



THE RELATIONSHIP BETWEEN SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND  
SOCIAL ANXIETY DURING THE TRANSITION TO ENDEMIC STAGE OF COVID-19  
AMONG UNIVERSITY STUDENTS IN MALAYSIA.

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This research project is submitted in partial fulfilment of the requirements for the Bachelor of  
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## APPROVAL FORM

This research paper attached hereto, entitled “The Relationship Between Self-Esteem, Social Support, Stress and Social Anxiety During the Transition to Endemic Stage of COVID-19 among University Students in Malaysia” prepared and submitted Loo Chi Ying in partial fulfilment of the requirements for the Bachelor of Social Science (Hons) Guidance and Counselling is hereby accepted.



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Supervisor

(Ms Nur Shakila Binti Ibharim)

Date: 05. 12. 2022

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**Abstract**

After nearly two years of battling the pandemic, Malaysia has entered a transition to the endemic phase of COVID-19. Social anxiety can be adversely affected by the transition phase due to re-enter to the social situation. This study aims to investigate the relationship between self-esteem, social support, stress and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia. Four instruments were used to measure the variables such as 20-Item Social Interaction Anxiety Scale, 10-Item Rosenberg Self-esteem Scale, 12-Item Multidimensional Scale of Perceived Social Support (MSPSS) and 10-Item Perceived Stress Scale (PSS). A cross-sectional design with quantitative methodology was employed, participants were recruited through purposive sampling by using online survey. A total of 89 participants was university students in Malaysia, aged between 18 years old to 25 years old ( $M = 22.1$  years,  $SD = 1.33$  years). Female participants occupied 70.8% ( $n = 63$ ) while male participants occupied 29.2% ( $n = 26$ ). The result showed that self-esteem was negatively correlated with social anxiety while stress was positively correlated with social anxiety. However, there was no correlation between social support and social anxiety. In addition, only self-esteem and stress were found to able predict social anxiety while perceived social support cannot. In the future, researchers can expand and further explore this study with other variables to examine other additional factors of social anxiety among university students in Malaysia.

Keywords: Self-esteem, Social support, Stress, Social Anxiety, COVID-19

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**Declaration**

I declare that the material contained in this paper is the end result of our own work and that due acknowledgement has been given in the bibliography and references to ALL sources be they printed, electronic or personal.

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## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**List of Abbreviations**

RSES	Rosenberg Self-esteem Scale
MSPSS	Multidimensional Scale of Perceived Social Support
PSS	Perceived Stress Scale
SIAS	Rosenberg Self-esteem Scale

## Chapter 1

### Introduction

#### Background of Study

In the year 2019, the COVID-19 pandemic began in Wuhan, China and the first case was originally discovered in Malaysia in January of the year 2020 (WHO, 2020). The local outbreaks began in March 2020 and resulted in a rapid and significant increase in local cases within a few weeks' time (WHO, 2020). After nearly two years of battling the pandemic, the Malaysian government officially announced that Malaysia was currently entering a transition to the endemic phase of COVID-19 starting from 1 April 2022 (Abdullah & Letchamanan, 2022). Transition stage is a temporary phase before Malaysia fully enters the endemic phase and it is also considered as a recovery stage where the hospital has a lower rate of admission due to COVID-19, reopen of country border and people re-enter to the society with normal function (Abdullah & Letchamanan, 2022). However, people were still following the effectiveness of public health preventive and control measures in the transition stage (WHO, 2022). According to Biancolella et al. (2022), the transition phase can give an opportunity for the community to learn to adopt and live with public health measures that are least disruptive to daily life.

The transition phase sparked social anxiety among Malaysia, including university students. People who suffer from social anxiety will feel embarrassed, humiliated, or rejected by others. It may cause individuals to get away from social situations. Some studies found out that people with high social anxiety often believe that by avoiding social interaction, they will be able to manage their anxiety (Clark, 1995; Morrissette, 2021). Physical symptoms of social anxiety include nausea, difficulty to breathe, and a racing heart whereas a panic attack will also occur when individuals are experiencing intense fear and an uncomfortable feeling

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(Langer, 2019). Another study discovered that social anxiety may have an adverse effect on depression symptoms such as self-hatred, self-judgment, low self-esteem, and worry (Heeren, 2018).

Self-esteem is important in boosting students' confidence in their ability to deal with their problem during the difficult time of COVID-19 (Chen et al., 2021). Students with higher self-esteem believe in themselves and believe that they can cope with challenges, which helps them reduce stress (Abdulghani et al., 2020). When students have more stress, it is more likely to affect their mental and physical health (Wang et al., 2020). In COVID-19 situation, social support helps students reduce the stress of an uncontrollable situation (Qi et al., 2020). Other than that, social support help to reduce social anxiety by helping people get support to engage more in social situations and reduce their level of social anxiety (Asgari et al., 2018).

According to self-verification theory, people with low self-esteem will get verification from their social support to boost their self-esteem (Swann & Read, 1981; Talaifar & Swann, 2017). This can increase the level of stress if people have low self-esteem and do not get their self-verification in line with their perspective (Howarth & Forbes, 2015). Therefore, self-esteem, social support and stress were linked to a high chance of social anxiety.

In the current study, the purpose was to investigate the relationship between self-esteem, social support, stress and social anxiety during the transition to the endemic stage of COVID-19 among university students in Malaysia.

### **Problem Statement**

Mental health issues have marked more of the pandemic period and appear to live on toward the transition to the endemic phase of COVID-19 (Kathirvel, 2022). According to Kathirvel (2022), there are some counsellors and psychologists reported that the community

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is still struggling to adapt to the new environment and there has been an increase in the number of people seeking help from counsellors. The prevalence of mental health issues has increased dramatically, especially depression and anxiety (Flaskerud, 2022). Before the COVID-19 pandemic, the estimated anxiety prevalence was about 27.3% while the prevalence during the COVID-19 was about 39.6% (Pashazadeh Kan et al., 2021). The transition stage that allows Malaysians to get back to a near-normal life after nearly two years of battling the pandemic. However, people are still adapting to the situation.

When people have gone through the pandemic phase and entering to the new phase, some people might be anxious of returning to previous social relationship and situation. The anxiety of get back to the pre-pandemic social interaction has known as social anxiety (Madhi et al., 2022). Quarantine and social distancing have become a habit and practice during the pandemic of COVID-19 to prevent the spread of virus and self-protection (Pfefferbaum & North, 2020). Currently, physically interaction with the surrounding has become an important aspect when people get back to the normal situation (Flaskerud, 2022). In this transition phase, social distancing has no longer been practice, the regulations of putting mask on are being lifted and people started to re-enter to the society (Flaskerud, 2022). Some people might find socially anxious and distress in coping to a new social situation after the restriction of person socializing for about two years.

Social anxiety among university students was high during the pandemic because self-isolation and social restriction were still being practised to protect themselves and others and prevent the spread of the viruses (Esteves et al., 2021). Self-isolation also known as self-quarantine, usually occurs in COVID-19 patients and people who have a high risk of spreading the viruses through close contact or casual contact, where people need to isolate themselves by staying indoors and must avoid contact with other people (Arden et al., 2020).



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According to research from Chtourou et al. (2020), self-isolation can involve emotion isolation where people refuse and are unwilling to share their feelings with others, they feel they will be negatively judged by others. During the duration of self-quarantine, they will develop a high level of stress and social anxiety because of a lack of interaction and social support (Nkire et al., 2021).

This characteristic may make it difficult for people to engage in and avoid social activities. Students from higher education level who suffer from social anxiety might have a low quality of life because they feel unable to connect socially with others (Ejaz et al., 2020). According to the findings from Savage et al. (2020), students that experienced self-quarantine had negative impacts on stress, low self-esteem, and depression. When students are in self-isolation, they have fewer chances to get social support from family members, friends, and other people that they trust. In short, self-isolation or self-quarantine can affect students' mental well-being by increasing the level of social anxiety, stress, lack of social support and decreasing self-esteem.

The changes in the education system especially in teaching delivery may increase the level of stress and social anxiety (Puteh & Anuarudin, 2020). Students are required to have online learning through Google Meet and Microsoft Team during the COVID-19 pandemic. This new learning experiences might let students feel stressed about adapting a new mode of study (Wahyu & Simanullang, 2020). However, in the transition stage, students need to get back to their normal school life where the university integrate the teaching method in both online and physical which is hybrid mode. People with social anxiety are still in a learning social situation but their social interaction with others are inactive (Bergdahl et al., 2022). When the new learning environment of university students becomes an exceptional and

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unexpected experience, it puts tremendous pressure on university students and causes them to have low self-esteem and low confidence to cope with their issues (Chung et al., 2020).

According to the findings from Jameel (2022), people with social anxiety were more willing to have online classes, they felt more comfortable and competent in their own homes during online classes. This results in low self-esteem and increases the level of social anxiety because of a lack of interaction with others and the avoidance of social situations (Jameel, 2022). According to Cho et al. (2021), university students felt that social support was crucial, they can get support from their instructors on their academic but they felt isolated from their peers after switching to online classes. Instructors give a lot of support and encouragement compared with physical classes while students feel less support from peers because of a lack of interaction and discussion. Godfrey (2020) found out that during online classes, a higher level of social support has been shown to reduce the negative effects of stress. In short, stress, self-esteem, social support, and social anxiety can be negatively impacted by online classes compared with physical classes.

### **Significant of Study**

#### ***Theoretical Significance***

This study can provide a theoretical significance by affirming the relationship between self-esteem, social support, stress, and social anxiety among university students in Malaysia context. Other than that, it might help future researchers to have a better understanding and provide them an insight into self-esteem, social support, stress, and social anxiety of university students in Malaysia.

Due to COVID-19, university students experienced sudden changes of environment such as Movement Control Order (MCO) and online learning then the transition to endemic phase allow people to re-enter to the society. Self-esteem, social support, stress, and social

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anxiety might have different compared with before pandemic. Therefore, this study can help future researchers to make comparisons with the context during the COVID-19 and before the COVID-19.

### *Practical Significance*

Next, this research can bring a lot of benefits to the mental health field, especially for psychologists, counsellors, and social workers. Psychologists can help students to overcome and cope with social anxiety by using cognitive behavioural therapy (CBT) as CBT has high effectiveness to treat social anxiety. For counsellor can develop some interventions for students to boost their self-esteem, help them to cope with issue of social support, reduce the level of stress in order to cope with social anxiety. Counsellors can also educate their clients on how to use relaxation techniques to make them relax when they feel uncomfortable while interacting with others. Social workers can guide students to improve their knowledge about social anxiety and make use of social media to promote and raise awareness so that students can be more aware of social anxiety and cope with it.

### **Research Objectives**

1. To examine the relationships between self-esteem and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia.
2. To examine the relationships between social support and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia.
3. To examine the relationships between stress and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia.
4. To predict social anxiety by using self-esteem during the transition to endemic stage of COVID-19 among university students in Malaysia.
5. To predict social anxiety by using social support during the transition to endemic stage of COVID-19 among university students in Malaysia.

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6. To predict social anxiety by using stress during the transition to endemic stage of COVID-19 among university students in Malaysia.

### Research Questions

1. Is there a relationship between self-esteem and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia?
2. Is there a relationship between social support and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia?
3. Is there a relationship between stress and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia?
4. Does self-esteem can predict social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia?
5. Does social support can predict social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia?
6. Does stress can predict social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia.

### Research Hypotheses

$H_1$ : There is a negative relationship between self-esteem and social anxiety.

$H_2$ : There is a negative relationship between social support and social anxiety.

$H_3$ : There is a positive relationship between stress and social anxiety.

$H_4$ : There will be a significant prediction of social anxiety by self-esteem, social support and stress.

