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High School to College Transition: A Profile of the Stressors, Physical and Psychological Health Issues That Affect the First-Year On-Campus College Student

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Abstract: *The purpose of this article is to profile identified stressors, physical and psychological health issues that affect first-year campus college students as they transition from high school to college. The Health Behaviors, Self-Rated Health and Quality of Life (QOL) questionnaire was administered to 514 university college students. Results from this study determined that there were significant differences among student life stressors and physical and psychological health status between first-year on-campus and first-year off-campus college students. Most importantly this study documented compelling information regarding selection of roommate, poor housing, chronic and temporary diseases, injury and prescription medicine among college students attending a university in North Carolina. Implications for university health administrators, student affairs personnel, counselors and faculty are discussed.*

Key Words: *College Stressors, High school to College Stressors, Physical Health Issues in College Students, Psychological Stressors in College Students*

HIGH SCHOOL TO COLLEGE TRANSITION: A PROFILE OF THE STRESSORS, PHYSICAL AND PSYCHOLOGICAL HEALTH ISSUES THAT AFFECT THE FIRST-YEAR ON-CAMPUS COLLEGE STUDENT

Newspapers and periodicals currently chronicle student pressures related to the college transitional process. During the transition from the high school environment, students often experience personal and emotional problems, global psychological distress, somatic distress, anxiety, low self-esteem, and depression (Gerdes & Mallinckrodt, 1994).

Life transitions, such as moving away from home to college, create valuable opportunities for growth and change while also potentially heightening self-doubt and disappointment, and even encouraging

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self-defeating habits (Compas, Wagner, Slavin, & Van-natta, 1986; Felner, Farber, & Primavera, 1983; Schlossberg, 1981; Weiss, 1990). These researchers indicated that a critical transition for many late adolescents is the move from one's childhood home to college.

Giddan (1988) has argued that the first year of college is the most difficult period of adjustment a student faces. Social or relational challenges are often primary for new college students (Kaufman, Brown, Graves, Henderson, & Revolinski, 1993), even though new college students' individual and academic pressures have been at the focus of college transition research. For instance, many new college students live away from home for the first time. This move requires the renegotiation of family relationships as college students continue to individuate (Kenny & Donaldson, 1992; Lopez, Campbell, & Watkins, 1988; Rice, 1992; Rice, Cole, & Lapsley, 1990).

Although family changes over students' college transition have been addressed most extensively (Berman & Sperling, 1991; Bloom, 1987; Kenny, 1987;

Schwartz & Ward, 1986; Valdes & McPherson, 1987), research has also documented the importance of establishing new friendships in the college adjustment process (Hays & Oxley, 1986; Shaver, Furman, & Buhrmester, 1985). Peer relations are critical for support, confirmation of one's identity, opportunities for socialization, and other dimensions of college adjustment (Hirsch, 1980). For example, Pierce, Sarason, and Sarason (1991) found that college friends' support was the most consistent predictor of self-reported loneliness. Langston and Cantor (1989) also found that many students, who experience the transition from high school to college as painful, reported disappointment in the domain of social interactions and friendships.

In addition, research has indicated that stress and academic performance are omnipresent issues in college students' lives. A recent increase in the number of nontraditional college students has raised the possibility that traditional and nontraditional college students utilize different coping styles when confronted with stressful situations. A literature review found relatively few studies addressing stress in nontraditional college students. One relevant study (Jacobi, 1987) revealed that nontraditional college students had considerably more time and role conflicts than did traditional college students. Their results also indicated that nontraditional college students displayed significantly lower levels of academic stress and reported being more satisfied with their academic experiences. Along the same lines, a similarly applicable study compared stressors of college between traditional and nontraditional college students (Dill & Henley, 1998). Their findings suggest that nontraditional college students possess a greater desire to learn as evidenced by more often completing homework and viewing it more desirably. On the other hand, traditional college students reported more often worrying about their performance in school, and viewed homework as less desirable than the nontraditional college student (Dill & Henley, 1998).

