



STUDY ON PSYCHOLOGICAL WELL-BEING AMONG MBBS STUDENTS IN A RURAL MEDICAL COLLEGE

Clinical Psychology

Dr. Vijaya Kumar K S Associate Professor Department Of Clinical Psychology, Adichunchanagiri Institute Of Medical Sciences, Adichunchanagiri University.

Mr. Bharath Bhushan. M. N. Consultant Psychiatric Social Worker, Adichunchanagiri Institute Of Medical Sciences, Adichunchanagiri University.

Dr. Karthik. J Senior Resident Department of Psychiatry, Adichunchanagiri Institute Of Medical Sciences, Adichunchanagiri University.

ABSTRACT

Positive emotions, life satisfaction, a sense of purpose, and a high degree of self-esteem are traits of psychological well-being. It entails having the capacity to control tension, adjust to change, build and preserve good relationships, and pursue self-acceptance and personal development. A structured questionnaire was used to collect primary data from a sample of 120, which included 60 males and 60 females, 40 rural students, and 80 urban students. The data was acquired using the Psychological Well-being Scale created by Carol Ryff. A "t" test was used in the statistical analysis. The results indicate that there are no differences in the psychological health of males and females. Moreover, no statistically significant differences were found in the factors affecting psychological well-being between male and female students. Furthermore, there are no significant differences between rural students and urban students in terms of psychological well-being. Finally, there were no significant differences found in the categories related to psychological well-being between rural students and urban students.

KEYWORDS

Psychological well-being, Mental Health, Psychological Health, Self-acceptance, Self-esteem, Autonomy.

INTRODUCTION:

Psychological well-being is about the lives going well. It is the combination of feeling good and functioning effectively. The "feeling good" component encompasses emotions such as happiness, contentment, interest, engagement, confidence, and affection. While the component of "functioning effectively" involves the utilizing one's potential to the fullest, exercising control over one's life having a sense of purpose and experiencing positive relationships.

Mental and emotional health is typical synonyms for psychological health. Nevertheless, psychological well-being includes mental and emotional health. It's a reflection of the person's resilience, positivity, ability to form genuine relationships, and skill in carrying out mundane tasks. It considers a wide range of variables that have an impact on an individual's mental well-being. A person's resilience and quality of life have been proven to be strongly connected with their mental health, which is critical to their general health. Psychological well-being is viewed as a combination of positive affective states such as happiness and functioning with optimal effectiveness in individual and social life. Some individuals demonstrate the high level of well-being despite adverse circumstances, whereas others show low levels of well-being despite favorable conditions.

A person's health, happiness, and contentment are just a few of the numerous facets of their existence that are encompassed under the wide and intricate concept of well-being. It also symbolizes the overall standard of living for an individual. It stands for a state of complete mental, emotional, physical, and social well-being. For individuals, communities, and society as a whole, achieving well-being is fundamental to living a fulfilling life.

Medical students face various challenges to their well-being during medical training. Persistent worries and fear of not achieving set objectives have a negative impact on a medical student's perception of well-being. Psychological well-being is beneficial for adults to live a healthy life, especially its importance in the college years cannot be undermined.

The WHO (World Health Organization) identifies "wellbeing" as a valued asset for a healthy existence, a "positive condition of health" beyond the absence of sickness. It facilitates optimal performance throughout a person's whole range of mental, physical, emotional, and social activities. For anything to be considered "well-being," it must help people realize their full potential, which includes fostering productive and creative work, developing positive relationships with others, and making significant contributions to their communities.

- The key to one's mental health is having the capacity to recognize, comprehend, and control one's emotions. Using the right coping mechanisms allows you to better handle stress, anxiety, and other negative feelings.
- Examples of positive emotions that are essential in determining one's psychological well-being include love, gratitude, contentment, and happiness, amongst others. These positive states of mind have a significant bearing on overall life satisfaction as well as happiness.
- Resilience is the ability to bounce back from adversity and conquer life's challenges, and it's directly linked to psychological health. Resilience is characterized by flexibility and an optimistic view of these challenges.

