Subjective Well-Being, Psychological Well-Being and Anxiety Symptoms of Medical and Pharmacy Students in Namibia

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Abstract

Medical and pharmacy students at the School of Medicine of Namibia underwent a survey investigating their level of mental well-being and anxiety symptoms. Not only were the two constructs, subjective well-being and psychological well-being positively interrelated but also correlated inversely with anxiety symptoms. Environmental mastery in the psychological well-being scale was negatively associated with anxiety (coefficient: -0.17, 95% CI: [-0.27,-0.7], p-value = 0.001). Supportive qualitative data brought some environmental challenges forward that were typical for medical and pharmacy students as these professions are fundamentally emotionally challenging, in addition to a taxing curriculum, work overload and time constraints influencing well-being negatively. Supplementary information contributed towards additional challenges which deviate from the common hardships of studying high profile professions such as medicine and pharmacy. Firstly, most of the students needed to migrate to the capital city to study, finding themselves in a new and unfamiliar environment; and, secondly poverty influenced the well-being of the students in addition to physical safety issues.

Keywords: Subjective well-being, psychological well-being, positive and negative affect, environmental mastery anxiety symptoms, medical students, pharmacy students, medical school of Namibia.

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1 Introduction

Severe shortages of health care workers in Southern Africa have slowed development and inhibited the implementation of public health measures. As new training programs are introduced in our developing nations, many challenges must be overcome to ensure successful graduates. These include financial, curricular, and establishment of adequate training systems. In addition to these structural challenges, students face emotional and financial constraints. The primary form of well-being is called subjective well-being and refers to the degree of experiencing life as pleasant and satisfactory in terms of positive or negative emotions (Diener, Kesebir & Lucas, 2008; Sirgy & Wu, 2009). Psychological well-being refers to the degree of learning, constructive activity and growth. Optimal psychological well-being is indicated by high degrees of psychological growth, positive self-evaluation, leading a meaningful life, experiencing healthy relationships with others, having a sense of continuous growth and development as well as managing ones life effectively (Ryff & Singer, 2008). Anxiety on the other hand is marked by constant worry and the degree of severity of symptoms influence the degree of functionality (Beck, Epstein, Brown, & Steer, 1988).

Environmental mastery refers to controlling and manipulating a complex environment, including the capacity to act and change the environment to suit one's need (Ryff, 1989; Ryff & Singer, 2008). The balance between experiencing psychological well-being and strain is a complex transactional process between the demands and the resources (Dewe, 2004). Stress, more particularly anxiety symptoms and negative emotions, influence performance, health, personal relationships, creativity and problem solving skills (Lyubomirsy, King & Diener, 2005). Critical challenges such as poverty, time management, the ability to delegate, and being aware of the depletion of ones own emotional and physical resources have at large been ignored to be taught at in medical schools (Dunn, Iglewitcz & Moutier, 2008). Stressful circumstances may impact the individuals mental well-being and decreases the degree of optimal functioning (Goldblatt, 2009). Increase in anxiety levels are causal to secondary post-traumatic stress symptoms, burnout (Goldblatt, 2009), and decrease sense of purpose in life (Hope, 2006).

The University of Namibia, School of Medicine, is the only medical training institution for physicians and pharmacists in the country. The University graduated their first class of pharmacy students in 2014 and medical students in 2016. As a young university, the demands are high. Africa has currently the fastest growing youth population while youth unemployment accounts for 13% in sub-Saharan countries in 2011. In Africa the youth is

three times as likely to be unemployed compared to adults (Anyanwu, 2014). According to Eagle, the individual does influence the system, however the system, as larger structures consisting of organisational and political entities, do impact the individuals sense of control over the environment (Eagle, 2002).

1.1 Medical and Pharmacy Students

Some studies show that over 10% percent of medical students become clinically depressed during medical school training and 30% during their internship (Harrah, 2013). Symptoms range from stress and dysphoria to substance abuse and risk taking behaviour, anxiety, depression and suicide (Dunn, Iglewitcz & Moutier, 2008; Hassed, de Liesle, Sullivan & Pier, 2007). Negative stress responses are based on challenges and confrontations which are determined by an initial perception of whether the challenge or confrontation is perceived as a potential threat (Ryff & Singer, 1998). As a result of stressful training medical students undergo an internal conflict, doubting their decision of studying medicine in the first place. Furthermore, due to the feeling of not being able to cope the psychological environment is perceived as increasingly threatening to the student, fuelling symptoms of anxiety (Dunn, Iglewitcz & Moutier, 2008). American students in their third year of study, in which the student patient contact is intensified and practical work increases, have shown increase in symptoms of anxiety and depression. These symptoms have intensified as studies progressed, particular within the third and fourth year of training (Hassed, de Lisle, Sullivan & Pier,2007; Harrah, 2013).