The purpose of this study is to broaden the body of research applying to the first-year on-campus college students and provide valuable findings on how they cope with stress, physical and psychological health issues. Furthermore, beyond academic and economic constraints, the first-year on-campus student may be less well prepared physical and psychologically for college. Ultimately, being able to accurately predict which students are likely to experience personal, and social difficulties or leave college before they graduate, would allow for interventions to be designed and implemented to help them cope with physical and psychological health issues and persist until graduation. Thus, such information is needed to assess more fully the at risk potential of these first-year on-campus students for non-completion of college due to physical or psychological health issues.

METHOD

Profile of Participants

The data for this study were obtained from a health behavior, self-rated health and quality of life questionnaire administered to college students (n= 514) who

were enrolled in a spring 2005 course at a 4-year public research and doctoral degree granting institution in North Carolina. The majority of the participants (71%) were college students between the ages of 18 and 23 years old, most of whom were African Americans (77%). Sixty-eight percent of the sample was female and comprised of approximately 53% of freshmen, 15% sophomores, 13% juniors, 6% seniors, and 13% of the sample being graduate students. Sixty percent of the participants were first-generation college students. Thirty-eight percent of the students that completed the questionnaire were on-campus college students and 62% were commuter students. Eighty-seven percent of the participants were residents of North Carolina.

Instrument

A 30-item author-generated questionnaire was used. The majority of the questions on the instrument were derived from an instrument used in a previously published study on Sweden college students (Vaez & Laflamme, 2004). The Health Behaviors, Self-Rated Health and Quality of Life (QOL) questionnaire included 30 questions, which included socio-demographic characteristics such as age, sex, race, marital status, living conditions, resident of North Carolina, classification, parental educational achievement and source of income. There were four major sections of the questionnaire; those sections consist of socio-demographic characteristics, life-style, student life stressors and health status. Variables assessed on the questionnaire measured alcohol consumption that asked respondents about the frequency of their drinking (never, once a month, 2-4 times a month, 2-3 times a week, 4 times a week or more) and the usual amount of alcohol they consume on each occasion (1-2 glasses, 3-4 glasses, 5-6 glasses, 7-9 glasses, 10 glasses or more). To measure tobacco use, the researcher asked the participants whether they used cigarettes or snuff. Response alternatives were "yes, daily" and "yes, sometimes," or they will be grouped into one category. The researcher assessed physical activity with a single question concerning the frequency of exercise on a 5-point scale (never, once a month, 2-4 times a month, 2-3 times a week, and 4 times a week or more). To gauge student life stressors, the researcher asked questions concerning the participants potential sources of stress over the preceding academic year, those responses were based on a 4-point scale (not at all stressed, slightly stressed, rather stressed, highly stressed). To assess students' health status and quality of life, the researcher used the participants' self-evaluations in the following manner: For health status, the students were requested to rate their physical, psychological, and overall health respectively on a 5-point scale (very good, good, neither good nor poor, poor, very poor).

To measure the participants psychological or psychosomatic problems, the researcher based those responses on a 4-point scale (not at all, a little, quite a lot, a lot). To measure self-perceived QOL, the researcher chose the so-called ladder. According to Vaez and Laflamme (2004) the ladder scale is now a widely recognized measure that has shown good validity. The researcher introduced the ladder question in the following way: "Here is a picture

of a ladder. At the bottom of the ladder, 1 is the worst life you might reasonably expect to have, and 10 at the top is the best life you might reasonably expect to have. Indicate where on the ladder your life is right now."