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### **Definition of Terms**

#### *Conceptual Definition*

##### **Social Anxiety**

Social anxiety is defined as an individual's feeling of fear and nervousness while socialising with other people, and it is more than shyness. This will affect their daily activities, self-esteem, and building relationship with other people (Morrison & Heimberg, 2013).

##### **Self-esteem**

An individual's attitudes, beliefs, and appraisals of themselves and it may act as a buffer against these negative tendencies (Abouserie, 1994). People with low self-esteem have confidence in themselves by not negatively judging themselves.

##### **Social Support**

Social support is defined as a social network that provides psychological and material resources to help people deal with their stress and give support such as family members and friends. (Rodriguez & Cohen, 1998).

##### **Stress**

Stress is defined as a feeling of pressure and tension, an individual can experience stress from any event, or feeling angry and nervous will also lead to stress (Robotham & Julian, 2008).

#### *Operational Definition*

##### **Social Anxiety**

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In this study, social anxiety will be measured by Social Interaction Anxiety Scale (SIAS). It is a self-report scale that measures the feeling of stress and avoidance of an individual when having social interaction with others. The SIAS is determined by a total score ranging from 0 to 80, where higher scores suggest a possible diagnosis for social anxiety.

### **Self-esteem**

Self-esteem in this study will be presented by the scores based on Rosenberg Self-Esteem Scale (RSES). It is a self-report that measures positive and negative judgment about self. The RSES is determined by a total score ranging from 0 to 30, where below 15 consider low self-esteem while 15 to 25 consider normal self-esteem.

### **Social Support**

In this study, social support will be measured by the Multidimensional scales of Perceived Social Support (MSPSS). It is a self-report to measure of perceived adequacy of social support from family, friends, and significant others. The MSPSS is determined by a total score ranging between 12 and 84, where the higher scores indicate high perceived social support.

### **Stress**

Stress in this study is presented by the scores based the on Perceived Stress Scale (PSS). It is a self-report questionnaire that measures the level of stress that the individual experienced across the past 30 days. The PSS is determined by a total score ranging from 0 to 40 indicates that lower than 14 means low stress, between 14 to 26 means moderate stress while higher than 26 indicates high perceived stress.

## Chapter 2

### Literature Review

#### Social Anxiety

Social anxiety can be defined as social phobia where an individual has a feeling of fear of being judged or appraised adversely by other people in social circumstances (CUCARD, 2019). People with social anxiety often believe that they are the centre of attention, people around will judge them negatively so this led to persistent fear (Kashdan et al., 2013). In the context of COVID-19 situation, people with high social anxiety can lead to high levels of stress and depression (Delpino et al., 2022). This study was consistent with Zheng et al. (2020) found out that social anxiety can be sparked due to the lockdown and social distancing regulation, when there is an emotional change of an individual. Other than that, COVID-19 situation has brought an impact on social anxiety and psychological distress in students due to online learning and reduce social opportunity (Khan et al., 2021). This is consistent with past finding from Dryman et al. (2016) found that university students with social anxiety were associated with student overall mental health and gave students a low quality of life in their university. Therefore, reducing the level of social anxiety can help to improve the psychological well-being and improve the quality of life of students (Tsitsas et al., 2019).

Next, the previous research from Kaplan et al. (2015) shown that students' level of social anxiety can be influenced by their personality. It was reported people with high level of neuroticism in their personality will lead to more anxious then more likely to have high level of social anxiety. People with high level of extraversion in their personality more likely to have lower chance of social anxiety during social situation. People with social anxiety are linked with low trust, they feel that there is an inclination to mistrust others of being

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dishonest or having bad intentions. This causes high level of social anxiety and being fear will judge by other people (Glinski & Page, 2010). Students with social anxiety was inversely connected with their personality traits (Abdollahi et al., 2022).

### **Self-esteem**

According to Smith et al. (2014) self-esteem defined as an individual positive or negative perspective about self. Self-esteem can improve and changes over time as people form a perception of themselves based on their daily interactions with other people (Yaratan & Yucesoylu, 2010). The negative judgement during childhood were contributed to low self-esteem (Yaratan & Yucesoylu, 2010). Past findings found out that self-esteem as a protective factor to maintaining student's physical and mental health (Aysel et al., 2019). People with a high level of depression, stress, and anxiety are linked to low self-esteem. This finding is consistent with Murad (2020) which individuals with low self-esteem predict anxiety and a higher incidence of stressful life events. People with a high level of self-esteem can be harmful somehow; this is because they are overconfident in themselves and then produce a sense of superiority over others (Sabater, 2021). They will overlook their shortcomings and criticize others; this can bring negative effects on building a relationship with others, addiction and criminal behaviours (Mountain, 2019). Hence, self-esteem is an independent risk factor for developing a variety of mental health disorders.

During the COVID-19, students experienced several mental health issues such as anxiety, stress and depression where people with higher self-esteem has low risk on developing mental health issues (Gestsdottir et al., 2021). Students who develop healthy self-esteem can help to coping with anxiety and stress, this can improve their quality of life in university (Nadareishvili et al., 2022). This study was consistent with Tus (2020) studied the association between self-esteem and academic performance among students, the study found out that there is a positive relationship between self-esteem and academic performance



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indicating that low self-esteem leads to low academic performance. Students with low self-esteem will develop a lack of motivation then cause them to lose interest in striving for excellent academic performance. This indicates that healthy self-esteem can help maintain students mental well-being and academic performance.

### **Social Support**

Social support helps to improve mental well-being and function as a buffer against life's harsh occurrences (Reeve et al., 2013). Family, friends, someone that is trusted and the community can be the social support where provide support when needed. Other findings stated that people could feel love, caring, comfort and helpful when they have social support. Many different people and groups can provide support, including spouses, family members, friends and close relatives (Tajalli et al., 2010). Social support was found to be determinant of mental health issue where higher social support and low chances to have mental health issues such as stress and depression. According to the findings from Fasihi et al. (2017), students with low level of social support has higher chance to suffer from mental health issues compared with students with high level of social support. This finding was consistent with Alsubaie et al. (2019) that students who have positively perceived social support were having low to develop mental health issues and maintain mental well-being.

During the COVID-19 pandemic, the practice of self-isolation become a norm to reduce the high infection rate of the virus. According to the finding from Szkody et al. (2020), the length of time spend during self-isolation was taken into consideration, social support was linked between stress and psychological wellbeing. Other finding from Cao et al. (2020) discovered that students that live with parents, stable social economic status and perceived more social support have low chance to develop mental health issue that associated with COVID-19 such as stress, suicide ideation and depression. This finding was consistent with Szkody and McKinney (2019), stronger social support was shown to relate to higher

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score of psychological health ratings, social support helps to segregate from psychological issues.

### **Stress**

Stress can be defined as a sensation and feeling of tension, it can develop in any incident or experiences that make you angry or fear (Musabiq et al., 2020). According to previous research, high levels of stress are linked with psychological discomfort and have been widespread on students during the outbreak of COVID-19 (Ellis et al., 2020). This finding is similar with Stolzenberg et al. (2020) studied that stress among university students can lead to anxiety, depression and life satisfaction. Stress can be categorised into two different types which is eustress and distress. According to Mahmoud et al. (2012), eustress can be referred to as positive stress. Students who experience eustress can help students be motivated on their academic, help students achieve their goals, and feel good about life. Distress can make people feel overwhelmed because of the resources are insufficient to match the demands, students with distress are linked to academic disruptions, dropout and failure (Mahmoud et al., 2012). In short, distress is unhelpful and will negatively affect individuals' mental well-being.

During the COVID-19, students need to adapt the changing of learning method and this increase a lot of stress of students. The findings from Keyserlingk et al. (2021) found out that students with high level of self-efficacy develop low stress while students with greater mental health impairment and lack of time to do assignments develop high stress. Another finding from Moawad (2020) studied that student with high level of stress is because of uncertainty about their final examination and their grades due to COVID-19 pandemic. Stress will impact both physical and mental health when a person is uncertainty or unsure about something significant (Peters et al., 2017). The finding is consistent with AlAteeq et al.

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(2020) stated that university students scored much higher in stress is most likely because of worry about their examination and performance, feeling of fear about their future.

### **Self-esteem and Social Anxiety**

Self-esteem serves as a protective factor from the antecedents of social anxiety during COVID-19, people that have confident on themselves and without judgement relate to low chance of social anxiety (Alessandro et al., 2020). This finding is consistent with Fitriani & Gina (2022) reported that social anxiety was linked with self-esteem during the post-pandemic COVID-19, where there is a negative correlation between two variables indicating high self-esteem and low social anxiety. In contrast, students who has high level of social anxiety can be predicted by low self-esteem. Moreover, students with average level of self-esteem are associated with low level of social anxiety, whereas students with too high or too low self-esteem are significantly associated with higher level of social anxiety (ZHANG et al., 2019). Students with low level of social anxiety more likely to result in high quality of life in university. Meaning that students with average level of self-esteem and low level of social anxiety will be more enjoy on their university life and more likely to have success in their academic (Tus, 2020).

There was a finding by Keskin et al. (2020) found out that students with high level of social anxiety during physical class has improve after changing to online class but they still have a low self-esteem. In general, the findings of the relationship between self-esteem and social anxiety were somewhat inconsistent before the pandemic context and during pandemic thus this study aims to clarify the relationship between self-esteem and social anxiety among undergraduate students during pandemic in Malaysia context.

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### **Social Support and Social Anxiety**

Social support towards undergraduate student provided by their family members, friends and lecturers play an important role to help student to deal with their social anxiety when student have overwhelming feeling during their social situation (Budge et al., 2013). Family members can always give warm and love feeling to encourage their child to engage more socially over time and friends can always be supportive to motivate for positive experience in social situation (Kim et al., 2017). According to Paić et al. (2022) reported that lectures provide support to students when they have academic issues and somehow provide information to help student to cope with their issue during the COVID-19. When student lack of social support, they tend to loss of motivation, academic stress and including social anxiety.

According to Singh et al. (2020) found out that students with social anxiety is linked with lack of social support which means low level of social support relate to high level of social anxiety. Students with social anxiety they will develop difficulty in building relationship with peers, depression, stress and dropout from school (MedlinePlus Medical Encyclopedia, 2019). This finding is consistent with Tsai (2022) found out that student that experienced burn out showed less social support and interaction compare with student that does not experience burnout.

According to Amsalem et al. (2021), people that socially anxious tend to be more severe in people who had a low social support during the outbreak of COVID-19. According to Cao et al. (2022), there is a relationship between social support and anxiety and the study also showed that social support is an important predictor for the post-pandemic mental health outcome. This study was related to Taylor & Asmundson (2020) showed that when people increase their social support, it is linked to decrease levels of anxiety. However, there is different finding from Panayiotou & Karekla (2012) studied that social support helps and

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direct influence level of stress and quality of life of student but it does not able to predict level of social anxiety.

### **Stress and Social Anxiety**

The changing of the function of universities has sparked the level of stress in university student and this showed the difficulty in adopt to new situation during the COVID-19 (Babicka, 2021). Students developed stress and anxiety because of the COVID-19 and this has bring an impact on their motivation and attitude to learn. According to Al-Rabiaah et al. (2020), people with high stress accompanied by fear of virus transmitted and psychological disease might affect the quantity and frequency of social interaction. Stress might be an indicator of social anxiety due to afraid of social interaction (Al-Rabiaah et al., 2020).

According to Zhang et al. (2016), students that feel socially anxious, they tend to avoid social situation as this can help them to relieve stress and escape from upset, anxiety and fear feelings. This finding consistent with Farmer & Kashdan (2015) found out that people with high level of social anxiety will generate high level of stress during their social activities with others. People with high level of social anxiety, they do not have much self-confidence and they believe that they will be criticize and judge negatively by others (de Castella et al., 2014).

