



THE AGA KHAN UNIVERSITY

eCommons@AKU

Department of Biological & Biomedical Sciences

Medical College, Pakistan

June 2014

A take on social wellbeing attributes by first year medical students

Rehana Rehman

Aga Khan University, rehana.rehman@aku.edu

Maria Habib

CDA Hospital, Islamabad

Syeda Sadia Fatima

Aga Khan University, sadia.fatima@aku.edu

Follow this and additional works at: http://ecommons.aku.edu/pakistan_fhs_mc_bbs

 Part of the [Curriculum and Social Inquiry Commons](#), and the [Medical Education Commons](#)

Recommended Citation

Rehman, R., Habib, M., Fatima, S. S. (2014). A take on social wellbeing attributes by first year medical students. *Journal of Pakistan Medical Association*, 64(6), 679-682.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_bbs/235

A take on social wellbeing attributes by first year medical students

Rehana Rehman,¹ Maria Habib,² Syeda Sadia Fatima³

Abstract

Objective: To compare awareness about concept of social wellness in male and female first year medical students.

Methods: It was a cross sectional, questionnaire based study conducted from February till December 2010. Responses on aspects of social wellness were rated never, sometimes, mostly and always from lowest to highest (1-4); evaluated as frequency, proportion and percentages by PASW (Predictive analysis software) version 18. Chi square test was applied for comparison of social wellness in both genders; results to be declared significant with p value <0.05.

Results: Overall score for social well being of females (20.24±4.50) was higher than male medical students (18.66±4.76; p<0.0001). Majority of the female respondents believed that they exhibit fairness and justice in public dealing (p<0.004), had a good network of close friends and family (p<0.001), were prompt at helping batch fellows (p <0.004), participated in group discussions (p <0.004), followed dynamics of communication (p<0.05) and were better at solving problems (p<0.01) as compared to the male respondents.

Conclusion: The scores highlighted a better interaction of females with the social environment.

Keywords: Wellness, Social wellness, Medical education. (JPMA 64: 679; 2014)

Introduction

The concept of 'wellbeing' has captivated people all over the world; however the concept of wellbeing is hard to define or predict. The phrase 'health and wellbeing' or 'wellbeing and health' is gaining significance and usefulness in health promotion and public health.¹ The ideology of wellness for a successful balanced existence incorporates the conscious, self-directed effort of lifelong learning and decision making.^{2,3}

Social wellness (SW) means contributing to one's human and physical environment for the common welfare of and social justice within the community. It includes promoting a healthy living environment, encouraging effective communication and mutual respect among community members, seeking positive interdependent relationships with the others. It is being a person for others and allowing others to care for you. It is also recognizing the need for leisure and recreation and budgeting time for activities.⁴ The need of its awareness in medical students is important since the profession of medicine requires a well-balanced social aspect with a good professional relationship of the practitioner with his patients, family members, staff, peers, colleagues and the entire community.

Wellness issues have a significant impact on medical

students learning behaviour, as they are exposed to a demanding, time challenging routine. These stressful challenges in medical schools may have unwanted effect on their physical and psychological wellbeing. Awareness of concept of wellness and associated issues are considered by a number of researchers.^{5,6} Medical schools are now responding to needs of changing times with awareness in social accountability.^{7,8} Studies have reported that maintaining social networks and support systems helps in combating stressful conditions and has a protective role against physical and mental illness. Nevertheless, despite increasing popularity of the term, its awareness and implementation lacks an intangible base. There appears to be confusion about what it is and how it may be identified and achieved. The objective of the study was to compare awareness about concept of SW in male and female first year medical students.

Methods

The cross-sectional questionnaire based study was approved by the Research & Ethical committee of Bahria University Medical & Dental College (BUMDC). Sample size was based on a population of 3,000 with e (margin of error) of 5% and z (confidence interval) of 95% by Raosoft Sample size calculator. Medical colleges were selected on their willingness to participate in the study; three public and five private medical colleges of Karachi (Pakistan) consented to participate and provided approval from their Ethical Review Board, upon which a convenient purposive sampling of 800 first year medical students, age range of 18-24 was done. A semi-structured self-administered

.....
¹Department of Physiology, Bahria University Medical and Dental College, Karachi, ²Postgraduate trainee, CDA Hospital, Islamabad, ³Department of Biological and Biomedical Sciences, The Aga Khan University Karachi, Pakistan.