Procedures

Students enrolled in spring 2005 courses were invited to complete the Health Behaviors, Self-Rated Health and Quality of Life Questionnaire (QOL), which is designed to measure health behaviors, health status, mental health, lifestyle, depression and quality of life. The researchers reviewed the university spring 2005 course schedule and began selecting courses (upper and lower level) from each discipline on campus to administer the questionnaires. After contacting and gaining permission from the professors of the selected courses, the researchers hand delivered the questionnaires to the chosen classrooms. The researchers briefly described the purpose of the research and provided the students with a consent form for participation. During this time the researchers discussed confidentiality, risk and benefits of the study. There were no foreseen risks of any kind exist for students who completed the survey. Possible benefits include that educators will more fully understand college students' attitudes about health behaviors, mental health and quality of life.

If the student agreed to participate in the study, the researcher provided the questionnaire and answer sheet for completion. The questionnaire took approximately 20 minutes to complete. After completion of the questionnaire, the researchers collected the consent forms, questionnaires and answer sheets. Students' names appear nowhere on the survey. Once their answer sheets were completed, each sheet was assigned a number and entered into SPSS. After the data have been entered into SPSS, completed data sheets and consent forms were locked in a cabinet.

Statistical Analysis

A chi-square test was conducted on all data using SPSS® (Statistical Package for the Social Sciences). The data was analyzed question by question to determine the number and percent of responses for each choice by on-campus and off-campus status. All comparisons were made assuming an alpha = 0.05 significance level.

RESULTS

As seen in Table 1, Student Life Stressors, there were three significant differences found between the on-campus and off-campus college students. A significant difference was found for questions 15c, when asked to rate the following potential sources of stress over the preceding academic year, more off-campus college students reported that they were not at all stressed with their roommate than the on-campus college students, ($\chi^2(4) = 20.379, p < .001$), a larger percentage of off-campus college students (46.7%) reported that they were not stressed with their roommate as opposed to (27.0%) of the on-campus college students. A significant difference was found for question 15e, when asked to rate the following potential sources of stress over the preceding academic year, ($\chi^2(4) = 35.507, p < .001$), a larger percentage of off-campus

Table 1. Summary of Student Life Stressors Characteristics by On-Campus and Off-Campus Status

Question	On-Campus	Off-Campus
15. Please rate the following potential sources of stress.		
<i>My stress over the preceding academic year have been based on the following issues:</i>		
a. Problems with professors		
1. not at all stressed	27.0%	46.7%
2. slightly stressed	8.4%	6.0%
3. rather stressed	3.7%	3.9%
4. highly stressed	3.0%	1.3%
e. Poor housing		
1. not at all stressed	21.0%	45.6%
2. slightly stressed	14.8%	11.1%
3. rather stressed	2.7%	2.3%
4. highly stressed	1.9%	.6%

Table 2. Summary of Health Status by On-Campus and Off-Campus Status

Question	On-Campus	Off-Campus
22. During the academic year, did you experience physical difficulties that restricted your life because of temporary disease (less than one month), chronic disease (more than one month), injury, or functional impairment/handicap		
1. not at all	34.2%	45.8%
2. a little	2.9%	12.4%
3. quite a lot	1.4%	2.2%
4. a lot	4%	.7%

college students (45.6%) indicated that they were not at all stressed due to poor housing as opposed to the on-campus college students (21.0%).

For the Health Status section of the questionnaire, question 16; when asked to circle any physical or psychological health issues that you have exhibited during the preceding academic year, a higher percentage of off-campus college students reported that they exhibited temporary disease (3.8% vs. 6.1%), chronic disease (.6% vs. 5.3%), injury (2.8% vs. 5.1%) and use of prescription medicine (5.3% vs. 8.9%) than the on-campus college students respectively. A significant difference for question 22, during the preceding academic year, did you experience physical difficulties that restricted your life because of temporary disease, (less than one month), chronic disease (more than one month), injury, or functional impairment/handicap? ($\chi^2(4) = 15.876, p < .001$). More off-campus college students (45.8%) indicated that they did not experience any physical difficulties during the preceding academic year as opposed to the on-campus college students (34.2%).