Ryff proposed psychological well-being as "the striving for perfection that represents the realization of one's true potential" is easier said than done in medical students who face gamut of problems that stem from personal, academic, and socio-cultural factors.

Late adolescence is considered to be a transition period of giving up the childhood ties to forming an identity apart from social and familial norms. In addition, medical undergraduates have to deal with a new environment, to relate to other students, enduring a competitive threat, adjust to new teachers and teaching methods. To top it, medical students additionally have to cope with the issues of life and death within the context of their relationship to patients. These problems that are unique to the medical undergraduates can have damaging effect not only on their adaptive skills in the studentship but also long-standing effects on the wellbeing even as medical professionals.

Psychological well-being is a broad concept that encompasses a condition of prosperity and thriving, rather than only the absence of mental health illnesses. Numerous variables, including heredity, environment, experiences in life, and personal decisions, might have an impact on it. Achieving and sustaining psychological well-being frequently calls for self-awareness, personal development, and the creation of appropriate coping mechanisms to deal with stress and obstacles in life.

Carol D. Ryff, an acclaimed researcher and psychologist, is credited with developing a six-dimensional model of psychological well-being. The interaction of all of these factors has a formative effect on the individual's psychological health as a whole. Ryff's hypothesis is well-known under the term "Six-factor Model of Psychological Well-Being."

1. **Autonomy:** The degree of freedom and ability to make

Key Dimensions of Psychological Well-being:

independent decisions are correlated with an individual's level of autonomy. It evaluates an individual's capacity to remain loyal to themselves under duress and behave in a manner consistent with their basic beliefs and ideals.

- 2. Environmental Mastery:** Mastery of the environment means competently traversing and adapting. This involves managing everyday tasks, solving difficulties, and taking charge of one's surroundings.
- 3. Personal Growth:** It is an indication of a person's commitment to continuous improvement and development. Curiosity, receptivity to novel experiences, and drive for advancement and self-realization are the three key elements.
- 4. Positive Relations with Others:** This dimension's major focus is on how well a person can establish and sustain healthy connections with other individuals. The development and maintenance of fulfilling relationships depend on a variety of factors, including the capacity for empathy and compassion as well as a growing feeling of social connection.
- 5. Purpose in Life:** The meaning of life may be found in completing particular goals and having a feeling of purpose. It requires having a feeling of purpose and the conviction that one's acts and presence are more significant than just sustaining one's physical existence.
- 6. Self-acceptance:** Self-acceptance is defined by positive characteristics of an individual's self-image, such as high self-esteem and a strong feeling of self-worth. Essential to self-respect is a person's ability to recognize their strengths and faults, accept responsibility for their previous acts, and still maintain a healthy degree of self-respect.

This research focuses how well medical under graduates perceive their well-being. In this context, the present study aimed to study the levels psychological well-being in medical under graduates.

Review Of Literature:

1. Sharad Philip (2021) et al, a cross sectional National survey conducted on psychological well-being and burnout to assess substance use, psychological well-being, and burnout using CAGE, Oldenberg Burnout Inventory (OLBI), and the short general health questionnaire (GHQ-12) among medical students in India. This study reveals that medical students are going through exceptional stress when compared to their age matched peers. More nationally representative studies must be conducted on a large scale to quantify the problem and to help design new interventions.
2. Arvind sharma et al, (2022) Psychological well-being among college students: A study from Central India. This study aims to assess the PWB of college students and to determine the correlation between age and PWB aspects. The results of the present study illustrate that student of 20 years or more had better psychological well-being (PWB) in terms of all dimensions rather than <20 year.
3. K srivastava (2011) et al, conduct a research on Psychological Well-being of Medical Students, A total of 105 medical student of one batch were assessed utilizing psychophysiological state inventory, Institute for personality and ability testing (IPAT) anxiety and depression scale, achievement motivation scale, scale for locus of control and 16 PF in three phases at one-year intervals. The study reveals that Majority of the students had average achievement, motivation and adaptability. Anxiety and depression scores fell within normal limits. In personality profile factor 'B', 'M' and 'Q4,' had changed significantly. Achievement motivation showed significant decreases and CSS1 and PO1 scores showed significant increase during the years of medical education.
4. Honmore and Jadhav (2015) aimed to explore these aspects concerning the psychological well-being of college students. The study encompassed 200 first-year students from various colleges in Islampur and Sangli, located in Maharashtra, with an equal distribution of 100 male and 100 female participants. Participants completed the Optimistic- Pessimistic Attitude Scale (Parashar, 1998) and the Psychological Well-Being Scale (PWB), which includes five subscales. The results of the ANOVA revealed a significant gender difference overall, albeit with a small effect size (Cohen's d = 0.38). These findings indicated that male students exhibited a higher level of psychological well-being in the Mental Health dimension compared to their female counterparts. Notably, most participants in the study hailed from rural or semi-urban backgrounds characterized by entrenched traditional norms and constraints on women within a predominantly male-dominated

