

SOCIAL WELLBEING: A POSITIVE ENERGY FOR WELLNESS IN MEDICAL STUDENTS

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ABSTRACT

Objective: The objective of the study was to compare the level of social awareness amongst medical students of public and private medical universities of Karachi - Pakistan.

Methodology: It was a cross sectional, questionnaire based study which randomly recruited 800 medical students from three government and five private medical colleges. Their responses on various aspects of social wellness were graded from 0-4 (never, sometimes, mostly and always). Non-parametric methods were employed for the comparison of social wellness between the students of two types of institutes. Factor analysis was run to extract common factors in our setup.

Results: Students from public and private medical universities (public MU/private MU) acquired significantly similar scores on communication wellness. Both group of students reported that they had network of close acquaintances. Students from public institutes not only showed a significant problems solving attitude to help their fellows but also exhibited significant frankness and fairness while dealing with their social bounds. On the other hand the private MU students contributed more social time and money to community projects.

Conclusion: Strategies should be made to involve public MU students in community projects. Private MU students need to be taught to care for their social bounds and enhance activities to share their beings with friends and family.

Key Words: Wellness, Social wellness, Public sector medical universities, Private sector medical universities

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INTRODUCTION

Health is considered to be a state of complete physical, mental and social well-being besides the nonexistence of illness¹. The concept of wellness enables an individual to utilize one's utmost potentials with self-motivation, responsibility and dedication; in agreement to the work situations².

In Pakistan, there has been a considerable increase in the number of medical colleges in the past few years and at present there are seventy seven private and forty seven public medical institutes³. In a Public medical university (Public MU) entrance is based on marks obtained as an aggregate of higher secondary school examination and scores obtained in entry test. Private sector medical universities (Private MU) have students who can afford the fees⁴.

Irrespective of the type of university, graduate medi-

cal students need to be trained to emerge as better and competent health care providers who could recognize their responsibilities with respect to their family as well as community⁵. Agreeing to this fact, the authors realized the significance of awareness of different dimensions of wellness to address the overwhelming issues that arise with respect to a new atmosphere, change in curriculum and stress levels that have a role in the learning capabilities and overall performance of medical students^{2,6}.

Social wellness (SW) being an important spoke of wellness wheel enables an individual to survive in the society through interaction with friends, family, co-workers as well as the entire community. Good communication skills enable an individual to create a support system that gives strength to the family, reinforces one's ability to work, bestows respect to others, and develops meaningful relationship with people⁷. It

recognizes having comfort and ease during work, the need for leisure and recreation in addition to budgeting time for those activities. SW enables an individual to practice effective listening, better understanding and caring for others, establish friendships/family tiers, all of which contributes towards a common good and a healthy community. Amongst medical students this awareness will build the foundations of physical and psychological fitness, harmony with nature and sense of ownership in the community. The objective of the present study is to identify the presence and level of social wellness amongst medical students and to compare this between the two sets of medical universities.

METHODOLOGY

The cross sectional questionnaire based survey was carried out from January 2010 to February 2011 in three public and five private medical universities in Karachi after approval from their "Research & Ethical Board". The convenience sampling of 100 students of first year MBBS from each university with a total of 800 students was taken. Those included were medical students of all ethnic groups, both genders, with age range from 19 to 21 years. Students with acute or chronic illnesses were excluded.

The close ended "Wellness wheel" questionnaire was tailored to evaluate aspects of social wellness on four points ranked as never, sometimes, mostly and always (numbering 0-4 from the lowest to the highest rank)⁸.

Data were entered in MS Excel and exported to Predictive Analysis Software (PASW v. 18) for analyses. Mean and standard deviation were computed for social wellness score. Kolmogorov-Smirnov's test revealed that the score was non-normal. Hence, Mann-Whitney U test was performed to compare the social wellness total score between public and private medical institutes. Computation of frequency and proportion was done for social wellness scale items. The individual scale items were compared by chi-square test. To check consistency in responses, Cronbach's alpha was computed for the same. Furthermore, to extract the common social wellness aspect in our medical students, factor analysis was performed. The usefulness of performing factor analysis on our data was checked by Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. The criterion for the extraction of factors was set as if Eigen value would be more than 1. The new factors were formed with the variables having loadings more than 0.35. p value less than 0.05 was considered to be significant.