### **Prediction of Self-esteem, Social Support, Stress and Social Anxiety**

According to Mattick et.al. (1998), the instrument used to measure social anxiety is the Social Interaction Anxiety Scale (SIAS), that measuring the level of social anxiety. Wójcik et al. (2022) stated that self-esteem is found to be a significant predictor of social anxiety during the post pandemic of COVID-19. People with high self-esteem tend to have low level of social anxiety. This finding was consistent with Lange (2022) studied that level of self-esteem was the predictor to social anxiety among students. Self-esteem represents a

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protective factor to help people to cope with anxiety but the study did not specific mention about social anxiety (Rossi et al., 2020). However, another study revealed that level of social anxiety does not predict by their self-esteem (Keskin et al., 2020). This showed an inconsistent between different past findings.

Furthermore, social support was found to be a significant predictor of social anxiety among students during the unpredictable social change of COVID-19 situation (Shoshani & Kor, 2022). This study was consistent with Jiang and Luo (2021), people with high level of social support tend to have low level of social anxiety because they get encouragement and support from their social circle. However, Panayiotou & Karekla (2012) studied that people with high level of social support does not able to predict level of social anxiety. Therefore, there is some contradictions between different past findings.

In addition, stress level increase that can cause further psychological impairment including social anxiety in the COVID-19 situation (Ma, 2021). When people with social anxiety need to have a social interaction such as presentation in front of people and going to the gym, this can increase their stress level (Ma, 2021). This was consistent with the study from Al-Rabiaah et al. (2020) found out that stress able to predict social anxiety, when a person with high level of stress during social interaction, it can cause to social anxiety. Therefore, people with social anxiety believe that they cannot change and control their emotions and lead to have high level of stress (de Castella et al., 2014).

### **Theoretical Framework**

#### ***Theory for self-esteem, social support, stress and social anxiety***

The theory used to support self-esteem, social support, stress and social anxiety is self-verification theory that proposed by William Swann in the year of 1981. According to Swann (1981), individual with negative self-views prefer others to view them negatively. As

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an example, individual that have an extrovert personality wants other to view them as extrovert while individual with introvert personality want other to perceive that in such way (Swann, 1981). Self-verification theory emphasize that people will look for confirmation of their self-evaluation so that they view this world as more consistent and predictable Swann (2004).

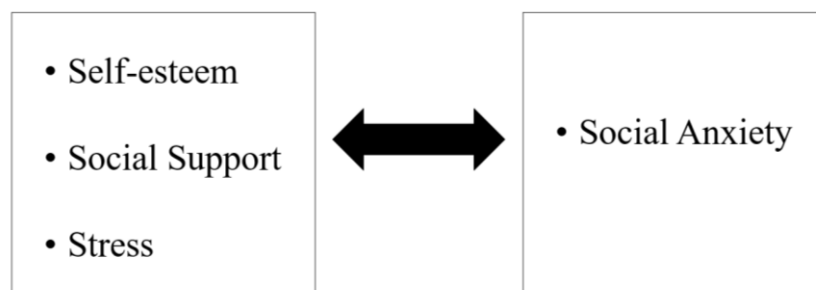
According to Wright et al. (2013), people struggle with self-verification with bring stability to their lives where self-verification can help them to make their life experiences more coherent, organised and more understandable. People with positive self-views, self-verification helps them to maintain their positive self-views (Wright et al., 2013). This is because self-verification can let individual to have smooth social interaction by directing behaviour and let people know what to expect from others during social situation (Swann, 1981). According to self-verification theory, people will seek for evidence and more prefer information to compatible with their own self-images, they will not believe the incongruent info and this linked to individual's self-esteem (Swann et al., 2004). On the self-verification of social anxiety, people with social anxiety are preserving a poor self-image so this led to low self-esteem (Wright et al., 2013). This finding was consistent with Budnick et al. (2018) stated that the self-verification model of social anxiety views low self-esteem and as a defining trait of social anxiety. When people have a negative self-image, they feel stress when they receive positive information by others. This stress feeling can make them self-criticism and self-judgement when they are in social situation and the feeling of stress can facilitate the social anxiety (Wood et al., 2005; Talaifar & Swann, 2017).

According to Brown & McGill (1989), people that have negative self-image when they received positive feedback, they felt that they are in danger and feeling of distress. People that keep negative self-image led to stress and facilitate anxiety (Brown & McGill, 1989). This can make people adapt to self-verification and keep seeking for verification. By

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seeking and obtaining self-verification fulfil the individual's desire for coherence and make people to have the same view as they view themselves (Talaifar & Swann, 2017). People usually that seek for self-verification are struggled to seek verification from their perceived social support such as family members, friends and others (Swann et.al, 1985). According to Marigold et al. (2014), people will always seek verification from their social support in order to support their negative thoughts and feelings, this led to increase their level of social anxiety.

### Conceptual Framework



*Figure 1. The conceptual framework of “Self-esteem, social support, stress, and social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia”.*

In present study, the variables are self-esteem, social support, stress and social anxiety. People that have a low self-esteem and tend to have negative image about self so they will seek for self-verification to support their negative view about self. When people seek for verification about themselves and they get incongruent information about themselves, they will have self-judgement and criticism to themselves (Talaifar & Swann, 2017). This can lead to feeling of stress, tension and then lead to anxiety. This is because they did not believe that they have positive self-image and they feel danger if people give a good comment on them (Brown & McGill, 1989). Furthermore, people with social anxiety they



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tend to seek verification from their friends and family members, if they do have support from others, it can lower their level of social anxiety (Budnick et al., 2018). If they do not have high level of social support, they will keep seeking for verification from others then this led to stress, low self-esteem and high level of social anxiety. In short, self-esteem, social support, stress can direct affect social anxiety.

## Chapter 3

### Methodology

#### Research Design

In present study, the relationship between the self-esteem, the social support, the stress and social anxiety were examine using a quantitative and correlational research design. The data was collected within a specific time and the relationship between variables has been investigated without controlling or manipulating the variables. Quantitative research refers to a method that used to investigate the relationship between variables by using statistics and numerical data (Watson, 2015). The objective of present study was examined the relationship between the variables, the self-esteem, the social support, the stress and the social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia. Hence, researcher collected the primary data from respondents. Primary data refers to the data that are gathered by the researcher directly from primary sources (Salkind, 2012). The correlational research design refers to a non-experimental approach to examine the relationships between variables (Curtis, et.al., 2016). Self-report questionnaires have used in this study as respondents can read the questions and answer without having any interview. In this study consists of large group of voluntarily respondents therefore self-report questionnaires through survey method has been used.

#### Sampling Procedures

##### *Sampling Method*

The researcher collected the data by using purposive sampling, it is known as a type of non-probability sampling technique. To meet the objectives of current study, the data was randomly collected from participants and participants should fulfil the criteria of this study (Curtis, et.al., 2016). The criteria for participants are university students in Malaysia, the age

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of participant was between 18 years old to 25 years old and they are currently experiencing the transition to endemic stage of COVID-19. This is because participants can provide a more precise result of the self-esteem, the social support, the stress, and the social anxiety during transition to endemic stage of COVID-19.

### ***Research Location***

This study conducted across Malaysia by utilizing the Google form. The questionnaire had been distributed through online platform channels. The researcher was spread the questionnaire to the public such as Microsoft Team, WhatsApp, Telegram, and Facebook to distribute the questionnaire.

### ***Ethical Clearance Approval***

This current study adhered to the university's ethical clearance protocol (U/SERC/111/2022) which was obtained through my supervisor (Ms Nur Shakila Binti Ibharam), the Head of Department of Psychology and Counselling (Dr. Pung Pit Wan), and the Dean of Faculty of Art and Social Science (Dr. Lee Lai Meng). Before the data collection process begin, UTAR Scientific and Ethical Review Committee ensure that no ethical concerns are breached. Once the current study proposal was completed, an application of ethical clearance was conducted to obtain the permission of data collection process.

### **Sample Size, Power and Precision**

In this study, G\*Power 3.1.9.7 version was used to calculate the sample size of Hypothesis 1, 2 and 3 which was to examine the relationship between self-esteem, social support, stress, and social anxiety, it was suggested that the sample size was 67. A medium effect size of 0.3 was chosen in the present study. According to Cohen et al. (2013) suggested method for selecting effect size was based on conventional effect size as 0.3 was the medium effect size for bivariate correlation. Besides that, a study conducted by Ma et al. (2014) to

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examine the relationship between self-esteem and social anxiety revealed an effect size of 0.35. Hence, a medium effect size of 0.3 with the power analysis was 0.80 and the margin of error was 0.05 in the present study.

G\*Power 3.1.9.7 version was used to calculate the sample size of Hypothesis 4 which was to predict social anxiety by self-esteem, social support and stress, it was suggested a sample size of 55. According to Cohen (1998) the way for select the effect size was based on the conventional effect size where 0.15 was the medium effect size for multilinear regression analysis. Furthermore, a study conducted by Dieleman et al. (2016) reveal a regression study of stress and anxiety which was 0.20 so a medium effect size has been used in this study. In current study, the power analysis was 0.80 and the margin of error was 0.05.

In current study, the sample size has increased by 50% of 67 respondents. According to Salkind (2012), increase the sample size can prevent unresponsive data and the presence of missing data after the data collection. By collecting the outliers and missing data in current study, it has to raise the sample size by 40% to 50% to maintain the accuracy of results. Therefore, the final sample size in the current study were 101 respondents ( $n = 101$ ).

### **Research Data Collection Procedure**

#### ***Inclusion and Exclusion Criteria***

The participants in this study must be between 18 and 25 years old, currently pursuing their studies at any university in Malaysia and they must be experiencing the transition of pandemic to endemic phase of COVID-19. Being under the age of 18 and over the age of 25, as well as studying abroad, are exclusion criteria. This is to meet the purpose of current study, which was examine the relationship between the self-esteem, the social support, the stress and the social anxiety during the transition to endemic stage of COVID-19 among university students in Malaysia.

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### *Procedures of Obtaining Consent*

The informed consent has attached in the first page of the questionnaire before the questionnaire were given out the participants. Participants that do not agreed the consent, they were not able to take part in this study whereas participants that agreed the consent can proceed to the questions. The information and data of participants only be utilized for academic reasons, participants were allowed to leave this study if they feel uncomfortable.

### *Data Collection Procedures*

The researcher created the online survey using Google Forms and the questionnaire has been distributed to online platforms such as Microsoft Team, Telegram, Facebook, and WhatsApp to get responses from participants. During the COVID-19 situation, social distancing was practiced and instead of using a paper-and-pen questionnaire, using online surveys to collect data can prevent the transmission of the virus. This online questionnaire consisted of a few sections which included demographic information, the Rosenberg Self-Esteem Scale (RSES), the Perceived Stress Scale (PSS), the Multidimensional Scale of Perceived Social Support (MSPSS) and the Social Interaction Anxiety Scale (SIAS). The participant's demographic information such as gender, ethnicity and the name of the university was included in the first section of the survey. However, participants' names and email addresses do not needed in this study to safeguard their privacy and anonymity. The data was collected in a Google Forms database.

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### **Instrument**

#### *Instrument for Self-esteem*

Self-esteem was accessed using Rosenberg Self-Esteem Scale (RSES) that was developed by Marshall Rosenberg in the year 1965 and it was a self-report questionnaire. Initially, RSES was created for teenagers and adolescents to measure their self-esteem but later on it became the most extensively for adult populations. There were 10-item with 4-point Likert scale ranging from "strongly agree" to "strongly disagree". RSES is a multidimensional scale where the 10 items are equally separated into two 5-item dimensions which are self-competence and self-liking. Schmitt and Allik (2015) defined self-competence as an individual's sense of confidence, capability, and efficacy about themselves. Self-liking is referred to as an individual's sense of self-worth and social significance (Schmitt and Allik, 2005). The total score ranges from 0 to 30 where score higher indicate higher self-esteem; low score indicate lower self-esteem. The psychometric properties have shown a high reliability of 0.81 of this scale (Sinclair, et.al., 2010).

