

PSYCHOLOGICAL WELL-BEING BETWEEN THAI AND INDIAN MEDICAL STUDENTS

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ABSTRACT

The present study undertaken to assessed the psychological well being of Indian and Thai medical students. For measure the Psychological well-being of the study, Mental Health Inventory prepared by Davies AR, Sherbourne CD, Peterson JR and Ware JE (1998) was used. The sample consisted of 250 Indian medical students and 250 Thai medical students were selected for the study. the result reveals significant difference of Psychological well- being was found between Indian and Thai medical students; Thai medical students was found to have got more Psychological well- being rather than Indian medical students. The result reveals significant difference of Psychological well- being ($t=2.94p< .05$) was found between Indian and Thai medical students; Indian female students incur significantly less Psychological well- being as compared than Thai female students .

Keywords: *Well being, Student, Medical Course and Mental Health.*

INTRODUCTION:

Medical school is recognized as a stressful environment that often exerts a negative effect on the academic performance, physical health, and psychological well-being of the student. Research has advanced dramatically particularly in searching the causes that contribute to the psychological well being among medical students. Numerous studies have revealed psychological morbidity in medical students including various psychological problems. In a general health survey, over 50% of medical students surveyed reported high stress (Guthrie, et al. 1998). Previous studies on the psychological well being of medical students showed that the stress of medical education stems from academic pressure, perfectionist standards and demanding nature of medical practice which requires involvement with the most personal or emotionally draining aspects of life (human suffering, death, sexuality and fear). Several research reported that from the assessment of anxiety and depression during various phases of medical education were lead to be a poor psychological well-being of the student.

METHODS

This study is part of Bilateral Cultural Exchange Programme of Indian Council of Social Science Research and National Research Council of Thailand. The data was collected during the visit of Thailand of the investigator from 5-21 Feb-2012 with the help of National Research Council of Thailand and Indian study center from five medical colleges of Thailand. The data was collected from 318 medical students but after screening 280 medical students selected for data analysis. Data was collected individually through questionnaires from the 300 hundred medical students from the students of five medical colleges are MGM Medical College Aurangabad, Medical College Latur , Shankarao Chavan Medical College Nanded, Government Medical college Akola and Punjab Rao Deshmukh Medical college Amravati, after screening 280 medical students selected for the study.. The data was checked for accuracy and completeness and was coded and put up into the SPSS Descriptive statistics for all studied variables, percentage mean, standard deviation and t-ratio , was considered statistically technique throughout the study and the level of significant was set-up at 0.05 level. For measure the mental health of the study Mental Health Inventory(MHI-38)prepared by Davies AR, Sherbourne CD, Peterson JR and Ware JE (1998) was used. All of the 38 MHI items, except two, are scored on a six-point scale (range 1-6). Items 9 and 28 are the exception, each scored on a five-point scale (range 1-5). The pre-coded values of each item are shown on the copy of the instrument on the preceding pages. Only psychological well being was comprised.

RESULTS AND DISCUSSION

The results and discussion have been presented in concise and comprehensive manner that is easy to comprehend starting with selected physical parameter. The results concerning this are presented in the form of tables. For the sake of convenience and methodical presentation of the results, following order has been adopted.

Table – 1

Personal Characteristics of medical students between Indian and Thai students

Sr.No.	Personal characteristics	Medical Students	
		Indian	Thai
1)	Daily Physical Exercise	51.78 %	72.50%
2)	Use of Internet	100.00%	100%
3)	Daily smoking	20.71%	15.35%

Table-1 indicates the percentage of personal characteristics of Indian and Thai medical students. The result revealed that , 51.78% Indian medical students engaged in daily physical exercise/sporting activity, whereas 72.50% Thai medical students engaged in daily physical exercise. 100.00% Indian and Thai medical students used internet. 20.71% Indian medical students reported that they have smoked, while 15.35% Thai medical students reported that they have smoked.

Table-2

Mean Scores, Standard Deviation and t-ratio of the mental health global sub scale of Psychological well- being between Indian and Thai medical students

Dimension	Medical Students	Number	Mean	S.Ds.	t-ratio
Psychological well- being	Indian students	280	40.92	3.98	2.51*
	Thai students	280	42.81	4.10	

Table-2 shows the Mean Scores, Standard Deviation and t-ratio of the mental health global sub scale of Psychological well- being between Indian and Thai medical students.