RESULTS

A total of 800 questionnaires were distributed out of which 736 complete forms were returned for analysis; the response rate was 92%. The value of Cronbach's alpha was 71.9% indicating good reliability of the questionnaire for our population in which 28.5% (n=210) were male student. The average age of the participants were 19.4 ± 1 year with mean body mass index 22 ± 11 mmHg. About 40% (n=296) students were studying in public institutes. The average SW among medical students was 19.8 ± 4.6 . Though insignificant, the awareness of social wellness amongst public MU was numerically more than private MU social wellness (Figure 1).

Table 1 displayed wellness for expression of ideas and feelings to community by medical students. About 40% (n = 290) students never hesitated to communicate with people. Half of the students (n = 365) did not hesitate to attend group discussions. A high proportion of students (n = 478) felt the sense of belonging to medical community. Public and private students had significantly same proportional distribution related to the expressive wellness.


It also described wellness towards relationship with acquaintances. Both public and private MU students reported that they had network of close acquaintances and they exhibited fairness and justice in dealing with them. A large number of students from public institutes were found to be helpful to solve the problems of their fellows (p = 0.004).

Students from public and private medical universities (public MU/ private MU) acquired significantly similar scores on communication wellness. Both group of students reported that they had network of close acquaintances. Students from public institutes not only showed a significant problems solving attitude to help their fellows but also exhibited significant frankness and fairness while dealing with their social bounds. On the other hand the private MU students contributed more social time and money to community projects.

While analyzing aspects of resource expenses for social bounds, it was observed that for teaching batch fellows and leading a group, students from both the institutes have similar proportional distribution. Nevertheless, private medical students showed a significantly higher proportion for contributing time and money to community projects (p = 0.007).

Extraction of most influenced social wellness aspects was also made by factor analysis. The KMO statistics was 0.777 and Bartlett's test of sphericity showed significant sampling adequacy to perform the technique

Table 1: Aspects of wellness

	Rank	Public (286)	Private (450)	Total (736)	P value
Expressive wellness towards community					
Never hesitate to communicate with people	Always	106 (0.37)	184 (0.41)	290 (0.39)	0.282
	Usually	86 (0.30)	125 (0.28)	211 (0.29)	
	Sometimes	75 (0.26)	99 (0.22)	174 (0.24)	
	Never	19 (0.07)	42 (0.09)	61 (0.08)	
Don't hesitate to attend group discussions	Always	146 (0.51)	219 (0.48)	365 (0.50)	0.610
	Usually	67 (0.24)	107 (0.24)	174 (0.23)	
	Sometimes	53 (0.18)	80 (0.18)	133 (0.18)	
	Never	20 (0.07)	44 (0.10)	64 (0.09)	
I feel a sense of belonging to doctor's community.	Always	194 (0.68)	284 (0.63)	478 (0.65)	0.525
	Usually	43 (0.15)	81 (0.18)	124 (0.17)	
	Sometimes	35 (0.12)	56 (0.12)	91 (0.12)	
	Never	14 (0.05)	29 (0.07)	43 (0.06)	
Relationship wellness with acquaintances					
I have a network of close friends and family	Always	241 (0.84)	357 (0.79)	598 (0.82)	0.185
	Usually	24 (0.08)	42 (0.09)	66 (0.09)	
	Sometimes	14 (0.05)	26 (0.06)	40 (0.05)	
	Never	7 (0.02)	25 (0.06)	32 (0.04)	
I exhibit fairness and justice in dealing with people	Always	196 (0.69)	271 (0.60)	467 (0.64)	0.131
	Usually	70 (0.24)	13 (0.31)	208 (0.28)	
	Sometimes	18 (0.06)	35 (0.08)	53 (0.07)	
	Never	2 (0.01)	6 (0.01)	8 (0.01)	
I try to solve problems of my friends/class fellows	Always	191 (0.67)	242 (0.54)	433 (0.59)	0.004 
	Usually	59 (0.21)	144 (0.32)	203 (0.28)	
	Sometimes	30 (0.10)	53 (0.12)	83 (0.11)	
	Never	6 (0.02)	11 (0.02)	17 (0.02)	
Resource wellness for social bounds					
I never hesitate to teach my batch fellows	Always	151 (0.53)	243 (0.54)	394 (0.54)	0.295
	Usually	79 (0.28)	100 (0.22)	179 (0.24)	
	Sometimes	39 (0.13)	71 (0.16)	110 (0.15)	
	Never	17 (0.06)	36 (0.08)	23 (0.07)	
I contribute time and money to social and community projects.	Always	55 (0.19)	93 (0.21)	148 (0.20)	0.007*
	Usually	45 (0.16)	116 (0.26)	161 (0.22)	
	Sometimes	121 (0.42)	158 (0.35)	279 (0.38)	
	Never	65 (0.23)	83 (0.18)	148 (0.20)	
I enjoy to lead a group of students	Always	137 (0.48)	202 (0.45)	339 (0.46)	0.363
	Usually	45 (0.16)	91 (0.20)	136 (0.19)	
	Sometimes	53 (0.18)	89 (0.20)	142 (0.19)	
	Never	51 (0.18)	68 (0.15)	119 (0.16)	