culture.

5. Sana Akhter (2015) conducted a study titled "Gender Differences in Psychological Well- being." The study utilized a random sampling method to select a sample of 100 participants, including an equal number of male and female, 10th-grade students from Jamshedpur city. In this study, participants' levels of psychological well-being were measured using the Psychological Well- being Scale, which was developed in 1980 by Carol Ryff. The validity of the hypotheses was examined using a "t" test. The findings revealed a sizable gender gap in students' reports of their emotional health.
6. Prabha and Magdalin (2016) studied 285 female college students (aged 17 to 26) from different institutions in the Chennai area to see how much time they spent online affected their levels of comfort, social anxiety, psychological health, and feelings of isolation. The outcomes of the study suggested that there was no association between Internet addiction and social anxiety, loneliness, or psychological well-being among the female college students who took part in it. The study found no statistically significant differences between female students who used the Internet late at night and those who did not, in terms of mental health, social anxiety, or feelings of isolation. Despite the prevalence of social anxiety among male college students, there was no statistically significant correlation between Internet addiction and social anxiety among female college students. Furthermore, no connection could be shown between internet addiction and the mental health of college-aged women.
7. Rezvan and Souza (2017) carried out a study to investigate how parenting practices affect early and late adolescent mental health. Two participant groups—early adolescents, aged 10 to 14 and late adolescents, aged 15 to 19—were included in the 200-person sample used in the study. Each gender was equally represented among the participants, who were students from Mysore, Karnataka, India. According to the research, teenage mental health was not significantly impacted by parental practices. As opposed to their early teenage counterparts, late adolescents were found to report a greater prevalence of mental health issues. The conclusion emphasizes how developmental phases have a significant impact on early and late adolescents' general mental health.

Methodology:

Statement Of The Problem:

To study the levels of psychological well-being in MBBS students at AIMS BG Nagar, Mandya district, Karnataka.

Objectives:

1. To assess the levels of psychological well-being in medical under graduates.
2. To assess the gender difference in psychological well-being among medical under graduates
3. To assess the psychological well-being between 3rd year and 4th year MBBS students.

Sample:

This is a cross-sectional descriptive study will conduct among medical under graduates in Adichunchanagiri Institute of Medical Sciences, B G Nagar, Karnataka.

Convenience sampling technique will be use. The sample of rural and urban students (60 females and 60 males) has been selected. The participants in the study fall within the age range of 19 to 25 years.

N = 120			
$N = n_1 + n_2$	60+60=120	$N = n_1 + n_2$	40+80=120
$n_1 = 60$ female students	$n_2 = 60$ male students	$n_1 = 40$ rural MBBS students	$n_2 = 80$ urban MBBS students

Inclusion Criteria

1. Both male and female MBBS students are included.
2. Students within the age group of between 19 to 25 years included.
3. Adichunchanagiri Institute of Medical Sciences' MBBS students only included.
4. Urban and rural students included.

Exclusion Criteria:

1. Students who are less than 19 years of age and above 25 years of age were excluded.
2. Other college students excluded.