#### *Instrument for Social Support*

Social support was accessed using the Multidimensional Scale of Perceived Social Support (MSPSS) that developed by Zimet and his colleagues in year 1988. The instrument was used to measure perceived social support from three sources such as family members, friends and significant others. There were 12-items with a 7-point Likert scale ranging from "very strongly disagree" to "very strongly agree". The total score ranges from 12 to 84 where high score indicate high perceived support; low score indicate low perceived support. The psychometric properties of this scale have shown a high reliability of 0.91 (Lee et al., 2016).

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### *Instrument for Stress*

Stress was assessed using the Perceived Stress Scale (PSS) that was developed by Sheldon Cohen in the year 1983, it was a self-report measure that has been widely used. There were 10-items with a 5-point Likert scale ranging from "never" to "very often". The total score ranges from 0 to 40 and there is a reverse score for items 4, 5, 7, and 8. The score ranging from 0 to 13 indicates low stress; 14 to 26 indicates moderate stress and 27 to 40 indicates high stress. The psychometric properties of this scale have shown a high reliability of 0.83 (Huang et al., 2020).

### *Instrument for Social Anxiety*

Social anxiety was assessed using Social Interaction Anxiety Scale (SIAS) that was developed by Mattick and Clarke in the year 1998. It is a self-report scale that measures the social interaction anxiety. There were 20-items with a 5-point Likert scale ranging from "not at all characteristic of me" to "extremely characteristic of me". The total score ranges from 0 to 80 where the high score indicate high level of social anxiety; low score indicate low level of social anxiety. According to Peters (2000), the score of 36 was defined as a cut-score which means that the scores that were higher than 36 were considered as social anxiety. The psychometric properties shown a high reliability of 0.94 (Le Blanc, et.al., 2014).

### **Pilot Study**

The researcher has collected data from 30 participants through an online survey by using Google Form and distributing it through Microsoft Team, WhatsApp, Facebook, Telegram. Once data was collected, the researcher started to analyse the data and observe the reliability of the instruments used in this study.

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**Actual Study**

When the result of the pilot study shows satisfactory to great reliability, the actual study has to be carried on. The online survey questionnaire has been distributed through Microsoft Team, WhatsApp, Facebook and Telegram to collect data. In the actual study had recruited a minimum of 101 respondents to complete the data analysis part. A reliability test was observed, and all the instruments showed great reliability.

**Table 3. 1** *Reliability of Instruments in Pilot Study (n=30) and Actual Study (n=101)*

Variable	Number of Items	Cronbach's alpha	
		Pilot Study	Actual Study
RSES	10	.76	.71
MSPSS	12	.89	.89
PSS	10	.78	.71
SIAS	20	.87	.91

*Note.* RSES=Rosenberg Self-Esteem Scale, MSPSS=Multidimensional Scale of Perceived Social Support, PSS=Perceived Stress Scale, SIAS= Social Interaction Anxiety Scale.

**Data Analysis**

The researcher used the JASP 0.16.4.0 programme and Microsoft Excel to analyse the data in this study. The raw data was exported from Google Form to Microsoft Excel. The function of excel that was used to calculate the sum of the instruments was '=sum'. The function of excel that was used to reverse the score of the instrument was '=if'. Other than that, descriptive data describe and summarize the data in present study then assumptions of normality are tested.

Other than that, Pearson Product-Moment Correlation was utilized to examine the relationship for Hypothesis 1, 2 and 3. Multiple Linear Regression (MLR) were used to



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measure Hypothesis 4, the prediction of self-esteem, social support and stress on social anxiety.

## Chapter 4

### Results

#### Demographic Characteristics

According to Table 4.1 showed the demographic information of the respondents in current study. There were 89 respondents between 18 years old to 25 years old ( $M = 22.1$ ,  $SD = 1.33$ ). In this study, there were 70.8% of female respondents ( $n = 63$ ) while there were 29.2% of male respondents ( $n = 26$ ). The respondents were mostly university students from University Tunku Abdul Rahman (UTAR) which were 24.7% of them ( $n = 22$ ), Tunku Abdul Rahman University College (TARUC) 12.4% of them ( $n = 11$ ) and HELP University were also 12.4% of them ( $n = 11$ ). The other university students that participated in the current study were indicated in Table 4.1.

**Table 4. 1** Descriptive Statistics for Demographic Variables

<i>Descriptive Statistics for Demographic Variables</i>				
	n	%	M	SD
Age			22.1	1.33
<b>Gender</b>				
Male	26	29.2		
Female	63	70.8		
<b>Name of University</b>				
UTAR	22	24.7		
TARUC	11	12.4		
Help University	11	12.4		
Xiamen University	4	4.5		
Universiti Putra Malaysia	1	1.1		
SEGi University	2	2.2		
Universiti Sains Malaysia	3	3.4		
INTI International University	5	5.6		
Universiti Tun Hussein Onn Malaysia	7	7.9		
Sunway University	2	2.2		
Universiti Malaya	4	4.5		
Universiti Malaysia Terengganu	3	3.4		
UCSI	2	2.2		
UOW Malaysia KDU	2	2.2		
Universiti Malaysia Sarawak	3	3.4		
Universiti Malaysia Sabah	4	4.5		

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Taylor's University	2	2.2
Raffles University	1	1.1

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*Note.*  $n$  = number of cases; % = percentage;  $M$  = mean;  $SD$  = standard deviation.

### **Descriptive Statistics of Topic-Specific Variables**

According to Marshall (1965), the RSES is used to measure the level of self-esteem. The scoring of RSES that lower than 15 indicate low self-esteem, 36.0% of the participants ( $n=32$ ) are having low self-esteem while 64.0% of the participants ( $n=57$ ) are having high self-esteem. The MSPSS was used to measure the level of perceived social support of an individual (Zimet et al., 1988). The scores of the MSPSS lower than 29 indicate low perceived social support, 29 to 56 indicate moderate perceived social support and scores higher than 57 indicate high perceived social support. There were no participants with low social support perceptions; 36% of participants ( $n = 32$ ) had moderate social support perceptions, and 64% of participants ( $n = 57$ ) had high social support perceptions. According to Cohen (1983), Perceived Stress Scale was used to measure the level of stress of respondents. The scoring for PSS lower than 14 indicate low level of stress, 14 to 26 indicate moderate level of stress and 26 above indicate high level of stress. There were 3.4% of participants ( $n=3$ ) were low stress, 84.3% of participants ( $n=75$ ) were moderate stress and 12.4% of participants ( $n=11$ ) were high stress. The SIAS is used to measure the level of social anxiety (Mattick & Clarke, 1998). The scoring for SIAS lower than 36 indicate low level of social anxiety, 36 to 58 indicate moderate level of social anxiety and higher than 59 indicate high level of social anxiety. There were 27.0% of participants ( $n=24$ ) were low level of social anxiety, 52.8% of participants ( $n=47$ ) were moderate level of social anxiety while 20.2% of participants ( $n=18$ ) were high level of social anxiety.

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**Table 4. 2** *Descriptive Statistic for Main Variables*

	<i>n</i>	<i>%</i>	<i>M</i>	<i>SD</i>
<b>RSES</b>			16.88	3.71
Low (<15)	32	36.0%		
High (>15)	57	64.0%		
<b>MSPSS</b>			61.48	11.60
Low (<29)	0	0%		
Moderate (29-56)	32	36.0%		
High (57-84)	57	64.0%		
<b>PSS</b>			21.66	4.63
Low (<14)	3	3.4%		
Moderate (14-26)	75	84.3%		
High (27-40)	11	12.4%		
<b>SIAS</b>			44.70	13.84
Low (<36)	24	27.0%		
Moderate (36-58)	47	52.8%		
High (59-80)	18	20.2%		

*Note.* *n* = number of cases; % = percentage; *M* = mean; *SD* = standard deviation, RSES = Rosenberg Self-esteem Scale; MSPSS = Multidimensional Scale of Perceived Social Support; PSS = Perceived Stress Scale; SIAS = Social Interaction Anxiety Scale.

## Data Diagnostic

### *Frequency and Percentages of Missing Data*

In the current study, no missing data was shown after the detection of the missing data.

Google Form can help to detect missing data because respondents were required to answer all the items in the Google form in order to proceed to the next section which can prevent missing data. The missing data were then identified using the function in Microsoft Excel using the formula of 'countblank'. For example, '=COUNTBLANK(A2:BV2)', A2 to BV2 indicate the data for the instruments from row A2 until BV2. Current study was no detection of missing data in the current study.

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### *Frequency and Percentages of Unengaged Response*

In the current study, there was no unengaged response shown after the detection of an unengaged response. The function that is used to detect an unengaged response is 'STDEV' such as '=STDEV(E2:BV2), E2 to BV2 indicate the data for the response from participants to make an analysis on the unengaged response. Data with less than .05 will be considered unengaged and will be removed from the current study. However, there was no detection of an unengaged response in the current study, as all of the data showed .05 above (Gyasi et al., 2017).

### **Analysis of Data Distributions**

#### *Normality of Variables*

The normality test included were the skewness, kurtosis, Shapiro-wilk and boxplot for all variables which are social anxiety, self-esteem, social support and stress. According to Mishra et al. (2019), checking the normality of the data can help researchers decide the statistical methods for data analysis. Therefore, using skewness, kurtosis and boxplot can help detect outliers then outliers has deleted in the current study. (Appendix B)

#### *Skewness and Kurtosis*

Skewness and kurtosis were used to determine the normality of the data and identify outliers that appeared in the data. The skewness and kurtosis of each distribution that have a score within a range of -2 to +2 are within an acceptable range. The skewness of the social anxiety, the self-esteem, the social support and the stress were -0.266, 0.001, -0.171 and 0.093 respectively based on Table 4.3. There are two variables that are positively skewed which are self-esteem and stress while social anxiety and support are negatively skewed. The kurtosis of

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the social anxiety, the self-esteem, the social support and the stress were -0.439, -0.499, -0.561 and 0.119 respectively.

**Table 4. 3** *Skewness, Kurtosis and Shapiro Wilk Table*

	<b>Skewness</b>	<b>Kurtosis</b>	<b>Shapiro Wilk</b>
SIAS	-0.266	-0.439	0.085
RSES	0.001	-0.499	0.331
MSPSS	-0.171	-0.561	0.322
PSS	0.093	0.119	0.538

*Note. SIAS = Social Interaction Anxiety Scale; RSES= Rosenberg Self-esteem Scale; MSPSS = Multidimensional Scale of Perceived Social Support; PSS = Perceived Stress Scale.*

### ***Boxplot and Outliers***

The boxplots revealed several outliers among social anxiety, self-esteem, social support and stress which are case 3, 12, 36, 58, 80, 85, 86, 92, 96, 97, 98, 100 (Appendix B). According to Barnett & Lewis, 1994), outlier was the value of the data that are different from all of the participants in this study. The outliers were eliminated in this study this is because outliers may lead to bias and affect the result.