Similar to the medical students, work overload in pharmacy students had a direct negative effect on well-being while, on the other end of the continuum, low workload and lecture support increased optimal well-being in pharmacy students (Basson, 2015). Stress levels in pharmacy students were at large determined by the academic environmental factors such as long hours, hard work, competence and self-discipline. Furthermore, stress levels fluctuate. Stress tends to increase if work load increased, presentation, reports or assignments were due (Geslani & Gaebelein, 2013). First generation students are even worse of as they tend to experience increased stress, fatigue and financial difficulties, with poor social support (Gerbic & Sondheimer, 2014).

In South Africa only 40% of pharmacy students actually flourish (Basson, 2015). Flourishing is defined as optimal mental well-being. Thus, more than half of South African pharmacy students enter the work environment, which demands responsibility and exceptional discipline, with a compromised state of well-being.

In light of the above evidence regarding the immense pressures on health science students and the potential for these pressures to compromise the well-being of these individuals, we

conducted a study designed to elicit key factors impacting student's well-being.

2 Methods

2.1 Ethics, Consent and Permissions

The study was reviewed and authorised through the office of the Dean (Faculty of Health Sciences) and given ethics approval. Students were provided with two questionnaires with clear written and verbal instructions and were informed that participation is voluntary as well as anonymous. Only students who were willing to participate received questionnaires and so consented to take part in the study. Participation in filling out the questionnaires therefore served as consent. As described below the questionnaires were designed to record 1) qualitative and quantitative data on positive and negative experiences and 2) environmental challenges. Students were provided with a letter that contained the purpose of the study and assured them that all information received would be kept confidential; no identifying information was collected using this tool. The data collected from questionnaires regarding environmental challenges was anonymised.

2.2 Participants and Procedures

The study is a cross sectional survey which included both quantitative as well as qualitative, semi-structured questions of the students enrolled in the schools of Medicine and Pharmacy at the University of Namibia. Demographic questionnaires were administered at two separate occasions. A sample population of 335 out of a total of 528 students of the schools of Medicine and Pharmacy was elicited from the first phase data collection comprising of qualitative data and quantitative data as indicated in the measures section. As a result of the outcome of the first phase of the study, a second demographic questionnaire was handed to the students.

Qualitative data was obtained on two different occasions. In the first phase of the study the students were asked to comment on positive and negative experiences ($n = 335$). Based upon the outcome a second demographic questionnaire was administered ($n = 363$) in the second phase, focusing on the students environmental challenges pertaining to implications such as housing and regular food.

2.3 Measures

At the first phase of data collection demographic questionnaires documenting the characteristics of the students and several scales, including open ended qualitative questions were distributed to students ($n = 335$). The first set of questionnaires further included quantitative data from the following scales as well as qualitative open ended questions:

1. This questionnaire included questions from the the Satisfaction with Life Scale (SWLS; Diener, 1994) (7-point Likert scale), including positive and negative affect (5-point Likert scale), was used to measure the cognitive component of emotional well-being, as it is experienced by the individual at one given point in time.

2. The Psychological Well-Being Scale (PWBS; Ryff, 1989) (6-point Likert scale), measured six dimensions of psychological well-being, namely purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy.

3. The Becks Anxiety Inventory (BAI) (4-point Likert scale), measure specifically anxiety symptoms which describe a range of emotional, physiological and cognitive symptoms (Beck, Epstein, Brown & Steer, 1988).

4. The qualitative open-ended questions requesting the responded to comment on negative or positive experiences at the School of Medicine on the first occasion and was followed by a second phase of data collection. This time the demographic questionnaire assessed the living conditions of the students ($n = 363$).

2.4 Data Analysis

The analysis of the quantitative data in the first occasion was carried out with the SPSS. Frequency tables were drawn from biographical data from the first and second phase. Descriptive analyses were carried out on all scales and scale reliability was tested. Pearson Product moment correlation analysis was used to identify positive and/or inverse relationships between the constructs Subjective well-being, Positive and Negative affect, Anxiety symptoms and Psychological well-being, including its dimensions which are consisting of six sub-scales namely purpose in life, purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy. Multiple regression analysis was performed in order to assess the existence of any causal relationship between the anxiety and any of the psychological well-being dimensions being purpose in life, purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy.