Correspondence: Syeda Sadia Fatima. Email: sadia.fatima@aku.edu

questionnaire comprising of close ended questions were tailored from similar preexisting questionnaires adopted from wellness resource center⁹ to enquire about various aspects of SW. The ranking was also based on the same scale i.e. (ranked 1-4 where 1 is never, 2 sometime, 3 mostly and 4 always). However since this was the first time for such a study to be conducted in Karachi the questionnaire was not pre tested in our setup, nor was the reliability and validity tested, which is perhaps a limitation to our study. The survey dates were planned after taking consent from Dean of respective medical colleges and was carried out by 4 male and 3 female research associates of BUMDC. After introduction of the objective, explanation of difficult terms like fairness and justice (meaning moral rightness,

ethical behaviour, administration of law etc.) belonging (not feeling isolated form the society) students were given half an hour to complete the form, asked for any query or reservations. After completion forms were collected by the research associates. Special measures were taken for maintaining confidentiality of the participants by assigning unique ID's instead of recording names. Descriptive statistics were computed, Chi-square test was used for categorical data evaluation, using SPSS version 11 (SPSS Inc. Chicago, Illinois, USA). In all statistical analysis p value <0.005 was considered to be significant.

Results

Out of the total questionnaires distributed, 736 complete

Table: Comparison of social wellness attributes in medical students.

Variables	Response	Male 210(28.5%)	Females 526(71.5%)	Total	P value
Solve Problems	Always	105 (50%)	328 (62%)	433(59%)	<0.01
	Usually	68 (32 %)	135 (26%)	203(28%)	
	Sometimes	30 (14%)	53 (10%)	83 (11%)	
	Never	7 (04 %)	10 (2%)	17 (2%)	
Communication	Always	72 (34 %)	218 (41%)	290(39%)	<0.05
	Usually	57 (27%)	154 (29%)	211(29%)	
	Sometimes	56 (27%)	118 (23%)	174(24%)	
Group Discussions	Never	25 (12%)	36 (7%)	61 (08%)	0.004
	Always	82 (39%)	283 (54%)	365(50%)	
	Usually	60 (29%)	114 (22%)	174(23%)	
	Sometimes	44 (21%)	89 (17%)	133(0.18%)	
Teach Batch Fellows	Never	24 (11%)	40 (7%)	64 (0.09%)	0.004
	Always	93 (44%)	301 (57%)	394(54%)	
	Usually	61 (29%)	118 (23%)	179(24%)	
	Sometimes	35 (17%)	75 (14%)	110(15%)	
Lead a Group	Never	21 (10%)	32 (6%)	23 (7%)	0.694
	Always	94 (45%)	245 (47%)	339 (46%)	
	Usually	36 (17%)	100 (19%)	136 (19%)	
	Sometimes	41 (19%)	101(19%)	142 (19%)	
Belonging	Never	39 (19%)	80 (15%)	119 (16%)	<0.01
	Always	118 (56%)	380 (68%)	478(65%)	
	Usually	48 (23%)	76 (14%)	124 (17%)	
	Sometimes	30 (14%)	61 (12%)	91 (12%)	
Contribute to Social & Community Projects	Never	14 (7%)	29 (6%)	43 (6%)	0.797
	Always	41 (20%)	107 (20%)	148 (20%)	
	Usually	47 (22%)	114 (22%)	161 (22%)	
	Sometimes	84 (40%)	195 (37%)	279 (38%)	
Network of close friends and family	Never	38 (18%)	110 (21%)	148 (20%)	<0.001
	Always	155 (74%)	443 (84%)	598 (82%)	
	Usually	18 (9%)	48 (9%)	66 (9%)	
	Sometimes	22 (10%)	18 (4%)	40 (5%)	
Exhibit fairness and justice	Never	15 (7%)	17 (3%)	32 (4%)	<0.004
	Always	119 (57%)	348 (66%)	467 (64%)	
	Usually	62 (30%)	146 (28 %)	208 (28%)	
	Sometimes	26 (12%)	27 (5%)	53 (7%)	
	Never	3 (1%)	5 (1%)	8 (1%)	

Values represented in numbers and (percentages).

Social Dimensions; Questionnaire.

