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Survey of perceived stress-inducing problems among dental students, Saudi Arabia

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KEYWORDS

Stress; Dental students; Education; Clinical training **Abstract** *Objective:* This study was conducted to assess the problems related to stress encountered by Saudi dental students.

Methods: One thousand and thirty questionnaires were distributed in four dental schools to all students from 2nd year level up to the internship level. The questionnaire contained 66 items organized into four categories: personal and administrative, theoretical, preclinical and clinical. The relationship between the demographic variables and students' academic performance with the investigated items was also assessed.

Results: The response rate was 53%. Saudi dental students showed high levels of perceived stress. The clinical training issues imposed the highest level of stress on the students. Some significant relationships between the investigated variables and the level of the perceived stress were found.

Conclusions: Female students had higher mean overall problem scores compared to male students, and second-year students showed lower perceived problems compared to other students.

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1. Introduction

Dental schools are known to be highly demanding and stressful learning environments (Polychronopoulou and Divaris, 2005). Contemporary dental curricula requires students to attain diverse proficiencies including acquisition of theoretical knowledge, clinical competencies and interpersonal skills (Garbee et al., 1980; Rajab, 2001; Polychronopoulou and Divaris, 2005).

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Dental schools are demanding: the academic, preclinical and clinical requirements extend students' working hours into nights and weekends (Garbee et al., 1980; Rajab, 2001). Typical sources of stress for dental students include frequent examinations, examination phobia, reduced leisure time, demanding curricula, requirements to perform specified types and numbers of procedures, anxious patients, time limits, complicated treatments, possible conflicts with patients, fellow students, staff and faculty, lack of self-confidence, and the differences between the students expectations and reality (Newton et al., 1994; Heath et al., 1999).

High levels of stress can result in a variety of physical and psychological distress which in turn can affect the well-being and performance of the student. Symptoms of distress can include anxiety, depression, phobia, hostility, fear, tension, dizziness, fatigue, sleeplessness, tachycardia, gastrointestinal symptoms, irritability and cynicism (Hendricks et al., 1949; Tedesco, 1986a; Westerman et al., 1993; Newton et al., 1994; Yap et al., 1996; Heath et al., 1999; Sanders and Lushington, 1999; Rajab, 2001; Acharya, 2003). Furthermore, there is evidence that high stress levels impair the immune system function (Sanders and Lushington, 1999).

Over the past decade, dental educators have given increasing attention to investigating stress among dental students within the academic environment. Several authors have attempted to identify the factors perceived as stressful among dental students, while others attempted to document stress symptoms via psychological testing (Tedesco, 1986b; Tedesco et al., 1987; Bradley et al., 1989; Grandy et al., 1989). Although some of these studies have followed a strict separation between the assessment of environmental factors involved in the appraisal of stress and subsequent results (i.e. the so called distress response) the clear distinction between an environmental stressor and distress response is difficult (Tedesco, 1986a; Tedesco et al., 1987). Furthermore, the initial reaction (response) to an event often serves as a new stimuli to elicit further unrest (Bradley et al., 1989).

Stress is significantly influenced by one's personal system of beliefs and attitudes. Stress can either motivate the student to peak performance or reduce their effectiveness in different degrees (Grandy et al., 1989).

Many studies have investigated the relationships between stress perception and several factors such as gender, marital status, living environment and academic year (Hendricks et al., 1949; Garbee et al., 1980; Tedesco, 1986a,b; Tedesco et al., 1987; Bradley et al., 1989; Grandy et al., 1989; Westerman et al., 1993; Newton et al., 1994; Yap et al., 1996; Heath et al., 1999; Sanders and Lushington, 1999; Rajab, 2001; Acharya, 2003; Polychronopoulou and Divaris, 2005). These studies have been repeated in several countries to verify whether different socio-cultural factors affect students' levels of perceived problems and Saudi Arabia is a country in which there are many socio-cultural issues that are fundamentally different than other countries. The dental education system in Saudi Arabia is a hierarchical system, in which there is an initial preparatory General Science year, followed by 5 years of dental school education in which the 1st and 2nd years include both basic sciences, medical and dental courses. The 3rd year introduces the students to the clinical disciplines, while the 4th and 5th year are mainly clinical oriented courses. The internship year is spent training on rotation in different hospitals around the kingdom. Dental schools are segregated into

male and female campuses. Females might get married early and have children during their course of study, thus increasing their responsibilities. Students may have to move away from home, as out of the seven dental colleges present in Saudi Arabia, only four are well-established and they are located in three major cities. King Saud University was the first university established in the Kingdom of Saudi Arabia in 1957 (King Saud University, Admission Department, 2006). The College of Dentistry opened its doors 32 years ago (in 1975). Maintaining social ties and family gatherings are very important within the Saudi culture. Therefore, the study of dentistry in Saudi Arabia may pose different kinds of problems and stress-inducing factors that may require further investigation. To date, no such study has been published that examines the perceived stressors that face dental students in Saudi Arabia.

The objectives of this study are to (1) determine the different problems facing dental students in the Kingdom of Saudi Arabia that may serve as possible stressors; (2) to investigate the role of gender, marital status, living environment and the academic year on problem perception; (3) to study the effect of the perceived problems upon the general academic performance of students.

2. Methods

2.1. Sample

All undergraduate students, who had completed at least one successful year in dental school, from four dental schools were included in the study. These schools are (King Saud University Dental College (KSU) and Riyadh College for Dentistry and Pharmacology (RCDP) in Riyadh, King AbdulAziz University Dental College (KAU) in Jeddah, and King Faisal University Dental College (KFU) in Dhahran) in Saudi Arabia. A total of 1030 questionnaires were distributed to the dental schools. The number of questionnaires that were distributed to female and male students at each dental school is presented in Table 1.

Since stress among dental students has been shown to vary over the course of the academic year, distribution of the questionnaires was done at approximately the same time in all schools at the beginning of the 1st half of the 2006–2007 academic year during September and early October.

The questionnaires were distributed to all students from 2nd year level through the internship level. First-year students were excluded from the study as they are not enrolled in dental courses. No students were enrolled in the clinical courses at the time of the study in both RCDP and KFU.

2.2. Instrument

An open-ended verbal and written interview of 12 dental students representing all four dental schools was conducted to assist in the development of the questionnaire which was designed to elicit students' perceptions of the problems they face during their study. The pilot questionnaire included the dental environmental stress questionnaire (DES) as well as an opportunity for the students to elaborate. After modification of the questionnaire, a final questionnaire was prepared.

The resulting questionnaire contained 66 items that required the student to assess a variety of possible academic and related non-academic problems that could have an influ-

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