SOCIAL SUPPORT AS A PREDICTOR OF PHOBIA AMONG SAUDI UNIVERSITY STUDENTS: AN EDUCATIONAL PSYCHOLOGY PERSPECTIVE

Lamia Abdullah Aladsani[1*]

[1]Department of Psychology, College of Education, King Faisal University, Al-Ahsa, Saudi Arabia
laaladsani@kfu.edu.sa, https://orcid.org/0000-0002-8959-0291

Corresponding author: Lamia Abdullah Aladsani
laaladsani@kfu.edu.sa

ABSTRACT

The present study aimed to examine the relationship between social support and phobia among university students in Saudi Arabia and to investigate the predictive capacity of social support in determining the levels of phobia within this population. The study was conducted on a randomly selected sample of 385 male and female university students. A descriptive-correlational and predictive research design was employed, utilizing a social support scale and a phobia scale. The findings revealed a statistically significant correlation between social support and the level of phobia among university students. Moreover, the results indicated that social support has predictive validity in identifying levels of phobia among the sample participants. In light of these findings, the study recommends that counseling centers make use of the therapeutic innovation proposed by the researcher in collaboration with relevant parties for the treatment of various phobia cases. Furthermore, it emphasizes the importance of enhancing social support programs within the university environment and activating psychological and educational counseling services aimed at students, thereby contributing to the prevention and reduction of social phobia. The study also calls for further qualitative research to explore potential mediating variables that may help explain the relationship between social support and different types of phobia.

1. INTRODUCTION

The current study was inspired by an invention by the researcher (2025), which was granted a patent by the United States Patent and Trademark Office in 2025. The invention, titled "Supportive Auditory Devices for Individuals with Phobias," is designed with specific features aimed at delivering affirming and supportive statements to individuals whenever they experience fear or anxiety in a given situation.

This study seeks to examine the extent to which social support can predict levels of phobia among individuals and to explore whether external support is associated with a reduction in phobic responses. The underlying hypothesis is that if social support from external sources—such as family, friends, and society—can help reduce individual levels of phobia, receiving psychological support in the form of encouraging verbal messages may similarly contribute to reducing anxiety and fear responses in distressing situations.

Social support is considered a vital source of safety and reassurance, particularly in moments when individuals feel threatened or afraid and need assistance and encouragement. This support can take various forms—kind words, compassion, useful advice, or material aid—all of which fall under the realm of ethical behavior and noble virtues emphasized (Aldosari, 2020).

Lazarus and Folkman's stress theory offers a foundational framework for understanding the pivotal role of psychological and social support in mental health. According to this theory, social support significantly influences how individuals perceive and cope with stress, serving as a crucial resource during times of adversity. When individuals perceive themselves as supported, their stress levels tend to decrease. Thus, stress is not merely a reaction to external events; rather, it is shaped by cognitive appraisal, which, in turn, is affected by available support systems. A robust support network can buffer the impact of stressful events, thereby reducing perceived stress and anxiety (Acoba, 2024). In line with this, the perception of available support in times of need helps individuals reappraise stressful situations and mitigate the negative thoughts associated with them (Özmete & Pak, 2020).

Social support has been widely associated with numerous positive outcomes for both physical and psychological health. It plays a key role in helping individuals overcome a variety of life challenges and is regarded as a fundamental protective factor in mental well-being (Jackman et al., 2020).

The transition to university life represents one of the most significant developmental shifts experienced by young adults, during which they encounter a variety of psychological, academic, and social challenges. These challenges often give rise to multiple fears, such as fear of failure, anxiety about the future, and difficulty adapting to a new environment. Such fears tend to intensify particularly in the absence of adequate social support—whether from family or friends—which plays a critical role in alleviating psychological pressure and enhancing students' capacity for adaptation. Research indicates that emotional and moral support from significant others serves as a protective factor against anxiety and depression, fostering a sense of security and belonging. In a study conducted by Chao (2011), it was found that social support significantly contributes to reducing anxiety and psychological stress among university students. Moreover, students who received strong support from their families and friends demonstrated a greater ability to manage their fears and maintain better psychological balance throughout their academic journey.

