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Research

Quality of life of pharmacy students in the United States

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Abstract

Objective: The objectives of this study were to measure overall quality of life (QoL) of pharmacy students in a national sample, to compare the QoL between different academic settings, and to determine the factors that contribute to the QoL of pharmacy students.

Methods: A cross-sectional survey study design was utilized with six schools. Qualtrics[®] collected data regarding QoL, personal demographics, and school demographics.

Results: The response rate was 33%. The four-year private school students had a significantly higher overall QoL than the four-year public school students. Across all types of schools, the emotional/mental domain had lowest scores and P2 students had lowest QoL. Lower commute time, having children, being married, P4 class, experiential class, no prior bachelor degree, having a post-graduation plan, less frequent assignments/assessments, and being female affected the QoL domains.

Conclusions: Further research is needed to better characterize the reasons for the improved QoL of four-year private school students and to improve the QoL of second year pharmacy students.

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Keywords: Quality of life; Pharmacy students; PharmD; Types of schools; Emotional domain

Introduction

Obtaining a degree in a health care profession requires tremendous amount of preparation and dedication, not only due to the intensity and rigor of the curriculum but also due to the dramatic changes that occur in a student's life. Earlier studies have reported the adjustments needed by students in the health profession and the level of stress and anxiety experienced by them.¹⁻⁸ As pharmacy educators, it is

important for us to understand the quality of life of pharmacy students. A limited number of studies have focused on the health-related quality of life (HRQoL) and perceived stress among the pharmacy students and noted that pharmacy students experience higher levels of perceived stress and lower levels of HRQoL compared to the general population.²⁻⁷ While both these factors are significant, it is equally important to understand the quality of life (QoL) of pharmacy students. There are notable differences between HRQoL and QoL as defined by the World Health Organization (WHO). While HRQoL talks about the physical, mental, and social well-being, QoL is defined as the individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives and in relation to his/her goals, expectations,

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standards, and concerns.⁸ The QoL adds other dimensions such as environment, spirituality, and life in general to physical, mental, and social well-being. A literature search did not identify any studies that examined the QoL of pharmacy students.

Most of the studies on HRQoL and perceived stress of pharmacy students have focused on students in only one year of the pharmacy program or only at one school.^{2,4-7} A recent study examined the perceived stress among pharmacy students on a national sample and compared it between the different demographics and concluded that in general, students in the early years of the program, women, and students from Asian origin reported higher levels of stress.⁹ In addition, Dutta³ in his dissertation compared stress among pharmacy students across four public and private pharmacy schools and concluded that the stress was lower among private pharmacy school students vs. public school students. Thus, there are also other characteristics that differentiate pharmacy schools based on whether they are in a public or private setting. Furthermore, while traditional pharmacy curriculum consisted of four years, some of the schools have also started offering three-year programs. Thus, realizing that a gap exists, the aim of this study was to determine the QoL of pharmacy students across multiple pharmacy schools in the United States.

Objectives

The objectives of this exploratory study were to (1) describe the school and personal demographics of various pharmacy school programs—four-year public, four-year private, and three-year private programs in the United States and (2) measure and compare the QoL of pharmacy students across multiple pharmacy schools in the United States for different subsets of students such as (a) public four-year program vs. private four-year program, (b) class levels, and (c) different personal and school demographics, and (3) to determine factors that significantly predict the QoL of pharmacy students.

Methods

Study design and recruitment

A cross-sectional study design was utilized and six schools were chosen from all fully Accreditation Council for Pharmacy Education (ACPE) accredited pharmacy schools using a stratified random sampling technique. Pharmacy schools that were not fully ACPE-accredited by 2011, those that required a baccalaureate degree for admission or were not geographically in the mainland of the United States or had faculty or student involved in this research project were excluded. There were 88 schools considered eligible for the study, of which 56 were four-year public schools, 24 were four-year private schools and eight were three-year programs. Based on the number of

each type of schools in the population, the study sample consisted of three randomly chosen four-year public schools, two four-year private schools, and one three-year program. The list of schools was randomized using Microsoft Excel[®] and the chosen schools were approached by the researchers to participate in the study. If participation was denied by the administration, the next school in the list was contacted. The study was approved by the University of Utah and Roseman University of Health Sciences Institutional Review Boards.

Data collection

Data were collected using Qualtrics software, version 2010 of the Qualtrics Research Suite.¹⁰ The survey link along with an explanation of the study was sent as a part of an email to the Assistant/Associate Dean for Academic Affairs of the participating school with a request to forward the link to all its enrolled students. A reminder email with the survey link was again sent approximately five to seven days after the initial survey. To improve response rate, the students were included in a lottery and six winners were chosen for either an IPAD or Mini-IPAD or iTunes gift cards.

The survey collected data related to (1) QoL; (2) personal demographics such as age, gender, race, marital status, have children or not, average commute time to school, year in the program, if attending school in the state of residence, earned a prior bachelor degree, whether English was the first language, having pharmacy experience prior to school, involvement in student organizations, career plans after graduating, approximate student loans upon graduation, and number of hours working per week; (3) school demographics such as curriculum type, grading system, availability of counseling services, access to faculty members, perception of caring by faculty, frequency of assignments and assessments, and perception of competition among pharmacy students; average sleeping time on weekdays, average studying time per week; (4) use of stress relievers; and (5) change in body weight after the start of pharmacy school.

QoL was measured using the self-rated health, wellness, and quality of life (SRHW) scale that was identified from the literature (Appendix 1).¹¹ The SRHW scale was initially developed for the chiropractor clinical practice to measure the quality of life of their patients. The literature review did not identify any scales that measured QoL of health care students. Previous studies only measured the HRQoL of pharmacy students, which is different from the QoL. HRQoL was often measured using the short form (SF) health survey, SF-36 scale or its brief version, SF-12.⁵⁻⁷ Although these are validated scales, the content validity of these scales might not be sufficient to measure the QoL of pharmacy students. The items in SF-12 and SF-36 mainly focus on the limitations to an individual's daily activities due to physical and mental health, in addition to their health

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