		Never	Sometime	Mostly	Always
1	I have a network of close friends and family	1	2	3	4
2	I exhibit fairness and justice in dealing with people (follows law, ethics and moral values; believes in equality)	1	2	3	4
3	I try to solve problems of my friends/class fellows	1	2	3	4
4	I have no hesitation to communicate with people	1	2	3	4
5	I don't hesitate to attend group discussions	1	2	3	4
6	I never hesitate to teach my batch fellows	1	2	3	4
7	I enjoy to lead a group of students	1	2	3	4
8	I feel a sense of belonging (does not feel isolated but feel needed and a part of the community)	1	2	3	4
9	I contribute time and money to social and community projects.	1	2	3	4

responses were included while incomplete ones were discarded. The response was obtained from 526 (71.5%) females and 210 (28.5%) males with a significant difference in their social activities, females with higher scores than males (20.24 ± 4.50 ; 18.66 ± 4.76 ; $p < 0.0001$). Females 443 (84%) reported to have close network with friends and family which was 10% greater than males. Females 348 (66%) mentioned to exhibit more fairness and justice in dealing with people as compared to males 119 (57%) ($p < 0.004$). Females 301 (57%) never hesitated to teach their batch fellows, 380 (68%) enjoyed a sense of belonging to the community and 218 (41%) took pleasure to communicate with others significantly more than males (Table). Both genders did not respond to lead a group of students and contribute time and money to social and community projects.

Discussion

Medicine wheel aims at a holistic approach of physical, emotional, intellectual and spiritual well being with respect to adjustment of an individual in the society.¹⁰ This aims at psychological development throughout the intense training years at medical school, which is reflected in their professional lives.¹¹ The survey conducted at the time of induction of medical students helps in recognition of a problem, identification of its components and strategies to overcome them. Awareness about SW is meant to stretch relationships, enjoy the work place and live in harmony with fellow human beings. The practice of SW is aimed to actively seek out ways to improve biological and psychological health, build healthy relationships, communicate effectively and preserve the beauty and balance with nature and the community.

The existence of wellness issues for first year medical students is supported by participation of a higher number of first year female medical students in an elective programme conducted by researchers.¹² Various studies have been done to address awareness of physical, emotional, spiritual and intellectual wellness in first year students.¹²⁻¹⁴

It has been found that individuals who have a strong social network within family, friends, and community enjoy better health.¹⁵ The findings of this study reveal that female students in our setting had a better network of friends and were willing to facilitate with their peers in solving problems. They were also more enthusiastic to acquire knowledge by generating group discussions and clarify confusions. They were not only better at communication but also at exhibiting fairness and justice while dealing with difficult people and situations as compared to their male colleagues.

Rehman and group found that female students tend to put more emphasis on the importance of social connections, social demands and social needs which reduced their stress level and helped in bringing a positive behavioural change.¹³ Studies conducted on concept of wellness suggest that social support not only helps in reducing stress among medical students^{16,17} and also is the main factor related to better health and life satisfaction.¹⁸

Learning from peers is the essence of SW. This method is not only cost-effective, and versatile, but also provides intrinsic motivational drive, promotes long term memorization of facts, better understanding, analytical thinking, and improve insightful practice. It is based on the fundamental principles of SW, flourished by peer acceptance, attachments, communication, assertiveness and resolution of conflict, with others. Effective communication is one of the most important tools a medical student can employ to share ideas, discuss issues, counsel to treat people, and find methods to perform mutually with the paramedics, together as an effective team.¹⁹

In our survey the ability to solve problems and queries was responded by females which is supported by another study in which they did not inquire help from mentors when compared with males.²⁰ The quality and extent of SW is affected by motivation, intent, perception of oneself and others. It is aimed to recognize the need for leisure

and recreation and budgeting time for these activities. The results of our study also documents that most of the female students exhibited a sense of belonging towards the community, family and peers. The concept of SW also demands contribution to the welfare of the community; this is possible by interacting with others within a variety of different settings or situations rather than to think about one self. People with a high sense of community belonging are likely to have more ties to other individuals, as compared to people with a low sense of community belonging.

There are biological differences between men and women with a wide range of distinct metabolic and hormonal features. This is accomplished in the form of differences in concepts of knowledge, classroom confidence, logical approach and intellectual development in the genders.^{5,20} The development of strong social networks can thus help in ensuring longer survival, development of motor skills and memory retention. For a successful existence, true friends can help in the academics, personality development, character grooming and cope with stress to influence health in a positive way. This helps in development of positive, interdependent relationships which form foundation of healthy behaviours. Social isolation has been connected with a higher risk for Alzheimer's and heart disease so it is advisable that students should receive encouragement to take better care of themselves and socially interact with others.²⁰

The study is limited as validity and reliability of questionnaire was not checked neither was it pretested however this is the first study done in the region to detect and mention the aspects of SW orientation in medical students.