In light of this, the present study aims to explore the extent to which social support can predict the level of social phobia among university students.

2. LITERATURE REVIEW

2.1. Social Support

Social support is considered one of the fundamental factors in enhancing psychological health and individual well-being. It refers to the network of social relationships that provide various forms of support—emotional, cognitive, or material—particularly in the context of coping with life's challenges and stressors. This concept encompasses support provided by family, friends, colleagues, or civil society institutions, contributing to a stronger sense of belonging and reinforcing adaptive coping mechanisms and psychological resilience.

Social support has been defined as an individual's perception of the support provided by significant others through social relationships, which enables them to overcome pressures and problems (Mohammad et al., 2015). It is also described as a set of emotional, informational, and tangible assistance continuously offered by family, friends, and coworkers (Aldosari, 2020).

Psychosocial support refers to the psychological and physical resources made available through social networks that help individuals manage stress (Hu et al., 2015). In essence, psychosocial support encompasses various resources provided by others

that may positively impact individual well-being. It can take many forms, such as emotional support, instrumental support, informational support, and network-based support.

The benefits of social support include reducing anxiety, depression, and psychosomatic symptoms in individuals experiencing stress. Those with high levels of social support tend to report more positive experiences in life, such as higher self-esteem and lower anxiety levels, which ultimately enhance psychological well-being (Nashich & Palupi, 2020).

In everyday life, simply talking to a close friend during a difficult day can often be enough to shift one's perspective. Hearing affirming words such as "You've got this" can strengthen one's resolve and make the challenges feel more manageable. Successive studies have consistently confirmed that when individuals feel supported, they are more resilient, experience lower stress levels, and enjoy better overall health. Social support is frequently regarded as a core element in building strong relationships and robust mental health. It includes having a dependable network of family and friends who are available in times of need—whether one is facing a personal crisis and requires immediate assistance or simply wishes to spend time with those who care. These relationships play a vital role in day-to-day life (Cherry, 2024).

There are three primary types of social support:

- Emotional support: This type includes expressions of empathy, care, love, and encouragement. It is particularly valuable during stressful times or when individuals feel isolated. People who offer emotional support provide comfort by being present, listening, and offering affirming words such as "You can do this."
- Instrumental (tangible) support: This form of support involves the provision of practical help and physical assistance. Examples include preparing a meal for someone who is ill, offering transportation when needed, or helping with daily tasks. It is essential when immediate physical or material needs arise.
- Informational support: This involves providing advice, guidance, and relevant information that helps individuals make decisions or adapt to changes. This is particularly important when facing life transitions or complex problems (Cherry, 2024).

Support can also be internally generated. For instance, engaging in positive self-talk and using affirming statements can serve as self-administered emotional support. Cascio et al. (2016) found that affirmations activate brain regions associated with self-processing and reward, suggesting that such practices can enhance self-esteem and reduce stress. This understanding formed the basis for the researcher's invention submitted to the U.S. Patent Office, aimed at delivering supportive auditory cues to individuals experiencing phobia.

2.1. Phobia (Fear Disorders)

Phobia is a psychological disorder classified as an anxiety disorder. It involves an intense, persistent, and irrational fear of specific objects, situations, or activities, leading to avoidance behaviors that interfere with daily functioning. Phobia is considered one of the most common psychological disorders (Chen, 2023), with social phobia identified as the second most prevalent anxiety disorder.

Common symptoms of phobia include nausea, speech disturbances (e.g., stuttering), heart palpitations, increased heart rate, facial flushing, and avoidance of social or feared situations. These symptoms can severely disrupt an individual's daily life, work performance, and social relationships. Phobia can be categorized into several types:

- Specific phobia: Excessive fear of particular objects or situations (e.g., animals and heights).
- Social phobia (social anxiety disorder): Fear of social interactions or performing in front of others.
- Agoraphobia: Fear of being in places where escape might be difficult or help unavailable (e.g., open or closed spaces) (Chang, 2024).
- The development of phobia may be attributed to multiple factors, including the following:
- Genetic predisposition: Research suggests that individuals with a family history of phobia are at higher risk (Chang, 2024).
- Kuang (2023) also noted the following reasons:
- Past experiences: Exposure to traumatic or frightening events, particularly in childhood.
- Environmental factors: Learning fear responses by observing others or being exposed to fear-inducing information.