3 Results

Table 1: Characteristics of Students at the School of Medicine Namibia.

ITEM	FREQUENCY	%
Medical students	234	69
Pharmacy students	101	30
Age		
$\leq$ 19 yrs	128	38
20 -24 yrs	196	50
Gender		
Male	95	29
Female	240	71
Home language		
Oshiwambo	131	39
English	59	16
Afrikaans	54	16
Herero	13	4
Nama	8	2
Damara	3	1
Other	67	20
Migration of students		
Relocation from within Namibia	172	51
Relocation from outside of Namibia	23	7

The medical students sample was more than double the number of pharmacy students, 69% versus 30% respectively. The majority of students are below 25 years of age with 88% as well as female with 71%. The most dominant home languages are Oshiwambo with 40%, English with 17% and Afrikaans with 16%. Other language groups comprised of Herero, Nama, Damara and those who were undefined. No language barriers pertaining to data collection of this study have been reported or noted. These respective groups were below 10%. The majority of students are from public schools with 60%. Figures on migration of students showed that 51% of students needed to relocate from within Namibia, while 7% of students relocated from outside of Namibia.

Table 2 shows that in terms of reliability, all scales had an internal consistency of a Cronbach's alpha coefficients, equal to, or higher than .70. Statistically significant positive relationships exists between subjective well-being, positive and negative affect and the psychological well-being dimensions being purpose in life, purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy at $p < .01$ with the exception of environmental mastery and subjective well-being which correlated at $p < .05$.

Statistically significant inverse relationships were found between the well-being constructs subjective well-being, positive and negative affect and the psychological well-being dimen-

Table 2: Descriptive Statistics and Pearson Correlations of the Scales

	Mean	SD		SWL	P/Nq	Anx	Aut	Env	PosR	PerG	Pur
SWL	4.57	1.18	0.79	-	-	-	-	-	-	-	-
Pos/Neg	3.44	0.64	0.87	0.41**	-	-	-	-	-	-	-
Anxiety	1.80	0.52	0.88	-0.22**	-0.42**	-	-	-	-	-	-
Autonomy	4.32	0.76	0.75	0.10*	0.16**	-0.20**	-	-	-	-	-
Env Mastery	3.94	0.80	0.81	0.40**	0.57**	-0.45**	0.36**	-	-	-	-
Pos Rel	4.23	0.80	0.79	0.19**	0.35**	-0.25**	0.21**	0.48**	-	-	-
Pers Growth	4.83	0.63	0.73	0.13*	0.35**	-0.19**	0.42**	0.42**	0.37**	-	-
Purpose	4.73	0.70	0.78	0.26**	0.46**	-0.32**	0.35**	0.61**	0.43**	0.61**	-
Self-Accept	4.39	0.86	0.83	0.41**	0.55**	-0.40**	0.46**	0.68**	0.46**	0.55**	0.65**

Note: $^{*}p < 0.05$; $^{**}p < 0.01$

sions namely purpose in life, purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy at $p < .01$. The strongest correlations were found between anxiety and environmental mastery at -0.45** and anxiety and self-acceptance at -0.41**.

3.1 Multiple Regression Analysis: Direct Effect of Positive and Negative Affect as Well as Environmental Mastery on Anxiety

The results show that 26.4% of the total variance in anxiety, as the dependant variable, is explained by the predictors subjective well-being, positive and negative affect as well as the psychological well-being dimensions being purpose in life, purpose of life, personal growth, self-acceptance, positive relationships with others, environmental mastery and autonomy. Positive and negative affect was a statistically significant predictor of anxiety, with a unit increase in it being associated with a decrease in anxiety of one-fifth of a point (coefficient: -0.20, 95% CI: [-0.30, -0.10], p-value: < 0.001). Environmental mastery was similarly negatively associated with anxiety (coefficient: -0.17, 95% CI: [-0.27,-0.7], $p - value = 0.001$).

Table 3: Qualitative analysis from open-ended questions.

