to mood swings where a positive mood seems to increase a person's self-efficacy (Bandura, 1994). A strong sense of self-efficacy will produce 'cognitive, motivational, affective and selection processes' that affect human functioning (Bandura, 1994). Adversely, a low sense of self-efficacy will cause depression, anxiety and even social isolation.

Beliefs can be altered and changed throughout a person's life cycle. Therefore, the development of self-efficacy begins from the infant stage, where the origin of personal agency starts to develop by exploring and learning different experiences. This is then followed by family functioning, peer influence, school, growing up as adolescents, adulthood and, finally, the reappraisal of ones' self-efficacy during advanced age (Bandura, 1994).

Family functioning is how well groups of people live with and depend on each other. It has been said to affect the development of a person's self-efficacy. Robitschek and Kashubeck (1999) studied the possible relationships between family functioning and personal growth amongst 336 university students. A majority described their family socioeconomic status as middle or upper middle class. It was found that positive family functioning produces better and a higher sense of self-efficacy.

It was further explained that family functioning could be categorized into three clusters: how the family members interact, and structural and environmental influences. Furthermore, family functioning is a complex and crucial need of a person's life (Carlson, 1995). It lets a person learn from young how to effectively cope with problems and conflicts that occur and also to learn to be responsible to his or her family and society.

Besides, family functioning also instills strong and positive qualities in a person from young and teaches him/her how to function in society. A strong family will always be supportive towards its members in going through life's toughest moments and is also able to solve conflicts using the right problem-solving skills instead of blaming one another. According to Bray (1995), problem solving refers to a family's ability in recognizing and discussing issues appropriately as to rectify situations and to help members cope effectively with problems that arise. In fact, the pillar of a strong and healthy family is 'trust'. Thus, individuals raised in a healthy family will have better problem-solving capabilities and ability to trust and give support when needed to others. In addition, each person in a family plays a role that influences each other's lives and beliefs. Parents will most likely be a bigger influence on the formation of one's self-efficacy, especially in the earlier stages of one's life. A person's ability to interact and willingness to help family members to solve problems will constantly teach him or her new skills and extend the limitations of his or her belief system (Bray, 1995). This view is concurrent with Bandura's views where self-efficacy is a set of learned beliefs and experiences that will guide an individual to achieving a desired outcome when problems are faced with.

Hardiness is often characterized as stress-resistance and is the strength or ability to face and

handle obstacles in life. According to Kobasa (1979), as suggested by Pengilly and Dowd (2000), hardiness has three components which are control, commitment and challenge. An individual who is able to view changes and challenges in life positively, and take them as an opportunity for growth can be considered as a hardy person. However, only one component of hardiness which is commitment appears to serve as the moderating factor between stress and depression.

Robitschek and Kashubeck (1999) found that family functioning, personal growth orientation, hardiness and psychological well-being are all positively correlated. This indicates that individuals who are brought-up in a positive and enriched family environment are more likely to have better personal development which, in turn, will lead to strong hardiness due to healthy family functioning. A study done by Khoshaba and Maddi (1999) suggests that the development of hardiness in an individual does not merely attribute to the stressful events in life. It also depends on how well the interaction is between the individual and family in dealing with stressful events. Furthermore, the study done by Robitschek and Kashubeck (1999) found that there is a slight difference between genders for the mediating effects of hardiness. For men, hardiness appeared to fully mediate the relation of family functioning and psychological wellbeing. As for women, hardiness appeared to partially mediate the relation of family functioning and psychological well-being.

The evidences above provide strong support for the mediating effects of both hardiness and personal growth orientation with regard to family functioning. For both women and men, personal growth orientation appeared to fully mediate the relations of family functioning and psychological distress.

The purpose of the present survey is to find out whether healthy family functioning and strong family hardiness will have positive influence on students' self-efficacy. Also, the secondary purpose of this survey is to determine the level of difference in self-efficacy of male and female students.

## **METHODOLOGY**

### **Subjects**

The sample size consisted of 120 college students from a few colleges in Selangor. Of this number, 60 (50%) students were male and the remaining 60 (50%) were female. Of these 120 students, 95 (79%) of them were Chinese, 6 (5%) were Malay, and a further 6 (5%) were Indian. The remaining 15 students were of other races. The range of age for these 120 participants was from 16 years old to 25 years old.

### **Method**

A single survey was done to obtain the intended results from the participants. Students in the colleges were selected randomly and a short introduction about the team was followed by a

briefing on the purpose of the survey. The briefing was done in English unless requested by the participants to have it in Mandarin or Bahasa Malaysia. The questionnaire has four sections, with the first section containing demographic questions, and the other three sections being Part A, Part B and Part C respectively.