Phobia can significantly impair an individual's quality of life by causing them to avoid fear-inducing situations, which, in turn, affects occupational and social functioning. Physical symptoms may include excessive sweating, increased heart rate, and dizziness (Samra et al., 2024). Treatment options for phobia include:

- Cognitive behavioral therapy: This therapy aims to modify dysfunctional thoughts and behaviors related to fear.

- Exposure therapy: Gradual and controlled exposure to the feared stimulus to reduce the fear response.
- Virtual and augmented reality therapy: These emerging techniques have shown effectiveness by simulating anxiety-inducing situations in a safe and controlled environment (Albakri et al., 2022).

Through a comprehensive review of prior literature, the researcher identified a number of studies that affirm the significant role of psychological and social support in alleviating feelings of stress, anxiety, and pathological fear, which can, in some cases, lead to clinical depression.

For example, Knekt et al. (2015) demonstrated that the level of social support prior to therapy could predict the outcomes of psychotherapy in patients suffering from anxiety and phobic disorders. Similarly, Kugbey et al. (2015) investigated the impact of social support from family and friends on levels of anxiety and stress among university students in Ghana. Their findings confirmed that social support plays a crucial role in reducing these symptoms.

In another study, Wang et al. (2018) identified a strong positive relationship between social support and mental health, indicating that increased social support is associated with a lower risk of depression and anxiety. Further supporting this conclusion, Vicary et al. (2024) conducted a systematic review of 10 studies involving a total of 3,669 university students to analyze the nature and impact of social support on students with mental health concerns. The findings revealed that higher levels of social support were associated with reduced risks of suicide, depression, anxiety, and psychological distress.

In the same context, Acoba (2024) found that support from family members and close individuals reduces perceived psychological stress, thereby increasing positive affect and decreasing symptoms of anxiety and depression.

Based on the theoretical framework and previous empirical findings, the problem of this study can be formulated by addressing the following research questions:

1. What is the nature of the relationship between the level of social support and the severity of phobia among university students in the Kingdom of Saudi Arabia?
2. To what extent does social support contribute to predicting the level of phobia among university students in the Kingdom of Saudi Arabia?

3. METHOD PARTICIPANTS AND PROCEDURE

3.1. Research Design

In light of the nature of the study variables and its objectives, the researcher employed a descriptive correlational design to achieve the aims of the study and to answer its research questions.

3.1.1. Population of the Study

The target population consisted of all students enrolled in public universities in the Kingdom of Saudi Arabia during the academic year 2025, totaling 986,627 students, including 414,039 males and 572,588 females, according to the most recent statistics from the Council of Universities Affairs.

3.1.2. Sample of the Study

Participants were informed about the study's purpose and procedures, and their voluntary participation was ensured through oral informed consent. Anonymity and confidentiality were guaranteed. The study received approval from the Research Ethics Committee at King Faisal University

Given the characteristics of the population, a probability sampling method was utilized, specifically stratified random sampling, based on gender (male and female university students), followed by simple random sampling within each stratum. The sample size was proportionate to the overall population. The main sample consisted of 385 students (males and females), which is an appropriate size based on Thompson's (2012, pp. 59–60) sampling formula.

In addition, a pilot sample of 60 students (27 males and 33 females) was selected to verify the psychometric properties of the research instruments before administering them to the main sample.

Instruments of the Study

The study employed two standardized scales:

1. Social support scale developed by Mohammad et al. (2015)
2. Phobia scale developed by Marks and Matthews (1979)

3.2. Psychometric Properties of the Instruments

3.2.1. Internal Consistency

To evaluate the internal consistency of the scales, Pearson's correlation coefficient (r) was used to calculate the correlation between each item and the total score of the scale.

