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Professional stress in relation to anxiety, depression and irrational beliefs among dental and psychotherapy students

Diana Paula Dudău[a], Ionela Ruxandra Sfeatcu[b,*], Cristian Funieru[c], Mihaela Adina Dumitrache[d]

[a]*Department of Psychology, Faculty of Psychology and Educational Sciences, University of Bucharest, 90 Ş. Panduri, Bucharest 50663, Romania*
[b,c,d]*Faculty of Dental Medicine, Carol Davila University of Medicine and Pharmacy, 37 Dionosie Lupu, Bucharest 020022, Romania*

Abstract

Becoming a dental and psychotherapy professional implies multiple demands, challenges and responsibilities that might affect directly or indirectly students' quality of life and training efficiency. Therefore, we aimed to study professional stress among Romanian dental and psychotherapy students, by introducing into equation the content areas of irrational beliefs, along with symptoms of depression, anxiety and general stress. The variables were measured with DES (Garbee et al., 1980), DASS-21 (Lovibond & Lovibond, 1995) and GABS-SF (Lindner et al., 1999). Overall, professional stressors were associated with depression, anxiety, general stress and irrational beliefs and there were also noticed some between-group differences.

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Keywords: professional stress; depression; anxiety; irrational beliefs; dental students; psychotherapy trainees

1. Introduction

A series of studies with various methodologies have revealed important findings regarding stress related to professional and academic life among either medical or dental students, sometimes along with students in pharmacy, nursing or other health care professions (Murphy et al., 2009), but scarcely along with psychotherapy trainees. However, it has been well documented that dental training experience is generally marked by considerable levels of stress that can have implications on students' emotional, physical, social, and professional functioning, a concerning

* Corresponding author. Tel.:+40- 072-257-6 219
E-mail address: ruxi2@yahoo.com

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prevalence and severity of psychological morbidity being reported (Polychronopoulou & Divaris, 2010). In the specialized literature, several factors have been associated with students' stress as a result of their efforts to meet the academic and professional tasks requested in dental school. The most frequently cited have been grade competition, heavy workload (e.g., Burk et al., 2005), difficulties in meeting procedural clinical requirements (e.g., Westerman et al., 1993; Yap et al., 1996), inconsistent feedback from faculty, perceptions of receiving unjustified criticism on preclinical and clinical exercises, tensed relationships with faculty members (e.g., Sanders & Lushington, 2002) and student annoyance due to the absence of schooling advocacy or the lack of time for relaxation (e.g., Aktekin et al., 2001). Also, different individual characteristics (such as personality type or emotional intelligence) and social support have been reported to have a role in one's responses to stress (e.g., Muirhead & Locker, 2008). Moreover, sociocultural and gender differences, as well as various institutional and curricular factors have also proved to be related to perceived stress (Polychronopoulou et al., 2009). Thus, considering the important issue of professional and academic stress as it has been sustained by the extensive specialized literature, our goals within the current study were: 1) to analyze the way students' perceived stress of attending a professional training in dentistry and psychotherapy, might be related to irrational beliefs and symptoms of anxiety, depression and general stress; 2) to explore the differences between psychotherapy and dental students with regard to their levels of professional stress, anxiety, depression, general stress and irrational beliefs.

2. Method

2.1. Participants

The participants were 60 dental undergraduates in their 6th year of studies (Mage = 24.92, SD = 1.38) and 30 psychotherapy master's degree trainees (Mage = 32.70, SD = 9.68) at two universities from Bucharest, during the 2013-2014 academic year. All of them were asked to voluntarily participate to this study by anonymously completing a series of self-report measures of professional stress, general stress, anxiety, depression and irrational beliefs, either during classes prior to lectures, or online. Ethical Considerations: care was taken to ensure that the students understood their rights as research participants, as well as the rationale for the study.

2.2. Instruments

a) Dental Environmental Stress Questionnaire (DES; Garbee et al., 1980), a questionnaire that contains 38 items scored on a 4-point Likert scale (from 1 = not stressful to 4 = very stressful), yielding values for 6 categories of stress: professional identity – items 8, 12, 13, 14, 23, 25, 26, 29, 38; faculty and administration – items 9, 17, 24, 32, 35, 37; workload – items 1, 3, 15, 20, 28; patient treatment – items 2, 4, 6, 18; performance pressure – items 5, 7, 11; personal life/personal relationships – items 10, 21, 22, 30, 33, 34, 36. Two versions of DES were used: one for dental students and one adapted for psychotherapy master's degree trainees.

b) Depression Anxiety Stress Scales Short Version (DASS 21; Lovibond & Lovibond, 1995), a self-report instrument that assesses on a 4-point Likert-type scale the severity/frequency of three negative affective states: depression, anxiety and stress. Each of the three scales comprises 7 items and addresses the last 7 days of the respondent's life.

c) General Attitude and Beliefs Scale Short Form (SGABS; Lindner et al., 1999), a self-report measure for the content areas of rational and irrational cognitive processes. It comprises 26 items grouped accordingly to 7 subscales: need for achievement, need for approval, need for comfort, demand for fairness, self-downing, other-downing and rationality. The respondents have to rate each item on a 5-point Likert scale in order to indicate their level of agreement with each statement (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

3. Results

The objectives of this study were attained by conducting two types of statistical processing: one for investigating the relations among the variables of interest within all participants (with no regard to their specialization), as well as within each research group (dental and psychotherapy students), and one for calculating the differences between the