Conclusion

The awareness about concept of SW was found predominantly in female medical students. They responded positively towards exhibiting fairness and justice in dealing with people, cared to make friends, solved their problems, took part in group discussions and portrayed a sense of belonging to the community. This approach points out an association of well-being practice in female medical students with ability to live in harmony with others and the environment rather than to live in conflict with them. This in turn not only helps to interact with peers, teachers, mentors, learning environment and

doctor's community but perhaps will also neutralize stress that makes a person much more vulnerable to illness.

References

1. Department of Health. Public Health Conference 2003: Delivering Wellbeing and Health through settings and partnerships. (Online) 2003 (Cited 2009 Jan 12). Available from URL: <http://www.uclan.ac.uk/facs/health/hsdu/conference2003.html>.
2. Firth-Cozens J. Medical Students Stress. *Med Educ* 2001; 35: 6-7.
3. Government of Pakistan. 1998 National Census Report. Islamabad.2000; Population Census Organization, Statistics Division. (Online) 2000 (Cited 2012 Oct 11). Available from URL: <http://www.census.gov.pk/data/census.php>.
4. Haines VA, Huribert JS, Zimmer C. Occupational stress, social support, and the buffer hypothesis. *Work Occup* 1991; 18: 212-35.
5. Jungkwon L, Graham AV. Students' Perception of Medical School Stress and Their Evaluation of A Wellness Elective. *Med Edu* 2001; 35: 652-9.
6. Kindig DA. Understanding Population Health Terminology. *The Milbank Quarterly*, 2007; 85: 139-61.
7. LaRocco JM, House JS, French JRP. Social support, occupational stress, and health. *J Health Soc Behav* 1980; 21: 202-18.
8. Lee J, Graham AV. Students' perception of medical school stress and their evaluation of a wellness elective. *Med Educ* 2001; 35: 652-9.
9. Vander Bilt University. Wellness Resource centre. (Online) (Cited 2010 Jan). Available from URL: www.vanderbilt.edu/wellnesscenter/wellnesswheel.html.
10. Loisel M and McKenzie L. The wellness wheel: An Aboriginal contribution to social work. Université du Québec en Abitibi-Témiscamingue. (Online) 2006 (Cited 2013 Mar 14). Available from URL: <http://www.reseaudialog.qc.ca/Docspdf/LoiselleMcKenzie.pdf>.
11. Meili R, Ganem-Cuenca A, Leung JW, Zaleschuk D. The CARE Model of Social Accountability: Promoting Cultural Change. *Acad Med* 2011; 86: 1114-9.
12. Panelli R, Tipa G. Placing Well-Being: A Maori Case Study of Cultural and Environmental Specificity. *Ecohealth* 2007; 4: 445-60.
13. Parkerson GR, Broadhead WE, Tse CJ. The health status and life satisfaction of first-year medical students. *Acad Med* 1990; 65: 586-8.
14. Rehman R, Syed S, Hussain M, Shaikh S. Health and Spirituality "walk along" in wellness journey of medical students. *J Pak Med Assoc* 2013; 63: 495-500.
15. Renger RF, Midyett SJ, Mas FG, Erin TE, McDermott HM, Papenfuss RL, et al. Optimal Living Profile: An inventory to assess health and wellness. *Am J Health Promot* 2000; 24: 403-12.
16. Rospenda KM, Halpert JA, Richman JA. Effects of social support on medical students' performances. *Acad Med* 1994; 69: 496-500.
17. Ryff CD, Singer BH. Best news yet on the six-factor model of well-being. *Social Sci Res* 2006; 35: 1103-19.
18. Wolf TM, Kissling GE. Changes in life-style characteristics, health, and mood of freshman medical students. *J Med Educ* 1984; 59: 806-14.
19. Rehman R, Khan R, Akhaai MA, Hassan F. Approach of freshly inducted medical students towards learning at Bahria University Medical & Dental College. *J Pak Med Assoc* 2013; 63: 320-6.
20. Naz AS, Rehman R, Hussain M. Medical students' endeavor to make use of their mental capabilities. *J Pak Med Assoc* 2013; 63: 568-72.