

A study to assess the emotional disorders with special reference to stress of medical students of Agartala government medical college and Govinda ballabh pant hospital

Author(s): [Taranga Reang](#) and [Himadri Bhattacharjya](#)

Source: [Indian Journal of Community Medicine](#), 38.4 (October-December 2013): p207.

Byline: Taranga. Reang, Himadri. Bhattacharjya

Background: Stress is very common psychological phenomena where medical students faced in day to day activities. Epidemiological studies have asserted that about 70-80% of the diseases may be related to stress. Research related to this stress especially among medical students is essential, considering their learning, role and responsibilities as a future physician and health intervention programs. Objectives: To estimate the prevalence of stress and identify stressors among medical students. Materials and Methods: A Cross-sectional study was carried out among undergraduate medical students and self administered GHQ-12 and stressor questionnaire were used to collect information regarding stress. Binary logistic regression analysis was performed to calculate odds ratio (OR). Results: Prevalence of stress was 94.52% and more common among females. 33.56% students felt constantly under strain and 25.34% had loss of sleep over worry. Majority of the students of all semesters had stress ($P > 0.05$) and stressors viz. 'competition for marks' ($P = 0.005$), 'frequent examination' ($P = 0.001$), 'difficulty in finding time for recreation' ($P = 0.014$) and 'being away from home' ($P = 0.027$) were predominantly experienced by the 1st year medical students. Multiple logistic regression analysis revealed the causal effect of main parameter on the GHQ caseness and students who found difficulties in following teaching language among the caseness had 81.59% higher chance of developing stress (OR = 8.159, CI = 1.228-54.213). Conclusion: The stress experience was more common due to academics and seen among all year of medical students. Strategy development for eliminating stressors is necessary for promoting healthy life.

Introduction

Epidemiological studies have asserted that about 70-80% of the diseases may be related to stress. [sup][1] Stress is defined as the body's nonspecific response or reaction to demands made on it, or to disturbing events in the environment. [sup][2] It is not just a stimulus or a response but it is a process by which we perceive and cope with environmental threats and challenges. [sup][3] The same stressors may be perceived differently by different individuals, depending on cultural background, coping skills etc. [sup][4] A stressor is defined as a personal or environmental events that causes stress. [sup][5]

Materials and Methods

The study was conducted in Agartala Government Medical College during the period of 29th March to 28th April 2012. Sample size calculated based on recommended ratio of 10 subjects per item^[6] with 20% non response rate was 144 ~ 150 subjects. Medical students on antipsychotic drugs, absentees on the day of survey and those who refused to participate were excluded from the study. The General Health Questionnaire (GHQ)^[7] was a screening test used for screening the stress symptoms. The GHQ-12 items were rated under four (4) categories of responses; not at all, no more than usual, more than usual, much more than usual for statements: 1, 2, 7, 10, 11 and 12 whereas, for the rest of the statements the responses were more than usual, no more than usual, less than usual and much less than usual. The GHQ scoring was more normally distributed than Likert scale, so adopted for this study. The scoring method was binary scoring method whereby the two least symptomatic answers score 0 and the two most symptomatic answers score 1 - i.e., 0-0-1-1 for positive items and 0-1-1-1 for negative items. The minimum GHQ-12 total score was 0 and the maximum of 12. The sensitivity and specificity of the GHQ-12 score at cut-off point of 4 were 81.3% and 75.3% respectively with positive predictive value of 62.9% and therefore, participants who scored GHQ-12 equal to 4 and above were considered as having significant stress and taken as 'caseness' in this study.^{[4],[8]} The stratified random sampling technique was employed to select the number of students from different semesters under study. Then the individual unit of the sample was chosen on the day of the each session from a whole semester using simple random technique. Altogether 150 questionnaire were distributed to students. Permission was sought from the Institutional Ethics Committee and verbal consent was taken from the participants before conducting study.

The data were analyzed in computer using Microsoft excel 2007 and Epi-infoTM version 6.0. (Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333, USA). The percentage, mean, standard deviations were calculated and Chi-square test, Fisher's exact test, multiple logistic regression etc. were employed in analysis of data.

Results

The present study was conducted among 150 medical students where 146 completed the questionnaire. Prevalence of stress was 94.52% and predominantly (97.4%) among 8th semester students. Males constituted 56.8% and 43.2% were females. Majority belonged to 20-22 years age group. The age ranged from 18-24 years with a mean (SD) of 20.64 (?1.264) years. The mean (SD) GHQ score for male, female and overall were 6.08 (?2.182), 6.86 (?1.109) and 6.42 (?2.177) respectively. The commonest GHQ score 6 was observed among 22.6% of the participants. Severity of stress was graded on the basis of scoring in the GHQ scale.^[9] The mild, moderate and severe stress were 51.4% (GHQ score of 4-6), 32.2% (GHQ score 7-9) and 11.0% (GHQ score 10-12) respectively. No significant association of psychological stress with sex (p=0.071), caste (0.285), year of study (0.406), location of family (0.424) and family income (0.609) [Table 1]. The stress symptom viz. felt constantly under strain, [Table 1] experienced by