With regards to mental health global sub scale of Psychological well- being between Indian and Thai medical students they have obtained mean values(SDs) were 40.92(3.98) and 42.81(4.10) respectively, the result reveals significant difference of Psychological well- being ($t=2.51, p < .05$) was found between Indian and Thai medical students; Thai medical students was found to have got more Psychological well- being rather than Indian medical students .

Table-3

Mean Scores, Standard Deviation and t-ratio of the mental health global sub scale of Psychological well- being of Indian and Thai Female medical students

Dimension	Medical Students	Number	Mean	S.Ds.	t-ratio
Psychological well being	Indian students	104	40.41	1.66	2.94*
	Thai students	177	44.98	3.08	

Table-3 shows the Mean Scores, Standard Deviation and t-ratio of the mental health global sub scale of Psychological well- being between Indian and Thai Female medical students. With regards to mental health global sub scale of Psychological well- being between Indian and Thai female medical students they have obtained mean values (SDs) were 40.41(1.66) and 44.98(3.08) respectively, the result reveals significant difference of Psychological well- being ($t=2.94, p<.05$) was found between Indian and Thai female medical students; Indian female students incur significantly less Psychological well- being as compared than Thai female students.

DISCUSSION

The result reveals that significant difference of psychological well-being was found between Indian and Thai Medical students. Indian medical students incur significantly less well-being as compared than their International counterparts. The probable explanation for poor psychological well-being of Indian medical students were more credit hours per year, more teaching sessions per week and more frequent examinations, consequently leading to more hours of study, lack of rest and stress, these factors which can adversely affect psychological well-being. Others too have reported a worsening of psychological well-being after students are admitted to a medical college and this condition remains poor throughout their training. In a Indian perspective, it may be possible that effects of different political systems, national economic standards or different health care systems have an impact on medical students' well-being, The high psychological well-being of Thai medical students was also probably due to, spent more time in exercise and physical activities (Table-1) . Preliminary evidence suggests that physically active people have lower rates of stress and anxiety and lower rates of stress and anxiety may sound psychological

well being . Economos, Hildebrant, & Hyatt, 2008, investigated that Engaging in more physical activity improves psychosocial health and decreases stress. The several research have also shown that physical activity is an effective means of reducing anxiety and various indices of stress among adults may enhance psychological well being (Bhui, 2002; Dunn, Trivedi, & O'Neal, 2001). The poor psychological well being of Indian medical students also may be due to the Medical students in India have a more insecure position after graduation, where residency positions are gained in competition, and students may take unpaid auscultation positions at hospitals or wards to gain credits, personal factors such as staying away from family, adjustment to unfavorable hostel conditions, parental expectations, etc (.Nandi et.al. 2012). The study conducted by the Manjunath & Kulkarni (2013) investigated that the poor mental health status among medical students of India and Devi, et.al. (2013) also found that the prevalence of depression is high among medical students at Pondicherry in India. In addition Singh, Lal, Shekhar (2010) investigated the Depression and mental health problems in Indian medical students. The , probable explanation for poor psychological well being due to the situation of unemployment among physicians in India. In Thailand, by contrast, there is a shortage of physicians; all medical students of Thailand can feel confident that they will be employed and the education is well regulated, as are salaries. I expect that this study can contribute to future work in the field of Education, psychology, social science and allied medical education to be of great use and importance to the Researchers, investigators, psychologist and teachers as the same can be utilized in formulating the modalities in putting their knowledge acquired through devoted scientific investigations, analysis and interpretation of findings to use of all students.

LIMITATIONS

Results of this study are limited by a relatively small preliminary survey of self-reported psychological well-being rather than a study of actual behavior, which would be very difficult to achieve. A limitation of this study is that it reflects the findings of some medical college; the data was collected in selected medical colleges from both countries hence, the results may not be generalized to other institutions in the both countries. Psychological well-being was self-reported by medical students of both Nations and that may have resulted in some reporting bias. To keep the student data-collection time within reasonable limits, information on psychological

self-reported and no special psychometric instruments were used to measure it. Future research is warranted on estimating the level of psychological by psychometric instruments. Future studies should be proactive in maintaining a balance of participants on the basis of year wise medical students.

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