- For the social support scale, item-total correlation coefficients ranged from 0.458 to

0.790, indicating moderate to strong positive correlations.

- For the phobia scale, item-total correlations ranged from 0.337 to 0.773, also indicating moderate to strong positive correlations.

All correlations were statistically significant at the 0.01 level, confirming that both scales demonstrate internal consistency and that their items measure the same or closely related constructs.

3.2.2. Scale Reliability (Omega Coefficients)

Reliability was assessed by administering both scales to a pilot group of 60 students from Saudi universities. The omega coefficient was used to assess the final reliability of the scales. The results are shown in Table 1.

Table 1: Reliability Coefficients (Omega) For the Social Support and Phobia Scales.

Omega Coefficient	No. of Items	Subscale	Instrument
0.84	4	Social support from family	Social support scale
0.897	4	Social support from friends	
0.878	4	Social support from community	
0.894	12	Total social support score	
0.85	15	Total phobia score	Phobia scale

The results indicate that omega reliability coefficients for the subscales of the social support scale ranged from 0.84 to 0.897, with an overall reliability coefficient of 0.894 for the full scale. The phobia scale showed a reliability coefficient of 0.85 for the total score. These high values confirm the reliability and validity of both instruments for use with the target study sample.

4. RESULTS

Research Question 1

"What is the nature of the correlation between the level of social support and the severity of phobia among university students in the Kingdom of Saudi Arabia?"

To answer this question, the Pearson correlation coefficient was calculated. The results are presented in Table 2.

Table 2: Correlation between Social Support (Total Score and Subscales) and Phobia among University Students.

Measurement	Social support from family	Social support from friends	Social support from community	Total degree of social support
Total degree of phobia	-0.355**	-0.258**	-0.292**	-0.362**

Note: Correlation is significant at the 0.01 level (2-tailed).

As shown in Table 2, there was a statistically significant negative correlation, ranging from weak to moderate, between the total score for phobia and the various dimensions of social support (family, friends, and community). The Pearson correlation coefficients ranged from -0.258 to -0.362, all of which were significant at the 0.01 level, indicating that higher levels of perceived social support were associated with lower levels of phobia among university students.

Research Question 2

"To what extent does social support predict the level of phobia among university students in the Kingdom of Saudi Arabia?"

To address this question, the researcher employed a simple linear regression analysis to assess the predictive effect of total social support on the total score for phobia. The findings are presented in Table 3.

Table 3: Results of Simple Linear Regression Analysis Predicting Phobia Based On Social Support

Dependent Variable	R	R²	Adjusted R²	F-value & Sig.	Constant	B (Unstandardized)	Beta (Standardized)	t-value & Sig.
Total degree of phobia	0.362a	0.131	0.129	57.783**	57.57	-0.279	-0.362	-7.60**

Note: Significant At The 0.01 Level

.The results indicate that social support significantly and negatively predicts the level of phobia. The regression model was statistically significant (F = 57.783, p < 0.01), confirming the model's validity. The coefficient of determination (R^2 = 0.131) shows that approximately 13.1% of the variance in phobia levels can be explained by variations in social support.

The t-test also indicates that the estimated regression coefficients were statistically significant at a significance level of (0.01) for psychosocial support. Therefore, the regression relationship can be formulated as follows:

Total degree of phobia = 57.57- 0.279×Total degree of psychosocial support

This equation indicates that for every one-point increase in social support, the level of phobia decreases by 0.279 points, assuming that other variables remain constant.

5. DISCUSSION

The findings of the current study revealed a statistically significant inverse correlation between the levels of perceived social support—across its subdimensions (support from family, friends, and the community) and the severity of phobia among university students. This result serves as a strong indicator of the protective role that social support plays in reducing phobic symptoms in the university population. In other words, students who reported higher levels of social support demonstrated lower levels of phobia.

This negative association can be understood within the framework of cognitive behavioral theory, which posits that social support functions as a regulatory mechanism in cognitive–emotional processing. It helps individuals reappraise anxiety-inducing situations more accurately and reduces exaggerated emotional responses. Social support, especially from family and peers, also fosters a sense of psychological safety and belonging, thereby mitigating feelings of isolation a key contributing factor to phobia development.

