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Submission date: 16-Dec-2021 10:31PM (UTC-0500)

Submission ID: 1732504502

File name: jorum_turnit_in_report_without_references.docx (19.86K)

Word count: 1159

Character count: 6370

**Psychological Intervention for your Soccer Players: Likelihood that Stressed Players are
Smokers**

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Psychological Intervention for your Soccer Players: Likelihood that Stressed Players are Smokers

Anxiety and stress are both hindering phenomena that occur frequently for many people in their day to day lives. Both anxiety and stress have been known to be associated with various ailments as well as general ability to function successfully. In order to fully understand the effects of stress and anxiety on performance and health, it is important to be aware of the factors that contribute to their occurrence. The present study attempted to analyze the factor, smoking status, as it is related to both anxiety and stress in order to determine if any correlations exist among the three factors. Research has shown that smoking status may be an indicator of stress levels. In a study conducted by Cao et al. (2012), researchers analyzed the smoking status and perceived stress levels of a group of migrant workers in rural China. Their results concluded that the manifestation of perceived stress among the workers exhibited an excess likelihood to be smokers, relative to low stress counterparts. Additionally, past studies have also indicated that stress can occur in the absence or reduction of smoking, if already a smoker.

In a study conducted by Azagba and Sharaf (2012), findings concluded in their study on perceived stress associated with smoking bans at work that although the bans may not be the main determinant of perceived stress in the work environment, there is a positive correlation. Additionally, a study from Allen et al. (2015) analyzed the effects of nicotine withdrawal on stress; a strong positive correlation was observed. Previous research has indicated that anxiety is also significantly associated with smoking. In a study conducted by Farris et al. (2014), the researchers concluded that anxiety sensitivity correlated positively with nicotine dependence as

well as other health hindering factors such as alcohol use, perceived barriers to smoking cessation, and severity of problems faced while attempting to stop.

Although there is an underlying directionality problem ANXIETY, STRESS, AND SMOKING 4 in many of these findings, a study by Asbridge et al. (2013) provides some insight for the current rationale regarding smoking status as it relates to the variables. This study focused on nonsmokers and the effects of second hand smoke. Analyses revealed that smoke exposure to nonsmokers was associated with increased anxiety disorders as well as poor mental health and high stress. Therefore, although stress and anxiety have been shown to exist with the reduction of smoking, or in the absence of it, there is also indication of a causal nature in smoking as it is related to stress and anxiety, which is important for health research. Furthermore, in the previously mentioned study conducted by Cao et al. (2012) regarding stress and smoking, it should be noted that the researchers used two models; life stress and work stress. Interestingly, findings displayed that the likelihood of smoking was more significant with the life stress model as opposed to the work stress model.

A different study conducted by Carpenter et al. (2011) examined this phenomenon of life stress as it relates to anxiety. The research focused on gene environment interactions which contributed to stress which, in turn, is correlated with anxiety outcomes, further evidence of the ongoing relationship among the three factors. The present study attempted to demonstrate a correlation between anxiety and stress as well as a correlation among smoking status and each of these factors. Utilizing an online questionnaire, the researcher relied on self-reported measures. The researcher hypothesized that smokers are more likely to report being stressed compared to nonsmokers. The researcher also hypothesized that smokers are more likely to report having

anxiety compared to non-smokers. Additionally, it was hypothesized that stress and anxiety correlate positively; as stress increases, anxiety tends to increase, as well.

Method

Participants

There were 492 participants total in this study. The age mean of these participants (except the 16 participants who did not report their age) was 31.27 with a standard deviation of 11.94. Of the 492 participants 168 (34.2%) were male whereas 320 (65.0%) were female and 4 (0.8%) reported other. Of all participants, 358 (72.8%) were non-Hispanic White/Caucasians, 38 (7.7%) were Black/African American, 28 (5.7%) were Hispanic/Latino(a), 24 (4.9%) were Asians/Pacific Islanders, 14 (2.8%) were Native American, 21 (4.3%) were biracial/multiracial, and 9 (1.8%) reported other. In regards to smoking status, 78 (15.9%) were smokers whereas 414 (84.1%) were non-smokers. Table 1 displays the demographic information of the participants.

Materials

Depression Anxiety Stress Scale. Anxiety and stress were assessed using the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995; Appendix A). The questionnaire consisted of 21 items that included factors related to stress and anxiety such as overreaction and nervousness (e.g.; “I found it difficult to relax). Each item was rated on a 0-3-point Likert-type scale that ranged from “did not apply” to “apply very much”. Cronbach’s alpha coefficient reported that DASS-21 used for this study has high reliability and validity: .81 for anxiety and .89 for stress (Lovibond & Lovibond, 1995). Demographic questionnaire. For each participant, a demographic questionnaire (Appendix B) was administered in order to collect basic demographic information such as smoking status, age, student status and year, gender, and ethnicity.

Procedures

The questionnaire utilized for this study was the DASS-21, one of the five online questionnaires in a larger research study. The researcher collected the data via Qualtrics. Participants completed the survey in about 10 and 15 min, on average.

Expected Results

The researcher hypothesized that smokers are more likely to report being stressed compared to nonsmokers. A one-way analysis of variance (ANOVA) was conducted in order to observe potential correlations between smokers and non-smokers. This hypothesis is supported as the results displayed a significant difference between stress scores in smokers ($M = 16.05$, $SD = 9.70$), and non-smokers ($M = 12.45$, $SD = 8.26$), $F(1, 490) = 11.77$, $p = .001$. Smokers scored significantly higher on the stress scale than non-smokers. The researcher also hypothesized that smokers are more likely to report having anxiety compared to non-smokers. A one-way ANOVA was conducted for this hypothesis, as well. The results supported the hypothesis as the results displayed a significant difference between anxiety scores for smokers ($M = 12.85$, $SD = 10.45$) and anxiety scores for non-smokers ($M = 8.04$, $SD = 7.79$), $F(1, 490) = 22.16$, $p < .001$. In other words, smokers scored significantly higher on the anxiety scale than non-smokers. Additionally, it was hypothesized that stress and anxiety correlate positively; as stress increases, anxiety tends to increase, as well. To test this hypothesis, a Pearson correlation was conducted. Results show there was a significant correlation between anxiety ($M = 8.80$, $SD = 8.44$) and stress ($M = 13.02$, $SD = 8.60$), $r(490) = .78$, $p < .001$. In other words, there was a positive correlation identified between anxiety score and stress score.

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