The questionnaires were given out to students who were willing to participate, together with a consent letter. Each questionnaire was allocated about 15 – 20 minutes and the team was there to explain any doubts that the participants had. After the first week of giving out the questionnaires, the inadequately responded to questionnaires were eliminated and number of male and female participants was calculated. For the following week, more survey questions were given out according to the ratio of male and female participants that was needed to reach the proposed proportion of respondents.

## **Instrument**

### **Family Functioning Scale (FFS)**

The Family Functioning Scale (FFS) was designed to measure the general dimensions of family functioning and it was based on an eclectic and integrative view of family functioning. It measures how well a family interacts as a unit. It is a 40-item instrument with five factors: positive family effect, family communication, family conflicts, family worries, and family rituals/supports. Items are scored on a 7-point Likert-type scale (1 = 'Never' and 7 = 'Always'). This instrument has internal consistency with alphas that ranged from .90 for positive family effect subscale to .74 for the conflicts subscale.

### **Family Hardiness Scale (FHI)**

The Family Hardiness Scale (FHI) was designed to measure family hardiness in resistance to stress and also the adaptation of resources in families. Hardiness refers to the internal strength and durability of the family, and is characterized by a sense of control over the outcomes of life events and hardships. It is a 20-item instrument which has four subscales: co-oriented commitment, confidence, challenge and control. Items are scored on a 5-point Likert-type scale (0 = 'False' and 4 = 'Non Applicable'). The FHI has good internal consistency with an alpha of .82.

### **Self-Efficacy Scale (SES)**

The Self-Efficacy Scale (SES) measured the general level of belief in one's own competence that is not tied to specific situations or behaviour. There are assumptions that personal expectations of mastery are a major determinant of behavioural change and that individual differences in past experiences and attributions of success will lead to various levels of self-efficacy expectations. SES is a 30-item instrument which consists of two subscales: general self-efficacy and social self-efficacy. All items are scored on a 5-point

Likert-type scale (1 = 'Disagree Strongly' and 5 = 'Agree Strongly'). This instrument has fairly good internal consistency, with an alpha of .86 for general subscale and .71 for the social subscale.

## RESULTS

**Table 1. Number of Participants According to Gender**

Gender	N	Percentage
Male	60	50%
Female	60	50%
Total	120	100%

**Table 2. Number of Participants According to Races**

Race	N	Percentage
Malay	6	5%
Chinese	93	77%
Indian	6	5%
Others	15	13%
Total	120	100%

Table 1 showed that there is an equal number of male and female participants involved in this research study, which is 60 persons in each group. From Table 2, it is clearly shown that the Chinese (93) are the majority in this research while there are only 6 Malay and 6 Indian respondents. Lastly, there are 15 participants who are of other races.

**Table 3. Clinical Cut-Off Score for Family Functioning Scale, Self-Efficacy Scale and Family Hardiness Scale**

Scales	Mean	Standard Deviation	Clinical Cut-Off Score
Family Functioning Scale	186.92	28.564	158.35
Self-Efficacy Scale	39.82	7.335	32.48
Family Hardiness Inventory	101.36	11.769	89.59

**Table 4. Cross Tabulation between Gender and Conditions of Family Functioning**

Gender	Conditions of Family Functioning	
	Clinical	Normal
Male	14 (23.3%)	46 (76.7%)
Female	5 (8.3%)	55 (91.7%)

**Table 5. Cross Tabulation between Gender and Level of Self-Efficacy**

Gender	Level of Self-Efficacy	
	Clinical	Normal
Male	11 (18.3%)	49 (81.7%)
Female	8 (13.3%)	52 (86.7%)

**Table 6. Cross Tabulation between Gender and Conditions of Family Hardiness**

Gender	Conditions of Family Hardiness	
	Clinical	Normal
Male	9 (15.0%)	51 (85.0%)
Female	8 (13.3%)	52 (86.7%)

Table 3 shows the clinical cut-off score for the three inventories used. For Family Functioning Scale, scores that are below 158.35 will be coded as clinical while scores above this value will be coded as normal. Similarly, scores in the Self-Efficacy Scale which are below 32.48 will be coded as clinical while scores above this value will be coded as normal. As for the Family Hardiness Inventory Scale, scores which are below 89.59 will be coded as clinical and any scores above this are coded as normal. From Table 4, it can be concluded that the general condition of family functioning for male students is worst off than that of female students with 14 males (23.3%) having clinical levels of family functioning compared to only 5 females (8.3%) in the same situation. In addition to this, Table 5 shows that male students generally also have lower self efficacy compared to female students, with 11 males (18.3%) in the category of having clinical levels of self-efficacy as compared to 8 females (13.3%) in the same category. Table 6 shows that there is only a slight difference between genders for the family hardiness scale where 9 males (15.0%) and 8 females (13.3%) have clinical levels of family hardiness.