These findings align with numerous prior studies. For instance, Nakie et al. (2022) found that students with low social support were twice as likely to suffer from phobia as their well-supported counterparts. Similarly, Baltacı and Hamarta (2013), in their study on Turkish university students, reported a negative correlation between perceived social support and social phobia, supporting the hypothesis that effective social networks can reduce the intensity of phobic responses. In the Saudi context, Al-Hazmi et al. (2020) reported a high prevalence of social phobia symptoms among medical students, particularly in the early academic years, underscoring the urgent need for psychosocial support mechanisms within university settings.

Moreover, the study revealed that social support is a significant predictor of phobia severity. This goes beyond correlation and establishes a causal relationship within a predictive model. The simple linear regression analysis indicated that approximately 13.1% of the variance in phobia levels could be explained by differences in perceived social support. Such a predictive relationship provides valuable practical implications; enhancing social support mechanisms can serve as a preventive strategy for reducing phobia among students.

From a clinical psychology perspective, this predictive effect aligns with protection motivation theory (Rogers, 1975), which suggests that the perception of available social support reduces threat appraisal and enhances coping capabilities. Social support not only alleviates symptoms but also reshapes how individuals cognitively and emotionally respond to threatening situations.

This finding is further reinforced by international studies. For example, Ulloa et al. (2024) in Ecuador found that low social support was among the strongest predictors of anxiety and depression in first-year university students. In Portugal, Santos et al. (2024) demonstrated that social support not only directly reduced anxiety but also indirectly enhanced self-efficacy using both regression and mediation analyses. Similarly, in China, Zhang et al. (2022) revealed that social support predicted lower levels of anxiety, depression, and insomnia, with self-regulation acting as a mediating factor—highlighting the multifaceted predictive role of social support in mental health outcomes. In light of these findings, it is evident that integrating structured psychosocial support systems within university environments could substantially contribute to reducing phobic symptoms and enhancing students' psychological well-being.

5.1. Limitations and Future Directions

Despite the significance of the findings, several limitations should be acknowledged. The study was confined to a geographically specific sample of university students, which may limit the generalizability of the results. Additionally, the instruments employed were based on self-reported questionnaires, which may be subject to social desirability bias or inaccuracies in participants' responses, particularly when addressing sensitive topics, such as phobia.

Moreover, the study did not account for potential demographic or psychological moderating variables, such as gender, academic level, or personality traits, which could influence the relationship between social support and phobia. Based on these limitations, future research should adopt longitudinal designs to examine the impact of social support on phobia levels over time and across different academic stages. Such an approach would contribute to a more robust causal understanding of the variables involved.

It is also recommended that future studies expand the sample to include participants from multiple universities and diverse regions, thereby enhancing external validity. Qualitative methods, such as

interviews or focus groups, could provide richer insights into the lived experiences of students with phobia and help identify the most impactful sources of support from their perspectives. Furthermore, investigating mediating variables, such as self-esteem or emotional intelligence, may help construct more comprehensive explanatory models grounded in educational and psychological theory. Future research may also explore demographic differences in phobia severity based on gender, marital status, or other sociocultural factors.

6. CONCLUSION

The study concluded that there is a statistically significant negative correlation between social support and phobia levels among university students in Saudi Arabia. Higher levels of perceived social support were associated with lower levels of phobia. Furthermore, social support demonstrated predictive power in explaining differences in phobia severity among students. These findings underscore the importance of social support as a key psychosocial factor influencing students' mental health and highlight the need for robust support programs within university environments.

The study also recommends leveraging the innovative solution developed by the researcher—auditory support devices for phobia management—as a potential intervention. Additionally, it advocates for future research focused on identifying mediating variables that could deepen our understanding of the relationship between social support and various forms of phobia.

Research Transparency Statement Data, materials, and code availability: The data collected and analyzed in this study involve sensitive information from human participants and, due to privacy and ethical restrictions, are not publicly available. No experimental materials or custom code were created or used in this study.

Preregistration: This study was not preregistered.

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