Assessment Tools:

1. Demographic Data:- Personal data form.

2. Ryff scales of psychological well-being:-

This scale is 18-item version. It consists of a series of statements reflecting the six areas of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Participants rate statements on a scale of 1–7, with 1 indicating strong agreement and 7 indicating strong disagreement. Responses are totaled for each of the six categories. Prior to the totaling, items with negative content were reverse scored so that high values indicated psychological well-being. The scale has sound psychometric properties and has been used as a comprehensive and reliable measure of well-being in several contexts. All six scales have demonstrated excellent internal consistency, with Cronbach's alpha values of 0.93 (self-acceptance), 0.91 (positive relations with others), 0.90 (environmental mastery), 0.90 (purpose in life), 0.87 (personal growth), and 0.86 (autonomy).

Test-retest reliability coefficients ranged from 0.81 to 0.85. Research done previously focusing on the reliability and validity of the scale in different cultural contexts supports the six factor model.

Procedure:

Students were prior notified of the study and were motivated to participate, with the understanding that the study was of voluntary nature. Students were approached during one of their regular lectures, with prior permission from the principal and consent of the concerned faculty. Directions to fill the socio demographic questionnaire and rating scale were given verbally. The purpose of the study was explained, those who were willing to participate in the study were distributed hard copy of the questionnaire and scales along with the informed consent and the responses were collected. All participants were assured of confidentiality of the data provided. Students took 30 to 40 min to complete the questionnaire. The completed questionnaires were collected for the data analysis.

Statistical Analysis: The statistical analyses applied for data analysis are mean, standard deviation, and t-tests.

RESULTS:

Table 1: Showing the gender difference in psychological well-being among MBBS students-

Psychological Well-being	Male		Females		t-value
	Mean	SD	Mean	SD	
	85.03	10.74	85.38	14.10	NS

Interpretation: This table shows that Psychological well-being for males with mean score is 85.03 and standard deviation is 10.74 and for females with mean is 85.38 and standard deviation is 14.10. The t-value is 0.15 is not significant at 0.05 level. Hence, from table 1, there is no significant difference in psychological well-being among male and female MBBS students.

Table 2: Showing the dimension wise gender difference in the psychological well-being among MBBS students-

Dimensions	Males		Females		t-value	Level of sig.
	Mean	SD	Mean	SD		
Autonomy	14.13	3.05	14.48	3.74	0.29	NS at 0.05
Environmental Mastery	13.83	3.45	13.51	3.43	0.52	NS at 0.05
Personal Growth	15.9	3.04	16.06	3.54	0.27	NS at 0.05
Positive Relations with others	12.63	3.53	12.08	3.74	0.84	NS at 0.05
Purpose in Life	12.91	3.85	14.35	4.05	2.02	NS at 0.05
Self- Acceptance	15.61	2.86	14.88	3.93	1.16	NS at 0.05

Interpretation: This table shows that Dimension wise comparison of psychological well-being in autonomy for males with mean score is 14.13 and standard deviation is 3.05 and for females with mean score is 14.48 and standard deviation is 3.74. The t-value is 0.29 is not significant at 0.05 level. In environmental mastery for males with mean score is 13.83 and standard deviation is 3.45 and for females with mean score is 13.51 and standard deviation is 3.43. The t-value 0.52 is not significant at 0.05 level. In personal growth for males with mean score is 15.9 and standard deviation is 3.04 and for females with mean score is 16.06 and standard deviation is 3.54. The t-value 0.27 is not significant at 0.05 level. In positive relations with others for males with mean score is 12.63 and standard deviation is 3.53 and for females with mean score is 12.08 and standard deviation is 3.74. The t-value

0.84 is not significant at 0.05 level. In purpose in life for males with mean score is 12.91 and standard deviation is 3.85 and for females with mean score is 14.35 and standard deviation is 4.05. The t-value 2.02 is not significant at 0.05 level. In self-acceptance for males with mean score is 15.61 and standard deviation is 2.86 and for females with mean score is 14.88 and standard deviation is 3.93. The t-value 1.16 is not significant at 0.05 level. Hence, from table 2, no significant differences were observed in all the dimensions of psychological well-being among male and female MBBS students.

