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Research Note

Evaluation of the relationships among happiness, stress, anxiety, and depression in pharmacy students

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ABSTRACT

Introduction: To present the results of a survey on stress, anxiety, depression, subjective happiness, and academic satisfaction among pharmacy students.**Methods:** A total of 410 pharmacy students, were included. Sociodemographic characteristics, stress, anxiety and depressive symptoms, and happiness were evaluated using the Perceived Stress Scale (PSS), Hospital Anxiety and Depression Scale (HADS), and Subjective Happiness Scale (SHS), in May 2015.**Results:** First and second year student's ($n = 200$) presented higher levels of academic satisfaction ($p = 0.003$) and lower levels of stress ($p < 0.001$), anxiety ($p = 0.011$) and depression ($p = 0.010$) than third and fourth year students ($n = 210$). Academic satisfaction, HADS, and the PSS explained 36.7% of the students' happiness.**Conclusions:** The student's psychological distress, academic satisfaction, and happiness varies through the school years. Monitoring a probable cumulative effect during pharmacy school may contribute to identify students at risk.

Introduction

During the years spent at the university, students report high levels of stress related to academic performance and changes in personal life¹; they have approximately twice as much stress as the general adult population.² In pharmacy school, previous studies have reported high levels of stress and a negative relationship between stress and quality of life.^{3,4} High levels of stress, anxiety, and emotional distress also contribute to students' depression, loneliness, and difficulties with social relationships.⁵ However, most students do not feel able to seek help, fearing stigmatization, misunderstanding, or lack of validation by their teachers and tutors.⁶

Although acknowledged by students and educators, moderate levels of anxiety are related to and triggered by the university campus context, and such anxiety is detrimental to students' academic performance and satisfaction.⁷ The potential academic sources of anxiety reported are oral presentations, specific curricular units, examinations, and academic assessments, which provoke excessive concern and anticipation related to possible adverse events,⁸ as well as social anxiety.⁷ Furthermore, social anxiety is associated with avoidance of social interactions due to concerns about personal failure and awkwardness⁹; this prevents the acquisition of social skills. Students' awareness of the symptoms and consequences of anxiety may foster the search for psychoeducation and psychotherapy, which offer effective strategies to understand and manage anxiety and improve mental health.¹⁰ Students are similarly influenced by future professional environment during clerkships.¹¹ Among pharmacy professionals, anxiety seems to be

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related to a perceived lack of communication skills, perceived deficiencies in professional technique, and difficult working conditions. Individual factors, namely low confidence, pride, and self-development ability, have been identified.¹² Other studies have compared the presence of anxiety and depression among medical and pharmacy students, reporting significant distress in both groups.¹³

Depression is also frequently reported in university students.¹⁴⁻¹⁶ In fact, university students present a higher risk for psychological distress than socio-demographically similar populations^{17,18}; this stems from several intrinsic and contextual circumstances, such as poor academic performance,¹⁹ high expectations,²⁰ difficult interpersonal relationships,²¹ family and peer pressure,²² and a lack of financial support.²³

Satisfaction and happiness

Previous studies have shown that over half of pharmacy students report being very or extremely satisfied with their work role in academia, while their work-life balance is rated much less positively.²⁴ Happiness and overall life satisfaction are linked to individuals' ability to appraise situations as less stressful and their capacity to understand and control their feelings.²⁵ Among other factors, the ability to cope with negative emotions can positively affect happiness and foster emotional health; conversely, depressive symptoms challenge well-being.²⁵ A previous study focusing on students demonstrated a direct association between happiness and psychological wellbeing, indicating that those with good interpersonal relationships with friends, family, and community had better mental health statuses. Overall, students who were pleased with their lives revealed better academic performance.²⁶

Higher well-being during school years can decrease depressive symptoms, boost happiness, and life satisfaction, and contribute to learning, the main purpose of education. Furthermore, a positive educational environment can ameliorate students' mental health, helping them to deal with situations.²⁷

The present study intended to evaluate stress, anxiety, and depressive symptoms among pharmacy students attending an Integrated Master in Pharmaceutical Sciences program. Happiness and academic satisfaction were also evaluated in the same students. The relationships between happiness, satisfaction, and psychological distress were explored, taking the students' characteristics into account.

Methods

The present study followed a cross-sectional observational design. Data collection was conducted at the Faculty of Pharmacy of the University of Porto (FFUP) in May 2015. The FFUP is the oldest school of pharmacy in Portugal, and a pioneer in the teaching of Pharmaceutical Sciences. FFUP offers an Integrated Masters in Pharmaceutical Sciences, aiming to prepare students to be experts to work as Community Pharmacy, Hospital Pharmacy, Industrial Pharmacy, and Clinical Analyses. During the five year long study, the curriculum includes basic studies in the first years, while the third and fourth is comprised of more specialized subjects, specifically technological and health sciences are taught. A training period, in the fifth year, allows students to develop their professional abilities in pharmacy settings.

Students attending the first four years were invited to participate, and all who voluntarily agreed to participate were included. A total of 410 pharmacy students were enrolled in the study, 137 students from the first year, 63 from the second year, 65 from the third year, and 145 from the fourth year in pharmacy school, representing 54.3% of the total students enrolled in the Integrated Master's program. Data collection was performed before two major theoretical classes at the beginning of the second semester for the group of younger students (first and second years) and during practical and theoretical classes for the students attending the third and fourth years. The fifth-year students were excluded regarding the particular academic characteristics of this curricular year, as specified above, and the distribution of students by community and hospital pharmacy units.

Participants were divided into two groups: group 1 included the students attending the first two years of pharmacy school ($n = 200$), and group 2 included those attending the third and fourth years ($n = 210$).

Instruments

Sociodemographic characteristics – A questionnaire originally developed for this study was used to determine respondents' age, gender, education, marital status, residence, changes in residence, and family status.

Hospital Anxiety and Depression Scale (HADS) – The Hospital Anxiety and Depression Scale (HADS) measures depression (HADS-D) and anxiety (HADS-A), and these two subscales allow the evaluation of the severity of an emotional disorder.²⁸ This 14-item scale is scored with a Likert scale ranging from 0 (not at all) to 3 (very often). Each subscale comprises seven items, and the maximum score possible is 21. The partial result of each scale varies between 0 and 21. Scores ranging from 8 to 10 are considered mild, from 11 to 14 moderate and 15 to 21 severe²⁹ and the authors suggest eight as the cutoff point, considering values below as indicating the absence of anxiety and depression.²⁸ It is important to note that the scale is indicative of depressive symptoms in the last week, and not necessarily clinical depression. The scale used in this study was translated into and adapted for Portuguese; it showed good psychometric qualities, with a Cronbach's alpha of 0.76 for the anxiety subscale and of 0.81 for HADS-D.³⁰ This instrument is a simple, reliable tool to measure anxiety and depression in patients and community samples.³¹ In the present study, a Cronbach's alpha of 0.82 was found.

Perceived Stress Scale (PSS) – The PSS measures the perception of daily stress. In its original form, it comprises 10 items scored on a 5-point Likert scale ranging from 0 (never) to 4 (almost always). Each PSS question allows measurement of the degree to which the respondent's life circumstances have been assessed as stressful over the last month. Scores below 13 represent low stress level,

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