33.56% of the students [Table 2]. The academic stressors were predominantly experienced by males whereas non academic by females [Table 3] and among 1st year students [Table 4]. The causal effect of main parameter on the GHQ caseness and students who found difficulties in following teaching language among the caseness had 81.59% higher chance of developing stress (OR = 8.159, CI = 1.228-54.213) [Table 5]. {Table 1}{Table 2}{Table 3}{Table 4}{Table 5}

Discussion

The actual cut-off score was chosen depending on the purpose and context of each study, and related to the relative importance of sensitivity and specificity. Despite the variability of cut-offs used to estimate the prevalence of stress reported in our study can be considered as high (94.52%) which was comparable with a study from Malaysia. [sup][10] A study from Mumbai, India [sup][11] reported 73% of the students had perceived stress at one time or the other during their medical school. Thai Medical School reported that 61.4% of students had experienced some degree of stress as measured by the Thai Stress Test. [sup][12]

The study result had clinical importance in regard to the general health status and quality of life of the students. The mean age of respondents was similar with the studies from Manipal Medical Campus, India [sup][13] and Agha Khan University, Pakistan. [sup][14]

The mean GHQ score found in the present study was lower than the report of Jenny Firth (11.66 [?5.16]), [sup][15] whereas Sherina et al . [sup][10] found it to be 1.03 (?0.178), which was lower than the present study. The difference in the observations made by other authors again pointed that stress was a matter of perception and all were not affected equally. Different individuals had different ways of looking at stressful conditions.

Gender, location of family, caste, religion, number of family members, income etc., had no significant relationship with positive GHQ-caseness of medical students and almost similar results were reported from Nepal, Manipal College of Medical Sciences [sup][17] and from a private medical school in Malaysia. [sup][16] Though the prevalence of stress symptoms were high in all the semesters but it was not significant . An almost similar conclusions was made by Sherina et al . [sup][10] However, it differed from a study conducted in Mumbai, India, where stress was significantly more among 2nd and 3rd year compared to first year MBBS students. [sup][11] Again, contradictory results were observed from the studies conducted in Malaysia [sup][17] and Riyadh, Saudi Arabia [sup][18] that stress significantly decreased with the increment of year of study, except for the final year. A study in Multan also found significant association between the prevalence of anxiety and depression with the respective year of medical college. [sup][19]

In present study the proportion of participants having severe stress was lower than a study conducted in Surat, India where 55.6% reported mild to moderate stress and 41.2% had severe stress. [sup][9] A study from Riyadh, Saudi Arabia showed that prevalence of

severe stress was 25%. [sup][18] Conversely, it was higher than the findings of Spanish R where 2.4% had severe stress. [sup][12] Again, the prevalence of mild and moderate stress in our study was higher than the finding from a study conducted in Gorgan, Iran. [sup][20] When the severity of stress was examined in relation to the semester (or year) of study of the participants, it emerged that the prevalence of severe stress was highest among the final year students ($P > 0.05$). A similar result was reported by Priti Solanky et al . [sup][9] This may be due to the vast course to be covered as well as acquiring of clinical acumen and unrealistic expectations both from their parents as well as themselves. The thought that they were actually on the verge of completing their undergraduate study may also add to the stress in this group. Yet another point of concurrence among these two studies was that the prevalence of severe stress was lowest among the second year students although the absolute percentage reported from a study in Surat, India [sup][9] was higher than the present study. The prevalence of mild stress was highest among the second year students as compared to others suggesting that the severity of stress in this year was relatively less, which was similar to the findings of a study conducted in Surat, India [sup][9] On the contrary, Mahajan [sup][21] and Miller, [sup][22] reported that the first year was the period of maximum stress.

The common symptoms of psychological stress were comparable to a study from University Putra, Malaysia. [sup][10] Higher percentage of students were found 'not feeling reasonably happy' (78.8% vs. 13.70%) and having 'problems in sleeping when worried' (71.0% vs. 25.35%) in the present study. [sup][16] The reason for a higher percentage of stress among students could be due to their awareness regarding stress symptoms and ability to adapt quickly.

The academic/non-academic stressors were more commonly seen among male medical students ($P < 0.05$) and comparable to a study conducted in Perak, Malaysia. [sup][23] Significant association was also observed between semesters and stressors and was comparable to a study from Melaka Manipal Medical College; India [sup][13] except 'with difficulty in keeping pace', 'with the amount of information that had to be mastered' and "finding time for recreation". 41.10% faced difficulties in approaching the teachers. The 1 [sup]st year students experienced higher proportion of stressors, which was comparable to studies from Manipal College of Medical Sciences, Nepal [sup][16] and a private Medical School in Malaysia. [sup][17] This indicated that the student-teacher relationship needs further improvement.

The Multiple logistic regression analysis explained the causal effect of main parameters on the GHQ caseness and comparable to a study from Manipal College of Medical Sciences, Nepal. [sup][16]

Conclusion

The stressors experienced were more common to academics and seen among all year of medical students. Strategy development for eliminating stressors is necessary for promoting healthy life.

Acknowledgments

We acknowledge the cooperation offered by the study participants, without which this study would have not been possible.