NEGATIVE RESPONSES		POSITIVE RESPONSES	
Rank	Description	Rank	Description
1	Academic strain	1	Positive social environment
2	Workforce problem	2	Positive workforce support
3	Campus infrastructure	3	Positive intrinsic motivation
4	Intrinsic problems	4	Positive academic experiences
5	Social environment	5	Positive Work-Life Balance
6	Economic strain		
7	Work-life balance		

Table 3 indicated the results of the open-ended questionnaires from the first phase of

data collection. Students were given an opportunity to state their positive and negative experiences at the end of the questionnaire. A total of 506 negative and 481 positive valid responses from 335 participants have been categorised and quantified. A total of 30 positive responses and 39 negative responses were too general and random to be accounted for in categories and were thus excluded.

3.2 Results of phase 2

From random qualitative data responses from the first qualitative data collection such as 'sleeping at a police station at night for safety reasons', 'no place to stay' and 'hunger' led to further investigations pertaining to the student's individual poverty related circumstances. At the time of data collection, the school housed a total of 528 students. Out of 528 students, 363 students ($n = 363$) participated on the study, which is a representative sample size. The results summary is as follows:

24% of students are in need of accommodation
30% are currently resident at a hostel
46% of the students do not need accommodation
32% of students are in need of regular meals
73% of students are not in need of food

Table 4: Living areas as per socio-economic circumstances summary

City area standards	Total Students		Students reportedly needing food		Students reportedly needing accommodation	
Windhoek	No	%	No	%	No	%
Informal settings	44	12	16	4	26	7
Low income dwellings	63	17	6	2	21	6
Middle income dwellings	99	27	17	5	33	9
High income dwellings	30	8	1	0.3	2	0.5
UNAM hostel	112	31	53	15	2	0.5
Bach street hostel	5	1	1	0.3	0	-
Out of town	2	0.6	0	0	0	-

Table 4 indicates a summary of living circumstances of students as per typical dwelling type per area, as well as those students who are in need of food. Informal settlements are classified as housing made of sink structures, without any commodities such as electricity, running water or sanitary facilities, while middle income dwellings are indicated mostly very basic brick dwellings. The dwelling type was allocated according to region differentiating

between informal settlements and all other formal settlements which have electricity, running water and sanitary facilities in the dwellings.

More detailed information is indicated in tables 5-8 in the Annexure.

4 Discussion

Over the next decade plans have been laid to open more than 100 medical schools in sub-Saharan Africa. Most of the countries where these schools are planned are affected by resource limitation. Our study shows clear evidence that student well-being is closely linked to environmental factors. Success of these developing schools depends on careful consideration of student needs. Our data supports a key role for student well-being in the initial planning of new programs. Curriculum alone is not sufficient for success.

The data in this study confirm that environmental challenges do indeed compromise the well-being of medical and pharmacy students and academic strain ranked highest on the negative responses. This is consistent with literature of medical and pharmacy students who feel the strain of workload, time management and failing heavily (Dunn, Iglewitcz & Moutier, 2008; Harsh, 2013 & Manthorp et al., 2008). In order to master the strain a high degree of adaptation is required (Gelsani & Gabelbein, 2013), which may prove challenging as many migrating students already needed to adapt due to moving from a familiar environment to an unfamiliar environment. In addition they need to adapt to numerous situations such as university life, challenging curriculum and other possible living conditions such as being without parental and peer support, financial strain, possibly poor housing conditions due to high rents and more.

Poor lecturer support is another contributing factor. The consequence of poor support of lecturers range from decrease in self-esteem, academic deterioration, depression as well as poor patient care (American Medical Student Association Foundation, 2001; Chalofsy & Krishna, 2009). The third highest negative experience was campus infrastructure which included matters like administration and lack of physical safety, which is a basic human need as per Maslow's 'hierarchy of needs'. According to the findings physical safety proved to be an environmental challenge since the students need to be at various hospitals and campus at a particular time and most students need to walk. For many students, who are of lesser affluent background and cannot afford own transport, this means walking through bush terrain and insecure areas. The fear of being robbed and/or attacked is realistic. Students on night shift in the hospital also need to walk the same routes. The danger increases after dark and fear is legitimate under the environmental circumstances. These safety barriers are not unique to the campus premises and as a general rule one would avoid walking after

dark particularly as a young woman.