DISCUSSION

The use and examination of the Health Behaviors, Self-Rated Health and Quality of Life data can be helpful in identifying stressors, physical and psychological health behavior patterns of on-campus first-year and commuter college students that attend an HBCU institution. As mentioned earlier, the majority of the participants in this study consisted of African-Americans between the ages of 18 and 23 years old, who was either an on-campus or off-campus college student. Eighty-seven percent of the participants were residents of North Carolina. The findings discussed below adds to the body of research and provide support for the concept of stress, physical and psychological health interventions for traditional on-campus and commuter college students that attended an HBCU in the south.

When we compared on-campus and off-campus college student differences for question c, *problems with roommates* and question e, *poor housing*; it appeared that on-campus college students were more psychologically stressed due to their college roommate and poor housing than the off-campus college students. This difference for *having roommates in college and poor housing issues* among on-campus and off-campus college students would make sense. The commuter college student who lives off-campus would have more options and less physical and psychological stress when it comes to selecting the appropriate roommate and living conditions as opposed to the on-campus college students where housing and roommate selection is pretty much delegated by the university residential life department.

Research findings have indicated that on-campus first-time first-year college students may have adjustment problems and experience unwanted stress and psychological problems during the first year of attending college. According to Karp & Holmstrom (1998) students appeared to be aware that going to college means changes in their friendship patterns, and, surely, part of the excitement of college relates to the anticipation of making new friends. For most first-time first-year students, the idea of making new friends is also filled with uncertainty. According to Karp and Holmstrom, freshmen students are excited about new friends but worry about leaving their old friends. They know they need to make a social life for themselves in the new campus environment but worry that perhaps they will not. In college, young people can "start over"; they can make friends, establish intimate relationships, and develop the skills and knowledge to help become self supporting adults. "But the truth is that they are not sure they can take care of themselves or that they want to be left alone" (Bassoff 1988, p.3). Bassoff indicated that students see college as the time for discovering who they really are and who they really can become; they anticipate finding wholly new and permanent life identities during the college years. In addition, they believe that going to college provides a unique opportunity to consciously establish some new identities.

During the preceding academic year of the study, more off-campus college students indicated that they did not experience any physical difficulties that may have restricted their life than the on-campus college students. It was interesting to note that a larger per-

centage of off-campus college students reported that they experienced psychological health issues such as having a temporary disease, chronic disease, injury and use of prescription medicine than the on-campus college students. In addition, the dietary and physical inactivity patterns of the on-campus college students merits attention. In this study, a higher percentage of off-campus college students' reported that they never smoke cigarettes, used illegal drugs or consumed alcohol than the on-campus college students.

It was interesting to note that more off-campus college students reported exercising more often than the on-campus college students. This lack of physical inactivity patterns of on-campus college students is quite alarming. Fennell (1997) notes that the benefits of physical activity in reducing heart disease and other lifestyle-related morbidity and mortality emphasize the importance of participating in vigorous physical activity several times per week. Programs that encourage and enable college students to exercise as part of their daily routines must be developed. The on-campus students have an added advantage, wellness centers and student health centers could cooperate with student affairs to promote daily exercising.

SUMMARY

The results of this questionnaire provide an important snapshot of the current life styles, college life stressors and health behaviors between on-campus and off-campus college students who attend an HBCU institution in North Carolina. Moreover, our findings contribute to the identification of subgroups of students who are at particular risk for certain types of health issues that can be addressed by university officials by implementing the appropriate interventions that are tailor-made for such groups.

Special care should be taken not to generalize the findings of this study to other student populations. The findings may hold true only if the populations are similar in nature. Therefore, it is advisable to carry out a similar longitudinal study in other HBCU institutions. Future research could look at how well the self-reported health behaviors of first-year first-time on-campus African American students and other groups are meeting the health objectives for the nation that are outlined in the Healthy People 2010 publication. In addition, university officials and administrators along with health prevention specialists could help in addressing health issues among African American college students by meeting national health goals and eliminating the health status disparities by implementing effective programs.

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