References

1. Smith EE, Nolen-Hoeksema S, Frederickson B, Loftus GR. Atkinson and Hilgard's Introduction to Psychology, 14 [sup]th edn. Thomson Wadsworth, USA: 2003.
2. Rosenham DL, Seligman ME. Abnormal psychology, 2 [sup]nd edn. New York: Norton, 1989.
3. Myers DG. Stress and Health, in: Exploring Psychology, 6 [sup]th edn., pp. 402. New York: Worth Publishers, 2005.
4. Muhamad SBY, Ahmad FAR and Yaacob MJ. The development and validity of the Medical Student Stressor Questionnaire (MSSQ), ASEAN Journal of Psychiatry 2010; 11:1-15.
5. Lazarus RS. Theory-Based Stress Measurement, Psychology Inquiry 1990;1:3-13.
6. Aktekin M, Karaman T, Senol YY, Erdem S, Erengin H, Akaydin M. Anxiety, depression and stressful life events among medical students: a prospective study in Antalya, Turkey. Medical Education 2001;35:12-7.
7. Costello Anna B, Jason Osborne. Best practices in exploratory factor analysis: four recommendations for getting the most from your analysis, PARE 2005;10:173-8.
8. Goldberg DP, Gater R, Sartorius N, Ustun T B, Piccinelli M, Gureje O, Rutter C. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychol Med 1997;27:191-7.
9. Solanky P, Desai B, Kavishwar A, Kantharia SL. Study of psychological stress among undergraduate medical students of Government Medical College, Surat. Int J Med Sci Public Health 2012;1:38-42.
10. Sherina MS, Rampal L, Kaneson N. Psychological stress among undergraduate medical students. Med J Malaysia 2004;59:207-11.
11. Supe AN. A study of stress in medical students at Seth G.S. Medical College. J Postgrad Med 1998;44:1-6.
12. Saipanish R. Stress among medical students in a Thai Medical School. Med Teach 2003;25:502-6.

13. Abraham RR, Zulkifli EM, Fan ES, Xin GN, Lim JT. A report on stress among first year students in an Indian medical school. *SouthEastAsianJMedEduc*2009;3:78-81.
14. Shaikh BT, Kahloon A, Kazmi M, Khalid H, Nawaz K, Khan N, et al . Students, stress and coping strategies: A case of Pakistani Medical School. *Educ Health (Abingdon)* 2004;17:346-53.
15. Firth J. Levels and sources of stress in medical students. *Br Med J (Clin Res Ed)* 1986;292:1177-80.
16. Sreeramareddy CT, Shankar PR, Binu VS, Mukhopadhyay C, Ray B, Menezes RG. Psychological morbidity, sources of stress and coping strategies among undergraduate medical students of Nepal. *BMC Med Educ* 2007;7:26.
17. Zaid ZA, Chan SC, Ho JJ. Emotional disorders among medical students in a Malaysian private medical school. *Singapore Med J* 2007;48:895-9.
18. Abdulghani HM, Alkanhal AA, Mahmoud ES, Ponnampereuma GG, Alfaris EA. Stress and its effects on medical Students: a cross-sectional study at a college of medicine in Saudi Arabia. *J Health Popul Nutr* 2011;29:516-22.
19. Jadoon NA, Yaqoob R, Raza A, Shehzad MA, Zeshan SC. Anxiety and depression among medical students: A cross-sectional study. *J Pak Med Assoc* 2010;60:699-702.
20. Marjani A, Gharavi AM, Jahanshahi M, Vahidirad A, Alizadeh F. Stress among medical students of Gorgan (South East of Caspian Sea), Iran. *Kathmandu University Medical Journal* 2008;6:421-5.
21. Mahajan AS. Stress in Medical Education: a global issue or Much Ado About Nothing specific? *South-East Asian Journal of Medical Education* 2010;4:9-13.
22. Miller, P.Mc C. The first year at medical school, some findings and students perceptions, *Medical Education* 1994;28:5-7.
23. Johari AB, I Noor Hassim. Stress and coping strategies among medical students in National University of Malaysia, Malaysia University of Sabah and Universiti Kuala Lumpur Royal College of Medicine Perak. *Journal of Community Health* 2009;15: 107-15.

Taranga. Reang, Himadri. Bhattacharjya

Source Citation (MLA 7th Edition)

Reang, Taranga, and Himadri Bhattacharjya. "A study to assess the emotional disorders with special reference to stress of medical students of Agartala government medical college and Govinda ballabh pant hospital." *Indian Journal of Community Medicine* 38.4 (2013): 207. *Academic OneFile*. Web. 1 Jan. 2014.

Document URL

[http://go.galegroup.com/ps/i.do?id=GALE%7CA349640826&v=2.1&u=sdl&it=r&p=AO
NE&sw=w&asid=9d17ac126df271bea516749b9c79b853](http://go.galegroup.com/ps/i.do?id=GALE%7CA349640826&v=2.1&u=sdl&it=r&p=AO
NE&sw=w&asid=9d17ac126df271bea516749b9c79b853)

Gale Document Number: GALE|A349640826