On the up-side the positive qualitative analysis showed that a positive social environment ranked first. This is consistent with the correlation analysis of the quantitative data, in which social cohesion relates positively to other well-being constructs and relates inversely to anxiety. Social cohesion, also known as social support, refers to positive relations with others and represent the ability of conveying emotions such as empathy, warmth, affection, the capacity to love and have friendships and close relationships with others (Ryff & Singer, 2008). Social support amongst peers is poorest amongst first year students, probably due to migration, and improves in second and third year. Social cohesion is regarded as one of the buffers against distress and enhance general well-being especially in collective societies. Particularly in African societies a 'good life' is predominantly based upon social ties in terms of obligation towards the other, expression of good deeds and contributing towards social harmony. These elements have been identified to be critical elements to mental health, particularly in African societies (Ryff & Singer, 1998). Furthermore social cohesion has been found to serve as buffer against times of hardship (Biswas-Diener, Kashdan, & King 2009).

The second part of the study shows that the external environmental challenges do go way beyond the campus. Fundamentally, a certain degree of stress over a limited period of time can cultivate resilience. When the environment is however too taxing, emotionally and psychologically overwhelming then stress transforms into pathological symptoms (Geslani & Gabelein, 2013). Poverty, financial constraints and inadequate housing conditions seems to infiltrate some student's lives. This phenomenon has been ascribed to be typical for first generation students (Gerbic & Sondheimer, 2014). It is not confirmed whether the current students are first generation students, however what is confirmed is that 50% of the participants needed to relocate from smaller towns in Namibia and 24% are in need of accommodation. Literature shows that 200 million young people between 15 and 24 years are unemployed in Africa (Anyanwu, 2014). Therefore it can hardly come as a surprise that young Africans literally scramble for gainful and dignified means of income through a profession.

4.1 Limitation of the study

This study does not take depression and suicide ideation into consideration, nor have the risk taking behaviours investigated thoroughly. Another avenue that remained relatively unexplored, but is a typical reflection of multi-cultural societies, are language barriers in terms of conceptualisation of lecture content in a foreign language.

Within Namibia the students well-being is not regarded as a priority. With this study hopefully some awareness may arise pertaining to the influence of psychological well-being on

the students performance, which in turn influences the level of excellence of the professional, once the student has graduated and entered the world of work. Student support centres should be made easily accessible to student on at least daily basis during weekdays, if not on a 24/7 basis since restrains in resources also influence African institutions in general. Further, an addition to the pre-clinical curriculum, in which students learn to identify their own level of well-being, when help is needed, and how to cope with stressful experiences can serve as an empowerment for the student as well as the future professional.

Competing Interests

The authors declare that they have no competing interests.

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Annexure

Table 5: Students in domestic living circumstances and financial support

DOMESTIC CIRCUMSTANCES			FINANCIAL SUPPORTED PROVIDED		
Description	N	%	Description	N	%
Live in hostel	120	33	Father	56	16.6
Live home nuclear family	107	29.4	Mother	54	16
Live home with extended family or other	26	7.1	Both parents	101	30
Live with extended family	32	8.8	Other family members	35	3.3
Live at other place	64	17.6	Self	28	10.4
			Parents and other	25	8
			Other	27	7.4

Table 6: Students in need of accommodation and regular meals

STUDENTS IN NEED OF ACCOMMODATION			STUDENTS IN NEED OF REGULAR MEALS		
Description	N	%	Description	N	%
Very urgent	23	6.4	Very urgent	9	2.5
Urgent	29	8	Urgent	11	3
Somewhat urgent	9	2.5	Somewhat urgent	2	6
Not urgent	23	6.3	Not urgent	15	4.1
Not needed (hostel resident)	107	29.4	Needed live in hostel	61	16.8
Not needed	168	46.2	Not needed	265	72.8

Table 7: Categorisation of needs for accommodation and food is influenced by financial support provided to student, domestic circumstances pertaining to the following combination of criteria

Description	Domestic circumstances	Financial support	Living area
Very urgent	Live with others	Others support	Informal settlements
Urgent	Live alone	Others support	Living in informal settlements may lead to upgrade to 'very urgent'
Semi-urgent	Lives with extended family	Others support	Influenced by living area
Not urgent	Lives at home	Parents support financially	Influenced by living area
Not at all	This student has not indicated a need		
Hostel resident Not needed/needed		Others support in case of food	If food needed the financial support is defining

Table 8: Method of Transport and needing assistance in respect of transport

METHOD OF TRANSPORT			IN NEED OF TRANSPORT ASSISTANCE		
Description	N	%	Description	N	%
Walking	18	4.9	Yes	68	18.7
Taxi	81	22.3	No	295	81.0
Public transport	2	0.5			
Car	60	16.5			
Own car	41	11.3			
Private driver	1	0.3			