STRESS AMONG MEDICAL STUDENTS OF UNIVERSITY OF INTERIOR SINDH

ABSTRACT

OBJECTIVE: Study was conducted to know the frequency of stress among medical students of University of Interior Sindh and factors responsible for their condition.

METHODOLOGY/STUDY DESIGN: A cross sectional study conducted at Chandka Medical College Shaheed, Mohtarma Benazir Bhutto Medical University at Larkana, using a semi-structured self administered questionnaire carried out over four weeks in January 2010, involving 250 students both male and female students of all five years of Chandka Medical College.

RESULTS: All 250 pupils responded. Quite considerable number of students, about 85% students felt stressed themselves at one or other time. Among 85% majority were female students (55%) than male students 45%. First year and final year students were more in trouble 75 and 71% respectively, as compared to 2nd, third and fourth year batches 65%,45%and33% respectively .80% students were having mild to moderate type stress while 20% students responded with severe stress which was affecting their academic performance badly. New atmosphere, burden of vast medical course, semester system and financial constraints were main stress creating factors for first year students. While final year perceived stress due to exhausting teaching schedule, more competition in final exams, lack of career counselling and feeling of long study years. Hostellites, specially girls and foreign students often felt stress due improper mess food, adjustment with local colleagues and difficulty in going back home.

CONCLUSION: Stress seems to be high among medical students, which tends to affect not only their academic performances but also all aspects of health. Review of academics and exam schedules, leisure time activities, better interaction with the faculty and proper guidance, at the campus could do a lot to reduce the stress.

KEYWORDS: Stress, students, higher education, medical college.

INTRODUCTION

Stress is the psychological and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressure of the situation. It usually results in negative thoughts and perceptions which makes them helpless to cope even day to day life events. A student generally faces different kinds of stressors, such as the pressure of higher education system where they enter with a compulsion of being successful along with uncertain future and difficulties envisage for integration into the system. Definitely these students will have their learning ability and academic performance poorer as they also face social, emotional and physical and family problems.

Medical education is identified as full of stress and it is characterized by many psychological changes as well in students. The training period for medical students is a constantly changing environment of 5 to 6 years, to ensure that graduates gain sufficient skill. Nevertheless, the environment of medical education and practice has long been considered a stressful one, and some aspects of the training have been found to have negative effects on the student’s life, which manifest in the form of stress, depression and burn out. Emotional problems are closely associated with substance abuse, personality changes, and even suicide attempt. The most common factors causing stress in students were high parental expectations, vastness of academic syllabus, frequency of examination, dissatisfaction with class lectures, lack of time for recreation and quality of food in mess. Several studies have been conducted to document stress among medical students.

Chandka medical college Larkana, SMBBMU is situated in the hard geographical area, where temperature often rises up 52 degree Celsius. It is ethinoliguistically diverse and
socioeconomically tribal cum agrarian part of Sindh province and leaving homes for higher study is not without difficulties. Majority of students are local and from adjoining areas, but there is good number of students, who come from other provinces and from foreign countries like African and Arab countries and also Bangladesh, Afghanistan etc. This study was conducted to find out the prevalence of stress among medical students who enter for higher studies and to know the factors causing stress in them.

SUBJECTS AND METHODS
This is a cross sectional study was conducted on the undergraduate medical students of all five years of Chandka Medical College of Shaheed Mohtarma Benazir Bhutto Medical University at Larkana in the month of January 2010. A total of 250 students (enrolled=800 at moment) including 100 males and 100 female students participated in the study. Semi-structured questionnaire was distributed, designed as a tool for data collection in English version after going through number of stress scales in literature consisting 20 questions with multiple responses regarding sex, residence (day scholar or hosteller), year of study and also interviewing on the academic, social, financial and daily life factors giving them stress. Students consented to participate after they were assured of anonymity and confidentiality of survey. After distribution of questionnaire, students were asked to submit it up to four weeks. Few responses were collapsed for simplicity purpose. Qualitative analysis of data done to take out results.

RESULTS
In our study we found stress over all in 85% of total 250 students of all classes. 15% of students had never felt themselves stressed at all. Mild stress was found in 36% and moderate 29% in about % of students, while 20% of students marked as having severe stress see table No.1. Females had slightly higher stress 55% as compared to male counterpart who scored 45%. For year wise distribution, most affected batches were first year 75% followed by final year class students 71%. Second, third and fourth year class students showed stress up to 65%, 45% and 33% respectively. Most frequently number of first year respondents 81% reported stress due to 'hugeness of academic curriculum' followed by 'frequency of examinations'. Also high parental expectations in 36%, quality of food in mess in 32%, adjustment with local fellows in 25%, being away from home in 27% of junior batches (first three years) seen. 'Worrying about the future' in 85%, becoming a good doctor' (expectations on all fronts) in 66%. Non availability of adequate learning materials in 38%, dissatisfaction with class lectures in 45% were main source of stress in senior (4th and final year) classes found. Among self financed students, 59% had feeling of stress due to difficult medical course and also they thought of high parental expectations, which were source of worry for them.