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**Data Analysis**

**$H_1$  : There is a negative relationship between self-esteem and social anxiety.**

**Table 4. 4** *Correlation between self-esteem and social anxiety*

Variable		RSES		SIAS
1. RSES	Pearson's r	—		
	p-value	—		
2. SIAS	Pearson's r	-0.443	***	—
	p-value	< .001		—

*Note.* All tests one-tailed, for negative correlation.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , one-tailed

*Shapiro-Wilk Test for Bivariate Normality*

			Shapiro-Wilk	$p$
RSES	-	SIAS	0.978	0.139

The assumptions of PPMC were observed in this study, including the normality of distribution based on Skewness and Kurtosis (refer to Table 4.3). The Shapiro-Wilk Test for bivariate normality showed  $p = .139$  which was greater than .05.

The assumptions of PPMC were met. Pearson Product-Moment correlation (PPMC) was conducted in current study to investigate the relationship between self-esteem and social anxiety. Table 4.4 showed the results that there was a negative correlation between the components of self-esteem and social anxiety, which was statistically significant ( $r = -.443$ ,  $p < .001$ ) which means the higher the self-esteem, the lower the social anxiety and vice versa. Thus,  $H_1$  is supported.

According to Guildford Rule of Thumb, the strength of relationship between self-esteem and social anxiety was moderate. Guildford (1973) stated that the strength of relationship is considered as moderate as  $r$  value that falls within  $\pm.4$  to  $\pm.7$ .

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**$H_2$ : There is a negative relationship between social support and social anxiety**

**Table 4.5** *Correlation between social support and social anxiety*

Variable		MSPSS	SIAS
1. MSPSS	Pearson's r	—	
	p-value	—	
2. SIAS	Pearson's r	-0.003	—
	p-value	0.490	—

*Note.* All tests one-tailed, for negative correlation.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , one-tailed

*Shapiro-Wilk Test for Bivariate Normality*

			Shapiro-Wilk	p
MSPSS	-	SIAS	0.991	0.830

Table 4.3 showed the assumptions of PPMC were observed including the normality of distribution based on Skewness and Kurtosis. The Shapiro-Wilk Test for bivariate normality showed  $p = .830$  which was greater than  $.05$ .

Therefore, the assumptions of PPMC were met. Pearson Product-Moment Correlation (PPMC) was conducted in current study to investigate the relationship between the social support and the social anxiety. Table 4.5 showed the results that there was no correlation between the components of the social support and the social anxiety, which was not statistically significant ( $r = -.003$ ,  $p = .490$ ). Thus,  $H_2$  is not supported. The strength of relationship between the social support and the social anxiety was very weak according to Guildford (1973).



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 **$H_3$ : There is a positive relationship between stress and social anxiety****Table 4. 6** *Correlation between stress and social anxiety*

Variable		PSS	SIAS
1. PSS	Pearson's r	—	
	p-value	—	
2. SIAS	Pearson's r	0.440	***
	p-value	< .001	—

*Note.* All tests one-tailed, for positive correlation.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , one-tailed

*Shapiro-Wilk Test for Bivariate Normality*

			Shapiro-Wilk	p
PSS	-	SIAS	0.986	0.431

The assumptions of PPMC were observed in this study, including the normality of distribution based on Skewness and Kurtosis (refer to Table 4.3). The Shapiro-Wilk Test for bivariate normality showed  $p = .431$  which was greater than .05.

Therefore, the assumptions of PPMC were met. To investigate the relationship between stress and social anxiety, Pearson Product-Moment correlation (PPMC) was conducted in current study. Table 4.6 showed the results that there was a positive correlation between the components of stress and social anxiety, which was statistically significant ( $r = .440, p < .001$ ) which means the higher the stress, the higher the social anxiety. Thus,  $H_3$  is supported.

According to Guildford Rule of Thumb, the strength of relationship between stress and social anxiety was moderate. Guildford (1973) stated that the strength of relationship is considered as moderate as  $r$  value that falls within  $\pm.4$  to  $\pm.7$ .

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**H<sub>4</sub>: There will be a significant prediction of social anxiety by self-esteem, social support and stress.**

**Table 4. 7** Multiple Regression of Self-esteem, Social Support, Stress on Social Anxiety

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	RMSE	R <sup>2</sup> Change	F Change	df1	df2	p	Durbin-Watson		
										Autocorrelation	Statistic	p
H <sub>0</sub>	0.000	0.000	0.000	13.844	0.000		0	88		0.222	1.488	0.014
H <sub>1</sub>	0.543	0.295	0.270	11.829	0.295	11.844	3	85	< .001	0.154	1.662	0.093

**Table 4. 8** Multiple Regression of the Model

Model		Sum of Squares	df	Mean Square	F	p
H <sub>1</sub>	Regression	4972.221	3	1657.407	11.844	< .001
	Residual	11894.588	85	139.936		
	Total	16866.809	88			

*Note.* The intercept model is omitted, as no meaningful information can be shown.

**Table 4. 9** Multiple Regression of each of the variable

Model		Unstandardized	Standard Error	Standardized	t	p	Collinearity Statistics	
							Tolerance	VIF
H <sub>0</sub>	(Intercept)	44.697	1.468		30.458	< .001		
H <sub>1</sub>	(Intercept)	38.092	11.918		3.196	0.002		
	RSES	-1.291	0.372	-0.346	-3.468	< .001	0.833	1.200
	MSPSS	0.122	0.111	0.102	1.096	0.276	0.954	1.048
	PSS	0.965	0.293	0.322	3.291	0.001	0.864	1.157

*Note.* Dependent Variable = Social Anxiety. Predictors = Self-esteem, social support and stress

The assumptions of MLR were observed in this study, including the linear relationship, no significant outliers, no multi-collinearity, independence of observation and homoscedasticity (Table 4.9). Multiple Linear Regression (MLR) was conducted in current study to investigate how well self-esteem, social support and stress predict social anxiety.

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The value of Durbin-Watson was 1.662 which is between 1.5 and 2.5 that showed that it was an independent observation (Berry, 1993) refer to Table 4.7. All the collinearity tolerance was more than 0.1 and VIF was not more than 5.0, this explained that the data was normal and there was no outliers in current study (Keith, 2006) (refer to Table 4.9).

MLR was used to investigate the prediction of social support by self-esteem, social support and stress. Table 4.7 showed the result was statistically significant  $F(3, 85) = 11.844, p < .001$ . The value of adjusted  $R$  squared was 0.161, this explain that 16.1% of the variance in social anxiety was explained by self-esteem. The identified equation to understand this relationship was social anxiety =  $-1.291$  (self-esteem) +  $0.122$  (social support) +  $0.965$  (stress) +  $38.092$ , using the formula for individual case can calculate the value of social anxiety. For example, one of the cases scored 11 in self-esteem, 55 in social support and stress in 22, the equation for social anxiety =  $-1.291(11) + 0.122(55) + 0.965(22) + 38.092$ . Therefore, social anxiety for the individual case was 51.831.

The self-esteem ( $\beta = -0.346, p < .001$ ) and stress ( $\beta = 0.322, p = .001$ ) significantly predicted social anxiety. However, social support ( $\beta = 0.102, p = .276$ ) was not significantly predicted social anxiety. The value of adjusted  $R$  squared was 0.270, this explain that 27.0% of the variance in social anxiety was explained by self-esteem, social support and stress. The effect size of  $f^2 = 0.42$  was large (Cohen, 1988). In short, self-esteem and stress were the predictor on social anxiety. However, social support failed to predict social anxiety. Thus,  $H_4$  was supported.

## Chapter 5

### Discussion and Conclusion

#### Discussion

##### *Self-esteem and Social Anxiety*

Table 4.4 showed the result supports  $H_1$  as there is a negative correlation between self-esteem and social anxiety ( $r = -.443, p < .001$ ). According to self-verification theory, people with social anxiety view themselves negatively and they will usually seek feedback that validates themselves (Talaifar & Swann, 2017). They find it more comfortable to process the self-criticism that promotes the survival of their perception of themselves. Therefore, this process maintains low self-esteem and increases the level of social anxiety (Wright et al., 2013).

This result showed there was consistency with other previous studies (Alessandro et al., 2020; Fitriani & Gina (2022)). Previous research found out that people with a high level of self-esteem are more unlikely to develop social anxiety during the post-pandemic of COVID-19. Therefore, targeting changes in self-esteem may help to increase self-confidence and lead to better treatment outcomes for social anxiety. According to Ahsan et al. (2021), the COVID-19 has sparked social anxiety, panic and extreme mental stress among students due to the extreme isolation and lockdown measures. Students with higher self-esteem believed they had the confidence to face and manage psychological challenges, which improved their mental health (Ahsan et al., 2021). This has provided an idea of how an individual's self-esteem is related to mental health issues such as anxiety, depressive symptoms and stress. This finding was consistent with Torales et al. (2020) found out that people were facing mental health issues such as anxiety, depressive symptoms and stress during the situation of

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COVID-19. Self-esteem boosts can act as a buffer against anxiety during the COVID-19 situation (Torales et al., 2020). Therefore, there is a negative relationship between self-esteem and social support.

### *Social Support and Social Anxiety*

Table 4.5 showed the result of there is no significant correlation between social support and social anxiety ( $r = -.003, p = .490$ ). Thus,  $H_2$  was not supported. According to self-verification theory, people tend to partner with their social network to verify self-perceptions (Swann et.al, 1985). People who are socially anxious will seek information and behaviours that validate their negative self-image, and they will interpret this interaction to conform their self-image (Marigold et al., 2014). They will usually seek verification from members of their social networks, the action of verifying feedback from others helps to strengthen a person's self-view (Swann et al., 2004). For example, if people with socially anxious get negative feedback from others then this might maintain their negative self-view and keep them socially anxious. According to the self-verification theory, social support and self-verification related to anxiety.

This finding was contradict to Carlton et al. (2022) found out that social support was one of the resources to help individuals deal with stressful life events during COVID-19 and it had positive effects on individuals with mental health issues. People with social anxiety need the support and encouragement of family members and friends to help them to face their challenges during social interaction (Yao et al., 2020). Individuals have a chance to get information, opinions and feedback from their social support system to reduce the frequency of unhelpful thoughts and beliefs during social interaction (Yao et al., 2020).

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Another study from Khan et al. (2021) also found similar finding which there is a relationship between social support and social anxiety among university students. During the situation of COVID-19, students need to have online learning and some of the students were not able to cope with the new teaching method (Frederick et al., 2020). Therefore, students reported that social support such as peers and lecturers was willing to help them when they faced difficulties. People with social anxiety feel more confident after they seek help from peers and lecturer through online meeting.

However, prior to the context of COVID-19, there were some findings that found no relationship between the social support and the social anxiety but social support helps and directly affects the level of stress of students (Panayiotou & Karekla, 2012). This was supported by research conducted by Wang et al. (2018) reported a relationship between social support and anxiety disorder but did not specify social anxiety disorder. As a result, social support may be associated with anxiety but not social anxiety. Yet, the insignificant correlation between social support and social anxiety during COVID-19 situation was lack of research to explain about it.

### ***Stress and Social Anxiety***

Table 4.6 showed the finding of a positive correlation between the stress and the social anxiety which is statistically significant ( $r = .440, p < .001$ ). Therefore, the result supports the  $H_3$  as there is a positive correlation between the stress and the social anxiety. This result explained that high stress level, high social anxiety level. People with social anxiety characterized by intense stress during social interaction because the individual was afraid of being negatively judged by others (Kashdan et al., 2013). People with social anxiety tend to focus on their negative self-view such as unhelpful beliefs and assumptions about self

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during social situation (Kaplan et al., 2015). Since they are too focused on their negative self-view, this increases their stress level and negative social-evaluative thoughts.

According to self-verification theory, people with negative self-view usually seek for negative feedback as a reinforcement their negative view of self (Swann, 1981), In the self-verification process, individual might lead to high level of stress and anxiety. If people with social anxiety that get positive feedback from others, this can increase their levels of stress because of the incongruent of the feedback with existing self-views (Tsai, 2022).