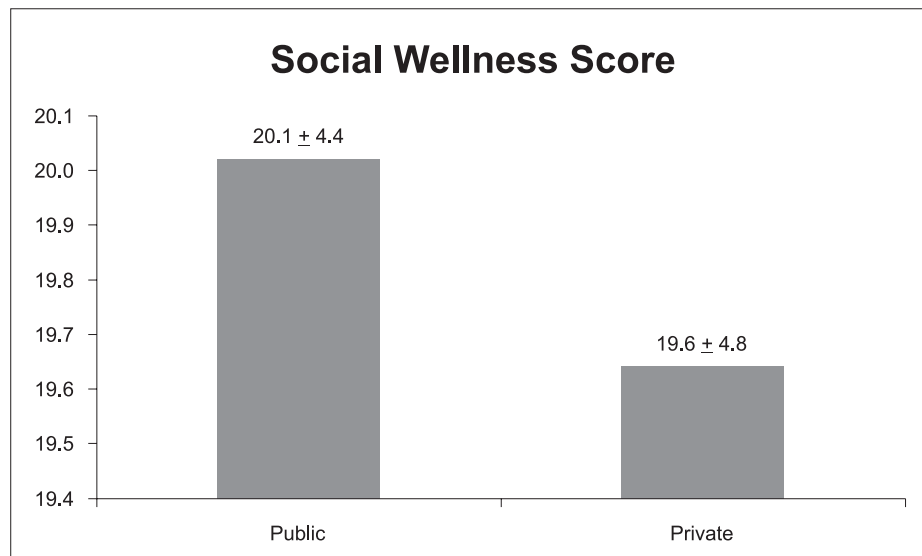
 Aggregate p value for this aspect of wellness

* Significant aggregate p value for this aspect of wellness

Table 2: Common social wellness factors presented among medical students

Social Wellness Items	Communication Wellness	Dealing with Society Wellness
Don't hesitate to attend group discussions	0.777	
I never hesitate to teach my batch fellows	0.598	
Never hesitate to communicate with people	0.587	
I enjoy to lead a group of students	0.499	
I contribute time and money to social and community projects.	0.350	
I try to solve problems of my friends/class fellows		0.721
I exhibit fairness and justice in dealing with people		0.557
I have a network of close friends and family		0.368
I feel a sense of belonging to doctor's community.		0.357
Total Scores	9.7 ± 3.4	10.1 ± 2.1
Public Institute	9.7 ± 3.3	10.3 ± 1.9
Private Institute	9.5 ± 3.5	9.7 ± 2.1
P Value	0.535	0.001

Figure 1: Comparison of social wellness score between public and private medical institutes of Karachi



($p < 0.0001$). Factor analysis extracted two factors on the Eigen value criterion; communication wellness and dealing with society wellness (Table 2). Both public and private medical students acquired significantly similar scores on communication wellness ($p = 0.535$). However, public medical students exhibited more frankness and fairness while dealing with their social bounds ($p = 0.001$).

DISCUSSION

Medical students come from diverse premedical backgrounds with different learning styles, approaches and cognitive capabilities⁹ hence social interactions assure more productivity that is made possible by conversation, discussion and maximum utilization of resources hand in hand with the batch fellows. They need to improve communication with class fellows, teachers, paramedical staff, room mates, patients and their attendants as well as their own family members. Communication is the interchange which is required for connection, survival, expression, and clearance of misunderstandings. It enables them to share views and helps to understand needs, concerns and common interests of other persons. This communication is necessary to counsel and treat patients, discuss issues, train staff and work as an effective team¹⁰. In our study, less than half of medical students responded to communicate in which Private MU students were a little better than public MU. One of the studies showed that female students who were inclined to put more emphasis on communication, social networking and support system were able to cope with high stress levels in medical colleges².