**Table 7. Family Functioning Scale (FFS) and Family Hardiness Inventory (FHI) and Their Correlation**

Scale and Inventory	Correlation
Family Functioning Scale Family Hardiness Inventory	.376(**)

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

**Table 8. Family Hardiness Inventory (FHI) and Self Efficacy Scale (SES) and Their Correlation**

Inventory and Scale	Correlation
Family Hardiness Inventory Self Efficacy Scale	.472(**)

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

**Table 9. Family Functioning Scale (FFS) and Self Efficacy Scale (SES) and Their Correlation**

Scales	Correlation
Family Functioning Scale Self Efficacy Scale	.588(**)

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

Correlations between the inventories were carried out to find how strong these inventories correlate with one another. Results show that the correlation between any two of the three inventories was quite strong and reliable. Table 7 shows that the correlation between Family Functioning Scale (FFS) and Family Hardiness Inventory (FHI) is .376 and  $r^2=0.141$ . Family functioning may contribute approximately 14.1% to the level of family hardiness. According to Table 8, the correlation between FHI and Self Efficacy Scale (SES) is .472 and  $r^2= 0.223$ . This means that family hardiness contributes 22.3% to the general self-efficacy of a person. Lastly, for FFS and SES, the correlation between these two inventories is .588. Hence, for the case of FFS and SES ( $r^2=0.346$ ), it shows that family functioning may have contributed 34.6% to the level of self-efficacy in general. All the results above indicate that there is only a 1% chance of the results occurring by sampling error or by chance.

## DISCUSSION

According to the results of this study, we can conclude that there is a correlation amongst all three inventories used, namely Family Functioning Scale (FFS), Self-Efficacy Scale (SES) and Family Hardiness Inventories (FHI). The results obtained show a significant level of one percent ( $p < .01$ ). The high reliability and good internal consistency of all three inventories used could also have attributed to the accuracy of the results.

The research also aims to find out whether there is any difference between genders in relation to self-efficacy, family functioning and family hardiness. Results (Tables 4 and 5) have clearly supported our second hypothesis. More males than females have been categorized in the clinical group for family functioning. This indicates that females generally have better family interaction and positive family environment influence. Similarly, for the level of self-efficacy, more males than females have been categorized in the clinical group as well and this means that, generally, males have lower self efficacy than females. A study by Betz *et al.* (1996) indicated that women were reported to have significantly more social confidence than men, a result which is similar to that of our present study. This may be due to the fact that Betz *et al.* also used college students as respondents. However, results obtained shows that there is only a slight difference between genders for family hardiness, a result which is rather consistent with the findings of Robitschek and Kashubeck (1999).

There are some limitations of the study undertaken. Although the construct validity of the three scales and inventories was provided, there was no test-retest data reported. Hence, it is insufficient to rely solely on the reliability provided by the responses. Besides, there were only 120 participants in this study and they were all selected from the state of Selangor. This is a relatively small sample and the findings cannot be generalized to youths in Malaysia. Race differences were not taken into account and more than half of the participants were Chinese students. As a result, bias may occur in the study as students of different races are likely to have different perceptions of their own self-efficacy and family functioning skills.

## CONCLUSION

The three variables, namely family functioning, family hardiness and self-efficacy, affect significantly one another, with an extremely low margin of error. Therefore, we can conclude that healthy family functioning and strong family hardiness do promote high self-efficacy and vice versa. A stronger sense of self efficacy in each individual member of a family leads to better problem handling. Similarly, a stronger family hardiness leads to a more positive way of looking at obstacles or conflicts which ultimately leads to better family functioning. On the other hand, good family functioning provides rapport, moral support and someone to fall back on in times of trouble, creating a strong base for a high sense of self-efficacy.

Females generally have higher levels of self-efficacy and family functioning than males. This can be due to the tendency of females to be more open and expressive about their feelings. They are better at reading other people and are more empathetic. Males tend to be less expressive, facing difficulties in expressing their feelings easily. However, gender does not play a significant role in determining family hardiness.

Further research should be done on a larger scale to determine if these results still hold true when samples are taken from all over Malaysia, covering samples from different ethnicity, educational levels, socio economic classes and locations. Researchers will be able to

compare and contrast more variables and gain deeper insights into self efficacy and family functioning.

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