According to Gallagher et al. (2020), there was an increase stress level during the COVID-19 and it was related to increasing level of generalized anxiety, social anxiety and depression. There was a higher chance for people to diagnose with anxiety disorder during COVID-19 (Brown, 2020). According to the findings from USA and Canada found out that people with higher levels of social anxiety symptoms predicted to have high level of stress from COVID-19 (Gruber et al., 2021).

However, there was a finding showed that e-learning that have sparked the high level of stress among the student and this bring an impact to student with socially anxious (Alsudais et al., 2022). Student was transformed to online class to prevent the spread of virus, somehow this help people with socially anxious to reduce stress because can avoid social interaction with others. Therefore, the avoidance of social interaction can bring a negative impact to the social anxiety.

### ***Predictors of Social Anxiety***

According to the current study's findings, self-esteem can predict social support, which supported Hypothesis 4 of the current study. This indicated that individual who have a high level of self-esteem will contribute to social anxiety. This study was consistent with the

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results and past studies (Wójcik et al., 2022; Lange, 2022). This is because university students with high self-esteem have low social anxiety, indicating that they are confident in interacting with others in social situations (Iancu & Ben, 2015). On the other hand, the research found out that self-esteem can predict the level of social anxiety among students (Liu et al., 2022). A high level of self-esteem can promote a positive self-image, which aids in the reduction of social anxiety. When students have high self-esteem, this provides a positive view and the confidence to deal with unhelpful thoughts and beliefs during social interaction (Liu et al., 2022). This finding supported Tsai's (2022) prediction that people that have lower self-esteem has higher chance to develop anxiety and depression during the COVID-19 situation. Student with low self-esteem does not have much confidence in themselves and this increase their level of self-criticism. Their self-criticism is predicted to elevate the level of social anxiety (Löw et al., 2020). This study was consistent with Hiller et al. (2017) showed that self-esteem had reciprocal predictive relationships with anxiety. Therefore, there is a predictive relationship between the self-esteem and the social anxiety.

Social support was found to not be able to predict social anxiety based on the current findings in this study. This result was consistent with Panayiotou & Karekla (2012) finding that social support had no predictive relationship with social support. However, the current result was inconsistent with some of the findings in the literature which found that social anxiety could be predicted by social support (Shoshani & Kor, 2022; Jiang and Luo, 2021). According to Barnett et al. (2020), people with high perceived social support are more stable, have a strong ability to face difficulties and stress, buffer anxiety and might be able to reduce social anxiety during interaction with others. People with low social support do not necessarily have a higher chance of experiencing social anxiety (Farmer & Kashdan, 2015). However, there is a lack of research that explains the insignificant predictor between social support and social anxiety during the COVID-19 situation. Hence, there is a need to highlight



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the necessity for additional research about social support to predict social anxiety during the transition to the endemic stage of COVID-19 for future researchers.

According to the findings of this current study, stress was able to predict social anxiety. The results indicate that stress was the best predictor with a higher score among all the variables which is 0.322 standardized coefficients Beta. The findings were consistent with the previous study (Ma, 2021; Al-Rabiaah et al., 2020) which found that social anxiety can be predicted by stress. According to Jamieson et al. (2013), stress is commonly used to elicit feelings of anxiety and negative affect which outcomes are exacerbated in people with social anxiety. As a result, reframing stress arousal was able to improve coping skill appraisals and promote a more adaptive profile of reactivity in people who suffer from social anxiety (Jamieson et al., 2013).

According to Montano & Acebes (2020), the research found that the level of stress during the COVID-19 significantly predicted the level of social anxiety including the university students. People with social anxiety have unhelpful beliefs and assumptions during social interaction, which causes them to focus excessive attention on minimising behaviours that might elicit judgement. Thus, if excessive self-focus increases negative social evaluative thoughts, people may become stressed later in social interactions (Beidel et al., 2019). This finding was consistent with what Ozdin et al. (2020) reported that stress was found to predict social anxiety.

### **Implication**

#### ***Theoretical Implications***

Aside from that, the current study is supported by William Swann's self-verification theory, which he proposed in 1981. According to previous findings, self-esteem and stress

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were found to have a significant relationship with social anxiety (Gallagher et al., 2020; Gruber et al., 2021; Alsudais et al., 2022; Ahsan et al., 2021; Torales et al., 2020; Brown, 2020). The result suited with the theoretical framework in present study. This current study provides awareness and insight about self-esteem, social support, stress and social anxiety among university students in Malaysia.

The results of the previous study on social support and social anxiety were inconsistent. Social support has no relationship with social anxiety and revealed that social support does not predict social anxiety. However, past findings found showed the relationship between the social support and the social anxiety, including the prediction (Porter et al., 2017; Jiang et al., 2021). According to the current findings, people with social anxiety may not benefit from social support. Therefore, this study provides a new insight for future researchers to investigate the relationship between social support and social anxiety among university students in Malaysia.

### ***Practical Implication***

This current study has provided university students with a practical framework for identifying the key elements that have an impact on social anxiety. This current study provides a benefit for university students in Malaysia to deal with social anxiety such as improving self-esteem and managing stress. This study emphasises the importance of students maintaining their mental health in order to deal with their social anxiety. By doing this, the level of social anxiety among university students will improve and this can improve their well-being.

Additionally, this study helps the counsellor who is particularly working with university students who are socially anxious and have low self-esteem. Firstly, the result

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showed that self-esteem is important to improve social anxiety which can also help to improve well-being. University students might benefit from counselling to boost their self-esteem and overcome their social anxiety. Secondly, the result also showed that stress can affect the level of social anxiety. Therefore, a counsellor can provide some coping skills for university students to cope with their stress such as progressive muscle relaxation techniques, cognitive restructuring and mindfulness breathing.

### **Limitation of study**

The first limitation of the current study is that data from participants was only collected once because of the research design was cross-sectional study so the current study unable to provide a longitudinal result.

Secondly, the survey was distributed through an online form and it is a self-report-based survey, there may be bias on the side of the respondents. The self-esteem, the social support, the stress and the social anxiety are part of the university student's life, participants might have changed their response in order to provide a positive impression of themselves in this research. Due to this bias, there is a potential that the data will be unreliable and inaccurate. Other than that, an online survey might provide a chance to allow respondents to falsify their demographic information before they continue to respond to the survey. Hence, there is a chance that they might provide fake information.

Next, the current survey questionnaire was too lengthy that might impact the result accuracy. There were total of 52 items in the questionnaire, participants could feel compelled to respond to every question in order to finish the survey. This might influence the patience of those uninterested participants. One of the instruments used in the current study, the SIAS consists of 20 items, this might be problematic to participants.

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### **Recommendation for Future Study**

The first recommendation would be to do a longitudinal study in the future because stress levels might change based on different situations. In order to understand the relationship between stress and social anxiety, the survey should be distributed at various times. For example, the survey could be distributed three times: once before the start of the new semester, once during the coursework submission period (such as assignments, midterms, and quizzes), and once during the post-test period. The different levels of stress can influence the level of social anxiety so this can help provide a better understanding of stress and social anxiety.

Secondly, increasing the sample size and improve the psychometric properties of the instruments. According to Faber & Fonseca (2014), the sample size has a significant impact on the reliability of the data. There were total of 89 samples excluding outliers and invalid samples, this study had a medium effect size. Hence, the current sampling method maybe restrict the amount of data that can be used to apply to all university students in Malaysia. Therefore, future researchers are recommended to utilize the randomize sampling techniques and increase the sample size to make the finding to be generalize to the population.

Next, future researchers were recommended to diversify the participation in terms of gender, ethnicity, university and other demographic information to maintain equal representation from all the targeted groups. Furthermore, get in touch with other participants from different ethnicities. This is because most of the participants in present study were Chinese, which might provide a biased result. Therefore, future researchers might consider gathering respondents from different backgrounds (ethnicity, university, programme and faculty) to prevent biased responses.

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In addition, researchers in the future are recommend to use qualitative research design to conduct the study about self-esteem, social support, stress and social anxiety. The result from a qualitative research design provides deeper understanding of the human experiences and phenomena from respondents rather than understand respondents through figures and numbers. Other than providing deeper understanding, the qualitative research design can prompt future researcher to develop a broad conceptual framework about the self-esteem, social support, stress and social anxiety (Mohajan, 2018). This can provide a clearer picture about the mechanisms on the variables.

### **Conclusion**

Lastly, this current study has successfully achieved all the objectives which were to examine the relationship and prediction of self-esteem, social support, stress and social anxiety during the transition to the endemic stage of COVID-19 among university students in Malaysia. The findings showed no significant relationship between the social support and the social anxiety. Aside from that, the findings show that self-esteem and stress can predict social anxiety, whereas social support cannot. In the future, researchers can expand and further explore this study with other variables to examine other additional factors of social anxiety among university students in Malaysia.

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## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

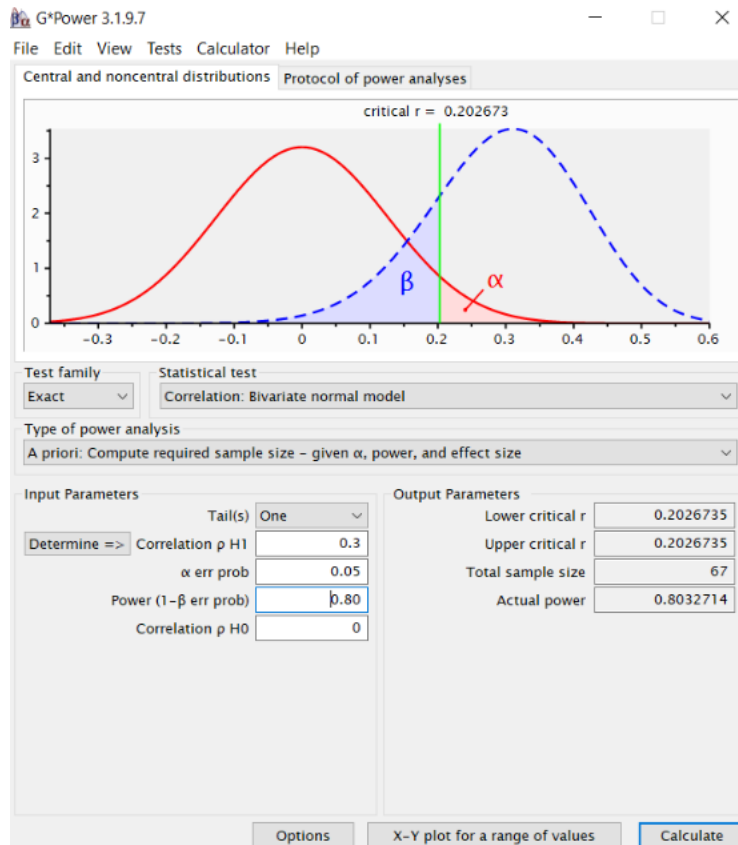
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## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