Irrespective of learning approaches it is known that learning can be facilitated by communication in the form of discussion with exchange of ideas in a friendly atmosphere¹¹. These discussions are conducive to learning based on existing knowledge, information obtained from literature with exchange of difficult aspects of the subject with peers¹². This learning develops an insight into SW that helps to exchange information, promotes listening and sharing comments in a tolerant way. Our study was not successful in identifying the prevalence of this aspect of SW in both sets of medical universities

According to recent scientific research it is evident that family and friends hold immense importance in our lives and are as essential for good health just like air, food, water and physical activity. In our culture, family is an important learning institution both for the individual and society which gives happiness, comfort, peace and security. SW depends on interdependence which is acquired not only by interaction with people of different ages, backgrounds, races, lifestyles but also by communication with family members¹³. It acts like a shock-ab-

sorber that carries away our worries, pains and agonies and gives immense liveliness and pleasure. In our survey majority of the students from both universities had good social network. The example of inter-dependence of male students to seek help from mentors rather than from family members was highlighted in a study done on wellness of medical students¹⁴.

Good friends exert a positive impact on the mental and physical health of an individual by reducing stress. True friends can help in academic learning, personality development and grooming and the ability to cope with stress. This helps in development of a positive interdependent relationship that leads to healthy behaviors and determines successful existence. In our study, both public MU and private MU students were good at making friends.

Students in both groups were aware of the concept of exhibiting fairness and justice with people. They knew that everyone should be treated with honesty, respect and ought to be given equal opportunities to accomplish given task. They were ready to assist others, preserving their identity and exclusivity at the same time giving chance to others.

Leadership is a process of social influence by an individual who has been chosen to command, direct and guide others. Leader is the outcome of effective communication, who takes the authority to command for the accomplishment of a given task. In view of the fact that most of psychological development takes place during the intense training years at medical school, which is reflected in their professional lives¹⁵, we found that students in public MU had relatively better proportion of response to become leaders as compared to private MU.

The concept of SW also demands contribution to the welfare of the community; achieved through interaction with others in a variety of settings or situations. People with a high sense of community belonging are likely to have more ties with other individuals, as compared to those with a low sense of such belonging. Private MU students displayed this attitude of community belonging by spending more time and money for welfare projects.

SW has an impact on psychological and biological health, affects mood, improves interdependency, builds self-esteem and allows accepting diversity and handling stress in an enjoyable way. It also boosts immediate refreshment which is great for the health of the individual^{7, 16, 17}. The social dimension of wellness motivates to develop, nourish and encourage relationships furthermore counteracts the stress which is frequently encoun-

tered by medical students. It has been observed that individuals who have strong social network within family, friends, and community enjoy better health¹⁸. Social isolation on the contrary has been associated with health risk, illness, and delay in recovery from illness, disturbance in immune system and mental disturbances¹⁸. The incidence of Alzheimer's disease, depression, stress induced hypercholesterolemia and heart disease has been documented with social isolation hence it is recommended¹⁹ to develop strong social networks ensuring longer survival, development of motor skills and memory retention.

In the journey of wellness, we come across willful choices that can enhance personal relationships, are vital for friendships, promote communication and develop a sense of belonging to the community. Selection of these choices can promote peace and harmony making our homes and communities a better place to live.

CONCLUSION

Students of public and private MU represented expressive wellness in terms of communication with people, participation in discussions along with a sense of belonging to the community. Relationship wellness with acquaintances was relatively more in public MU students attained by solving problems of friends and class fellows. Resource wellness on the contrary was observed more in private MU students acquired by contribution of more time and money to community projects.

RECOMMENDATIONS

Counseling of medical students to manage time effectively for studies, family and recreational activities will enable them cope with work stress. Students, particularly public MU students should be encouraged to take part in welfare work to promote a sense of belonging in them for the community. Private MU students should be taught to care their social bounds and enhance activities to share their beings with friends and family.

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CONTRIBUTORS

RR conceived and supervised the study, MH, FS and RK did data analysis and wrote manuscript. All authors have made substantive contributions in the conception and design, acquisition analysis and interpretation of data in the study to be published. They have critically revised the manuscript and gave the final approval of the version for publishing