Table 3: Showing the comparison of psychological well-being between rural and urban MBBS students-

Psychological Well-being	Rural MBBS students		Urban MBBS students		t-value
	Mean	SD	Mean	SD	
	84.97	12.64	86.77	13.11	0.73 N.S at 0.05

Interpretation: Overall Psychological well-being for rural MBBS students with mean score is 84.97 and standard deviation is 12.64 and for urban MBBS students with mean score is 86.77 and standard deviation is 13.11. The t-value 0.73 is not significant at 0.05 level. Hence, from table 3, there is no significant difference in psychological well-being between rural MBBS students and urban MBBS students.

Table 4: Showing the dimension wise comparison of psychological well-being between rural and urban year MBBS students-

Dimensions	Rural MBBS students		Urban MBBS students		t-value	Level of significance
	Mean	SD	Mean	SD		
Autonomy	14.03	3.35	14.65	3.37	0.96	N.S at 0.05
EnvironmentalMastery	13.78	3.61	13.45	3.11	0.50	N.S at 0.05
PersonalGrowth	15.93	3.23	16.3	3.56	0.57	N.S at 0.05
Positive Relations with others	12.36	3.61	12.8	4.09	0.61	N.S at 0.05
Purpose inLife	13.48	3.87	14.57	4.04	1.91	N.S at 0.05
Self- Acceptance	15.36	3.48	15	3.57	0.67	N.S at 0.05

Interpretation: Dimension wise comparison of psychological well-being in autonomy for rural MBBS students with mean score is 14.03 and standard deviation is 3.35 and for urban MBBS with mean score is 14.65 and standard deviation is 3.37.

The t-value is 0.96 is not-significant at 0.05 level. In environmental mastery for rural MBBS students with mean score is 13.78 and standard deviation is 3.61 and for urban MBBS students with mean score is 13.45 and standard deviation is 3.11. The t-value 0.50 is not-significant at 0.05 level. In personal growth for rural MBBS students with mean score is 15.93 and standard deviation 3.23 and for urban MBBS students with mean score is 16.3 and standard deviation is 3.56. The t-value 0.57 is not-significant at 0.05 level. In positive relations with others for rural MBBS students with mean score is 12.36 and standard deviation is 3.61 and for urban MBBS students with mean score is 12.8 and standard deviation is 4.09. The t-value 0.61 is not-significant at 0.05 level. In purpose in life for rural MBBS students with mean score is 13.48 and standard deviation is 3.87 and for urban MBBS students with mean score is 14.57 and standard deviation is 4.04. The t-value 1.91 is not- significant at 0.05 level. In self-acceptance for rural MBBS students with mean score is 15.36 and standard deviation is 3.48 and for urban MBBS students with mean score is 15 and standard deviation is 3.57. The t-value 0.67 is not-significant at 0.05 level. Hence, from table 4, no significant differences were identified in all the dimensions of psychological well-being between rural and urban MBBS students.

DISCUSSION AND CONCLUSION:

Psychological well-being is a broad concept that encompasses a condition of prosperity and thriving, rather than only the absence of mental health illnesses. Numerous variables, including heredity, environment, experiences in life, and personal decisions, might have an impact on it. Achieving and sustaining psychological well-being frequently calls for self- awareness, personal development, and the creation of appropriate coping mechanisms to deal with stress and obstacles in life.

The goal of the research is to examine the psychological well-being among MBBS students. In this study, the assessment of psychological well-being is conducted using the Psychological Well-being Scale

developed by Carol Ryff. The statistical analysis involves the use of mean, standard deviation, and t-tests as the applied methods for data analysis.

This study results are in accordance with the previous findings (Shaheen and Shazeen, 2016; Ramesh D. Waghmare, 2016). It implies that, Gender roles and societal expectations have been developing, and our society is gradually accepting gender inclusiveness, which is treating everyone with equal respect regardless of their stature and absorbing the concept of social equality by projecting it into society through instilling the thought in others about the same. This gives each individual a leeway to voice their opinions regardless of their gender and seek options or make personal choices. Hence, it ushers the decreased gender differences in psychological well-being.

Secondly, the non-significant difference, in residential status. It is also synchronous to other studies (Vanika and Sankhian, 2015). Both rural and urban can have access to strong support systems, whether it's from family, friends, or social networks. Minimize differences. All students have internet access and smart devices. This helps minimize differences.

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