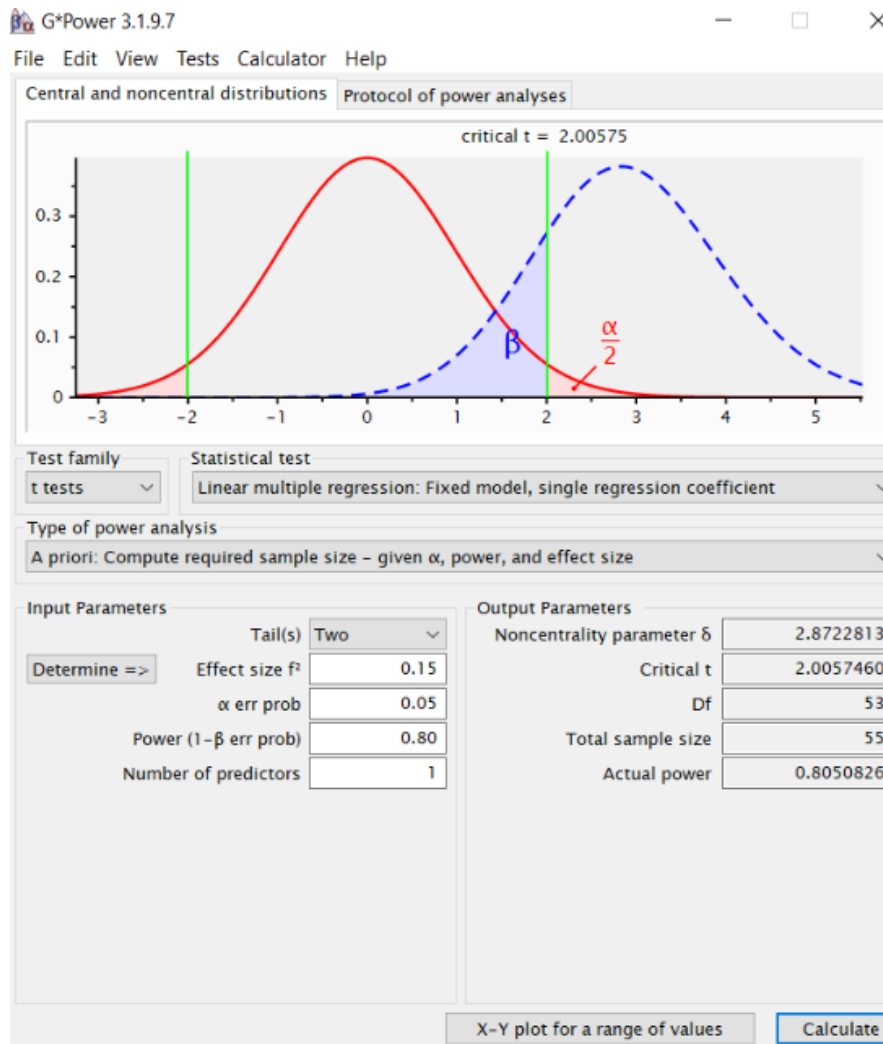
## Appendix

## Appendix A

## Sample Size Calculation



## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY



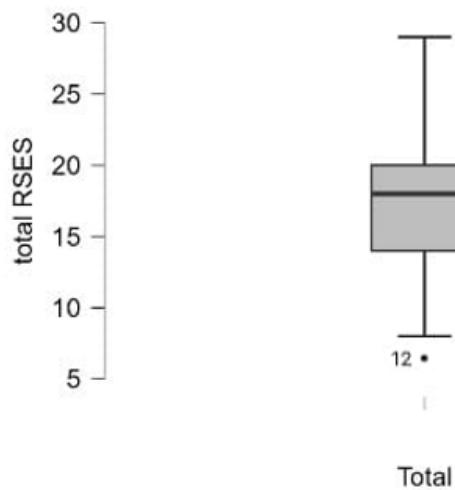
## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

## Appendix B

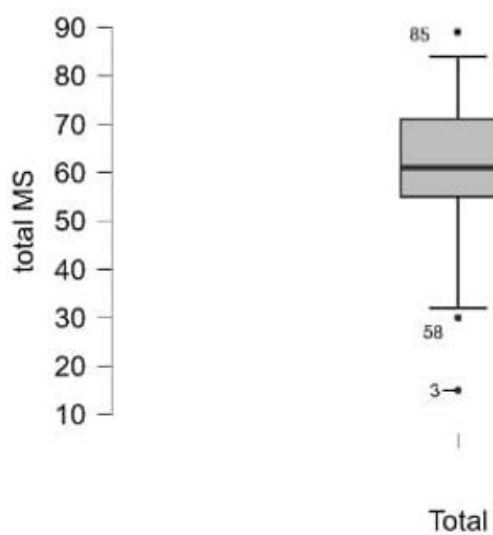
## Boxplots for Each Distributions with Outliers

## Boxplots ▾

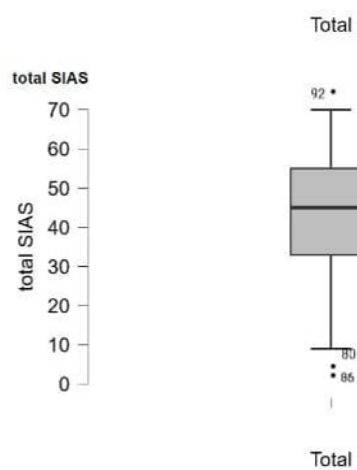
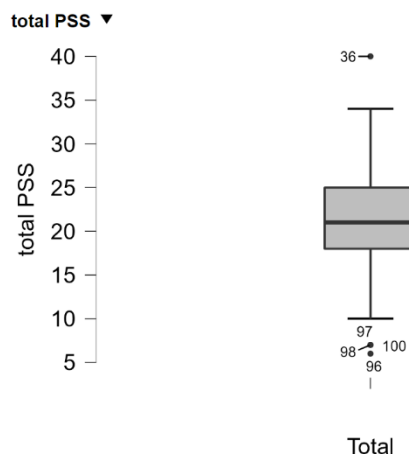
## total RSES



## total MS ▾



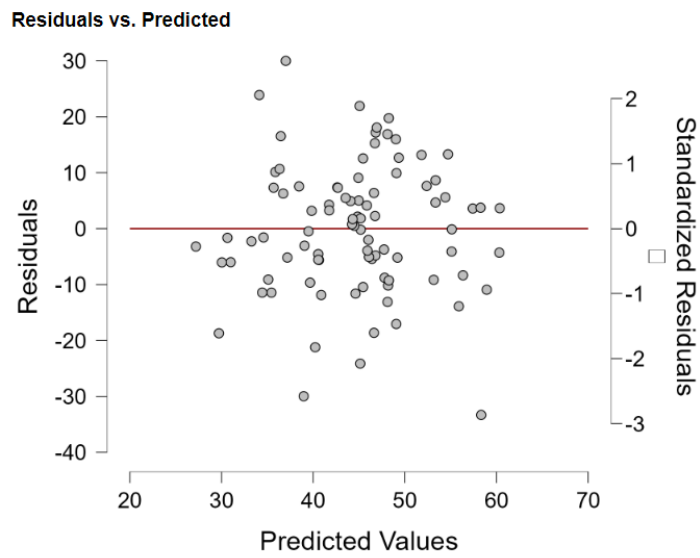
## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY



## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

## Appendix C

## Scatterplot of Assumptions for Linearity, Residual Normality, and Homoscedasticity



## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

## Appendix D

## Descriptive Statistics

## Descriptive Statistics ▼

	total RSES	total MS
Valid	89	89
Missing	0	0
Mean	16.876	61.483
Std. Deviation	3.711	11.603
Skewness	0.001	-0.171
Std. Error of Skewness	0.255	0.255
Kurtosis	-0.499	-0.561
Std. Error of Kurtosis	0.506	0.506
Shapiro-Wilk	0.984	0.984
P-value of Shapiro-Wilk	0.331	0.322

## Descriptive Statistics

	total PSS	total SIAS
Valid	89	89
Missing	0	0
Mean	21.663	44.697
Std. Deviation	4.627	13.844
Skewness	0.093	-0.266
Std. Error of Skewness	0.255	0.255
Kurtosis	0.119	-0.439
Std. Error of Kurtosis	0.506	0.506
Shapiro-Wilk	0.987	0.975
P-value of Shapiro-Wilk	0.538	0.085

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

## Appendix E

## Turnitin Report

## FYP2 Chiying

## ORIGINALITY REPORT

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## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

<b>Universiti Tunku Abdul Rahman</b>			
<b>Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)</b>			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2013	Page No.: 1 of 1




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**FACULTY OF ART AND SOCIAL SCIENCE**


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<b>Full Name(s) of Candidate(s)</b>	Loo Chi Ying
<b>ID Number(s)</b>	20AAB00417
<b>Programme / Course</b>	BACHELOR OF SOCIAL SCIENCE (HONS) GUIDANCE AND COUNSELLING
<b>Title of Final Year Project</b>	The Relationship Between Self-Esteem, Social Support, Stress and Social Anxiety During The Transition to Endemic Stage of COVID-19 among University Students in Malaysia.

<b>Similarity</b>	<b>Supervisor's Comments</b> (Compulsory if parameters of originality exceeds the limits approved by UTAR)
<b>Overall similarity index:</b> <u>18%</u>	
<b>Similarity by source</b> Internet Sources: <u>14%</u> Publications: <u>7%</u> Student Papers: <u>6%</u>	
<b>Number of individual sources listed of more than 3% similarity:</b> <u>1</u>	
<b>Parameters of originality required and limits approved by UTAR are as follows:</b> <ul style="list-style-type: none"> <li>(i) Overall similarity index is 20% and below, and</li> <li>(ii) Matching of individual sources listed must be less than 3% each, and</li> <li>(iii) Matching texts in continuous block must not exceed 8 words</li> </ul> <i>Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.</i>	

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

***Based on the above results, I hereby declare that I am satisfied with the originality of the Final Year Project Report submitted by my student(s) as named above.***



---

Signature of Supervisor

Name: MS. NUR SHAKILA IBHARIM

Date: 05 . 12 . 2022

---

Signature of Co-Supervisor

Name:




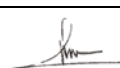





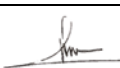



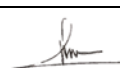

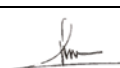
Date:

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**Action Plan of UAPC3093 Project Paper II**

Supervisee LOO CHI YING

Supervisor MS. NUR SHAKILA IBHARIM

Task Description	Date	Supervisee's Signature	Supervisor's Signature	Supervisor's Remarks	Next Appointment Date/Time
<b>Methodology</b>  Submit Chapter 3: Methodology  Amend Chapter 3: Methodology	15.11.2022				17.11.2022
<b>Results &amp; Findings</b>  Submit Chapter 4: Results  Amend Chapter 4: Results	17.11.2022				25.11.2022
<b>Discussion &amp; Conclusion</b>  Submit Chapter 5: Discussion  Amend Chapter 5: Discussion	25.11.2022				28.11.2022
<b>Abstract</b>	25.11.2022				
<b>Turnitin Submission</b>	28.11.2022			Generate similarity rate from Turnitin.com	
<b>Amendment</b>	30.11.2022				
<b>Submission of final draft</b>	4.12.2022			Submission of hardcopy and documents	
<b>Oral Presentation</b>	12.12.2022				

**Notes:** 1. Deadline for submission cannot be changed, mark deduction is as per faculty standard.

2. Supervisees are to take the active role to make appointments with their supervisors.

3. Both supervisors and supervisees should keep a copy of this action plan.

4. This Action Plan should be attached as an appendix in Project Paper 2.

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY


**UNIVERSITI TUNKU ABDUL RAHMAN**

DU012(A)

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Re: U/SERC/111/2022

1 June 2022

Dr Pung Pit Wan  
 Head, Department of Psychology and Counselling  
 Faculty of Arts and Social Science  
 Universiti Tunku Abdul Rahman  
 Jalan Universiti, Bandar Baru Barat  
 31900 Kampar, Perak.

Dear Dr Pung,

**Ethical Approval For Research Project/Protocol**

We refer to the application for ethical approval for your students' research project from Bachelor of Social Science (Hons) Guidance and Counselling programme enrolled in course UAPZ3013/UAPC3083. We are pleased to inform you that the application has been approved under Expedited Review.