Among foreign students, 35% expressed themselves having not only financial problems but over all 80% of them had problems due to varied social and cultural atmosphere. 7.1% were on prescribed medications or drugs at one time of the study due to excessive burn out. 93% respondents did not seek any medical treatment for their condition. 39% of the students stated friends as their main preference for consultation regarding any emotional problem, while 36% opted to consult their parents and another 17% preferred not to consult anyone but chose to keep the problems to themselves or write into their diaries. A small percentage of respondents (8%) would consult their siblings or a teacher.

DISCUSSION
Higher education is associated with significant stressors, including the emotional demands of transition from home and school to the less structured environment of college, independent study and examinations, and financial pressures. Although stress is not pathological in itself, and indeed it may be necessary for maximal performance, such stressors may contribute to the higher rate of emotional symptoms among students.

In our study we evaluated the frequency of stress among students of University College located in a remote area and the factors responsible for the stress in them. In our study we found over all 85% of students felt them stressed at one or other time during their study period. It is near to two studies done in Pakistani universities, who have found more than 90% students experiences stress during their course. A similar study done in India reported 73% of their students perceived stress stressed at some point or the other during their medica schooling. A study from Saudi Arabia reported 57% and survey conducted by Saipanish reported that 61.4% of students reported severe stress due to varied social and cultural demands. Stress among medical students of various years showing stress.

<table>
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<tr>
<th>SEVERITY OF STRESS</th>
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<tr>
<td>1. No stress</td>
<td>15%</td>
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<td>2. Mild</td>
<td>36%</td>
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<td>3. Moderate</td>
<td>29%</td>
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<td>4. Severe</td>
<td>20%</td>
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TABLE NO.1
STRESS AMONG MEDICAL STUDENTS

STUDENTS OF VARIOUS YEARS SHOWING STRESS

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some degree of stress.11 These studies have used different instruments to measure stress. This limits the comparability among these studies. In our study we also found that first year students (75%) are relatively higher sufferer of stress as compared to other classes as they are new arrivals in college and unexpectedly facing burden of vast course and frequency of examination. This may be the universal phenomenon as other studies have reported same thing.6,10,11,14,15

As the year of study was increasing, the prevalence of stress was decreasing due to gradual adjustment but here we got the picture of high stress again in senior students of final year As for the senior students, they face high expectations to become competent doctors and to acquire good academic results to enable them to obtain places for postgraduate training.16,17

Fisher & Hood (1988) found that female students demonstrated increased levels of depression, anxiety and phobias compared with their male counterparts.18,19 This same applied to our students. Female students reported with multiple psychological and even gynaecological symptoms especially around exams. Being public sector college education is free except examination fee, which is taken annually. Despite this a handsome amount of stipend is given to deserving students on merit basis for their expenses, but foreign students are overwhelmed with financial worries which affects their academic performance as also reported by Gushae (1997).20 Students from Arab countries are very energetic, bold and intelligent but still they restrict themselves to their country fellows because of different linguistic, religious and cultural structure and these aspects might be important moderators of stress in these medical students and recently developed culturally sensitive instruments are in use in pursuance of this enquiry supported by plethora of studies.21

Moving away from home, family and childhood friends to an unfamiliar place and culture constitute an additional challenge at an age when most students are also negotiating significant developmental changes. The cultural and language differences may be felt most keenly by students from other countries. Increasing numbers of students from socio-economically disadvantaged populations, and from ethnic minority groups, are obtaining access to colleges and universities. They may have no familiarity with higher education institutions or the demands of advanced study, however and may feel isolated from the majority of students and alienated from both the institution’s culture, and the families and communities from which they come.22 Single and hostilities were found themselves having more stressful life than other day scholars who were having good number of friends as was such study in Iran.23 These are potent ingredients for distress and psychiatric disturbance, but the relative lack of structure and supervision often results in these difficulties going unnoticed. The stresses of university and college life, therefore, might exacerbate pre-existing emotional and psychiatric problems in some students, and precipitate disorders in others. More such studies are recommended to further evaluate coping mechanism of stress if already taken steps for students’ recreation are not working to ensure good future of such doctors.

CONCLUSION

Medical educators and those with responsibility for curriculum development should be more aware of the stress of medical life and take prophylactic action for prevention of short as well as long term stress related problems of students and seek the solution of potential unmet needs of medical students. Research opportunities for determining prevalence and effective management strategies for stress related problems should be identified and ultimately programs/resources be implemented to ensure that students have readily accessible resources. Healthy medical students are likely to become healthy doctors.

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