The details of the research projects are as follows:

	Research Title	Student's Name	Supervisor's Name	Approval Validity
1.	The Relationship Between Self-Esteem, Social Support, Stress and Social Anxiety During the Transition to Endemic Stage of Covid-19 Among University Students in Malaysia	Loo Chi Ying	Pn Nur Shakila Binti Ibharm	1 June 2022 – 31 May 2023
2.	The Relationship Between Social Anxiety, Procrastination, Self-esteem and Internet Gaming Disorder Among University Student in Malaysia	Choo Yun En		
3.	Perceived Social Support, Loneliness and Anxiety Among Malaysian Undergraduate Students During the COVID-19	Tan Lei Gee	Pn Anisah Zainab Binti Musa	

The conduct of this research is subject to the following:

- (1) The participants' informed consent be obtained prior to the commencement of the research;
- (2) Confidentiality of participants' personal data must be maintained; and
- (3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.
- (4) Written consent be obtained from the institution(s)/company(ies) in which the physical or/and online survey will be carried out, prior to the commencement of the research.

**Kampar Campus** : Jalan Universiti, Bandar Barat, 31900 Kampar, Perak Darul Ridzuan, Malaysia  
 Tel: (605) 468 8888 Fax: (605) 466 1313  
**Sungai Long Campus** : Jalan Sungai Long, Bandar Sungai Long, Cheras, 43000 Kajang, Selangor Darul Ehsan, Malaysia  
 Tel: (603) 9086 0288 Fax: (603) 9019 8868  
**Website**: www.utar.edu.my

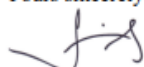


## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

Should the students collect personal data of participants in their studies, please have the participants sign the attached Personal Data Protection Statement for records.

Thank you.

Yours sincerely,



**Professor Ts Dr Faidz bin Abd Rahman**  
Chairman  
UTAR Scientific and Ethical Review Committee

c.c    Dean, Faculty of Arts and Social Science  
      Director, Institute of Postgraduate Studies and Research



## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

<b>Universiti Tunku Abdul</b>			
<b>Form Title : Sample of Submission Sheet for FYP/Dissertation/Thesis</b>			
Form Number : <b>FM-IAD-004</b>	Rev No: <b>0</b>	Effective Date: <b>21 June 2011</b>	Page No: <b>1 of 1</b>

**FACULTY OF ARTS AND SOCIAL SCIENCE  
UNIVERSITI TUNKU ABDUL RAHMAN**

Date: 05.12.2022

**SUBMISSION OF FINAL YEAR PROJECT**

It is hereby certified that Loo Chi Ying (ID No.: 20AAB00417) has completed this final year project titled "The Relationship Between Self-Esteem, Social Support, Stress and Social Anxiety During The Transition to Endemic Stage of COVID-19 among University Students in Malaysia" under the supervision of Ms Nur Shakila Binti Ibharam (Supervisor) from the Department of Psychology and counselling, Faculty of Arts and Social Science.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,



Name: Loo Chi Ying

SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**UNIVERSITI TUNKU ABDUL RAHMAN**  
**FACULTY OF ARTS AND SOCIAL SCIENCE**  
**DEPARTMENT OF PSYCHOLOGY AND COUNSELLING**

**UAPC3093 PROJECT PAPER II**

**Quantitative Research Project Evaluation Form**

**TURNITIN:** *‘In assessing this work you are agreeing that it has been submitted to the University-recognised originality checking service which is Turnitin. The report generated by Turnitin is used as evidence to show that the students’ final report contains the similarity level below 20%.’*

Project Title: The Relationship Between Self-Esteem, Social Support, Stress and Social Anxiety During The Transition to Endemic Stage of COVID-19 among University Students in Malaysia.	
Supervisor: Ms Nur Shakila Binti Ibharim	
Student’s Name: Loo Chi Ying	Student’s ID 20AAB00417

**INSTRUCTIONS:**

Please score each descriptor based on the scale provided below:

1. Please award 0 mark for no attempt.
2. Please mark only **3(A)** or **3(B)** for **Proposed Methodology**.
3. For criteria 7:  
Please retrieve the marks from “**Oral Presentation Evaluation Form**”.

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

<b>1. ABSTRACT (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. State the main hypotheses/research objectives.	5%	
b. Describe the methodology: <ul style="list-style-type: none"> <li>• Research design</li> <li>• Sampling method and sample size</li> <li>• Location of study</li> <li>• Instruments/apparatus/outcome measures (if applicable)</li> <li>• Data gathering procedures</li> </ul>	5%	
c. Describe the characteristics of participants.	5%	
d. Highlight the outcomes of the study or intervention, target behaviour and outcomes.	5%	
e. Conclusions, implications, and applications.	5%	
<b>Sum</b>	25%	/25%
<b>Subtotal (Sum/5)</b>	5%	/5%
Remark:		
<b>2. (A) METHODOLOGY (25%)</b>	<b>Max Score</b>	<b>Score</b>
a. Research design/framework: <ul style="list-style-type: none"> <li>• For experiment, report experimental manipulation, participant flow, treatment fidelity, baseline data, adverse events and side effects, assignment method and implementation, masking (if applicable).</li> <li>• For non-experiment, describe the design of the study and data used.</li> </ul>	5%	
b. Sampling procedures: <ul style="list-style-type: none"> <li>• Justification of sampling method/technique used.</li> <li>• Description of location of study.</li> <li>• Procedures of ethical clearance approval.</li> </ul>	5%	
c. Sample size, power, and precision: <ul style="list-style-type: none"> <li>• Justification of sample size.</li> <li>• Achieved actual sample size and response rate.</li> <li>• Power analysis or other methods (if applicable).</li> </ul>	5%	
d. Data collection procedures: <ul style="list-style-type: none"> <li>• Inclusion and exclusion criteria.</li> <li>• Procedures of obtaining consent.</li> <li>• Description of data collection procedures.</li> <li>• Provide dates defining the periods of recruitment or repeated measures and follow-up.</li> <li>• Agreement and payment (if any).</li> </ul>	5%	
e. Instruments/questionnaire used: <ul style="list-style-type: none"> <li>• Description of instruments</li> <li>• Scoring system</li> <li>• Meaning of scores</li> <li>• Reliability and validity</li> </ul>	5%	
<b>Subtotal</b>	25%	/25%
Remark:		



## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

2. (B) METHODOLOGY – SINGLE-CASE EXPERIMENT (25%)	Max Score	Score
a. Research design/framework: <ul style="list-style-type: none"> <li>• Identify the design, phase and phase sequence, and/or phase change criteria.</li> <li>• Describe procedural changes that occurred during the investigation after the start of the study (if applicable).</li> <li>• Describe the method of randomization and elements of study that were randomized (if applicable).</li> <li>• Describe binding or masking was used (if applicable).</li> </ul>	5%	
b. Participants AND Context AND Approval: <ul style="list-style-type: none"> <li>• Describe the method of recruitment.</li> <li>• State the inclusion and exclusion criteria.</li> <li>• Describe the characteristics of setting and location of study.</li> <li>• Procedures of ethical clearance approval.</li> <li>• Procedures of obtaining consent.</li> </ul>	5%	
c. Measures and materials used: <ul style="list-style-type: none"> <li>• Operationally define all target behaviours and outcome measures.</li> <li>• Reliability and validity.</li> <li>• Justify the selection of measures and materials.</li> <li>• Describe the materials.</li> </ul>	5%	
d. Interventions: <ul style="list-style-type: none"> <li>• Describe the intervention and control condition in each phase.</li> <li>• Describe the method of delivering the intervention.</li> <li>• Describe evaluation of procedural fidelity in each phase.</li> </ul>	5%	
e. Data analysis plan: <ul style="list-style-type: none"> <li>• Describe and justify all methods used to analyze data.</li> </ul>	5%	
<b>Subtotal</b>	25%	/25%
Remark:		
3. RESULTS (20%)	Max Score	Score
a. Descriptive statistics/Sequence completed: <ul style="list-style-type: none"> <li>• Demographic characteristics</li> <li>• Topic-specific characteristics</li> <li>• For single-case study, report the sequence completed by each participant, trial for each session for each case, dropout and reason if applicable, adverse events if applicable</li> </ul>	5%	
b. Data diagnostic and missing data (if applicable): <ul style="list-style-type: none"> <li>• Frequency and percentages of missing data (compulsory).</li> <li>• Methods employed for addressing missing data.</li> <li>• Criteria for post data-collection exclusion of participants.</li> <li>• Criteria for imputation of missing data.</li> <li>• Defining and processing of statistical outliers.</li> <li>• Data transformation.</li> <li>• Analyses of data distributions.</li> </ul>	5%	

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

c. Appropriate data analysis for each hypothesis or research objective.	5%	
d. Accurate interpretation of statistical analyses: <ul style="list-style-type: none"> <li>• Accurate report and interpretation of confidence intervals or statistical significance.</li> <li>• Accurate report of <math>p</math> values and minimally sufficient sets of statistics (e.g., <math>dfs</math>, <math>MS</math>, <math>MS</math> error).</li> <li>• Accurate report and interpretation of effect sizes.</li> <li>• Report any problems with statistical assumptions.</li> </ul>	5%	
<b>Subtotal</b>	20%	/20%
Remark:		
<b>4. DISCUSSION AND CONCLUSION (20%)</b>	<b>Max Score</b>	<b>Score</b>
a. Discussion of findings: <ul style="list-style-type: none"> <li>• Provide statement of support or nonsupport for all hypotheses.</li> <li>• Analyze similar and/or dissimilar results.</li> <li>• Justifications for statistical results in the context of study.</li> </ul>	5%	
b. Implication of the study: <ul style="list-style-type: none"> <li>• Theoretical implication for future research.</li> <li>• Practical implication for programs and policies.</li> </ul>	5%	
c. Relevant limitations of the study.	5%	
d. Recommendations for future research.	5%	
<b>Subtotal</b>	20%	/20%
Remark:		
<b>5. LANGUAGE AND ORGANIZATION (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. Language proficiency	3%	
b. Content organization	1%	
c. Complete documentation (e.g., action plan, originality report)	1%	
<b>Subtotal</b>	5%	/5%
Remark:		
<b>6. APA STYLE AND REFERENCING (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. 7 <sup>th</sup> Edition APA Style	5%	/5%
Remark:		
<b>*ORAL PRESENTATION (20%)</b>	<b>Score</b>	
<b>Subtotal</b>	/20%	
Remark:		

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

<b>PENALTY</b>	<b>Max Score</b>	<b>Score</b>
Maximum of 10 marks for LATE SUBMISSION, or POOR CONSULTATION ATTENDANCE with supervisor.	10%	
<b>**FINAL MARK/TOTAL</b>	<b>/100%</b>	

## SELF-ESTEEM, SOCIAL SUPPORT, STRESS AND SOCIAL ANXIETY

**\*\*\*Overall Comments:**


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Signature: \_\_\_\_\_

Date:

**Notes:**

1. **Subtotal:** The sum of scores for each assessment criterion
2. **FINAL MARK/TOTAL:** The summation of all subtotal score
3. Plagiarism is **NOT ACCEPTABLE**. Parameters of originality required and limits approved by UTAR are as follows:
  - (i) **Overall similarity index is 20% or below**, and
  - (ii) **Matching of individual sources listed must be less than 3%** each, and
  - (iii) Matching texts in continuous block must **not exceed 8 words**

Note: Parameters (i) – (ii) shall exclude quotes, references and text matches which are less than 8 words.

Any works violate the above originality requirements will NOT be accepted. Students have to redo the report and meet the requirements in **SEVEN (7)** days.

\*The marks of “Oral Presentation” are to be retrieved from “**Oral Presentation Evaluation Form**”.

\*\*It is compulsory for the supervisor/examiner to give the overall comments for the research projects with A- and above or F grading.