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Social support contributes to resilience among physiotherapy students: a cross sectional survey and focus group study

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Abstract

Objective The present study, taking a resource-oriented approach to mental health, aimed at investigating mental resilience and its determinants among undergraduate physiotherapy students using quantitative and qualitative tools.

Design A questionnaire-based cross-sectional survey supplemented by 2 focus groups.

Setting One university in Hungary.

Participants 130 physiotherapy students at years 1, 2, and 3.

Main outcome measures Sense of coherence, a measure of dynamic self-esteem, as well as social support from family and peers were used to assess mental well-being. A screening instrument for psychological morbidity and perceived stress were used as deficiency-oriented approaches. Student opinions were gathered on positive and negative determinants of mental health.

Results Resilience was lower [mean difference 4.8 (95% CI −3.4; 13.1)], and the occurrence of psychological morbidity (32.5% vs. 0%) was higher among female compared to male students. However, the proportion of students fully supported by their peers was higher among females (63% vs. 37.5%). Female students, unlike their male counterparts, experienced higher stress compared to their peers in the general population. Social support declined as students progressed in their studies though this proved to be the most important protective factor for their mental well-being.

Conclusions Results were fed back to the course organizers recommending the implementation of an evidence-based method to improve social support as delineated by the Guide to Community Preventive Services of the US the outcomes of which are to be seen in the future.

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Introduction

Competent and credible health professionals who are fit to practice [1] are essential for the provision of patient care [2]. Having uncovered and/or untreated health problems is but one of numerous reasons of impaired fitness for service

[1], especially in an environment like health care where high levels of occupational stress are pervasive [3]. Stress, and especially chronic stress is an important health problem that has been linked, among others, to anxiety, depression, post-traumatic stress disorder [4,5]. Occupational stress is also a known risk factor for burnout that severely impairs the quality of care [6,7] and is difficult to act upon [8].

However, even cumulative stress experiences do not inevitably lead to mental disorders if individual coping resources and psychosocial factors, such as social support, self-esteem and personal control, moderate the effects of stressors [9]. Improvement of the mental well-being of care providers increases job performance and the quality of patient care, and decreases absenteeism, turnover,

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job burnout, and retaliatory behaviours. There is evidence from the past decades that positive emotions and cognitive processes are mutually formative, both contributing to mental well-being [10]. Positive emotions may be the critical mediator underlying the relationship between happiness and success, that is, happiness may lead to successful outcomes rather than merely following from them [11]. Multi-modal cognitive-behavioural therapy can elicit significant changes in emotions, even turning a pessimist into an optimist by teaching skills to decrease negative automatic thoughts and increase more constructive thoughts [12].

Our goals were to survey the mental health of physiotherapy students who received less attention in the scientific literature, using a resource-oriented approach as well as quantitative and qualitative methods. Three quantitative indicators of psychological resilience were used such as sense of coherence (SoC), a dynamic concept of self-esteem developed by Antonovsky composed of three dimensions that reflect general resistance resources [13]. Higher scores indicate stronger SoC, in strong association with measures of health [14]. Another aspect of psychological resilience is social support assessed by the resources that are embedded within an individual's social network [15] and is conceptualized as information leading people to believe that they are cared for and loved, esteemed and valued, and members of a network of communication and mutual obligations [16]. A third indicator was support perceived to be obtained from peers at the university. Based on the results of the quantitative part of the study, focus groups were organized to uncover determining factors of stress and resilience in depth in order to make suggestions for improvement.

Our research questions were the following:

1. What are the features of the mental health status of physiotherapy students?
2. What are the predictors of resilience among them?
3. What factors contribute to the mental health status of physiotherapy students?

Methods

Study population

A cross-sectional study was carried out among physiotherapy (PT) students of years 1 to 3 at the University of Debrecen, Hungary. Students at year 4 could not participate in the study because they spent their practice at different parts of the country at the time of the data collection. Altogether 77% of all physiotherapy students at the Faculty were invited to participate in the survey, comprising one-fifth of all full-time 1st to 3rd year physiotherapy students in Hungary.

Procedure

Each student was asked after class to fill a paper-based, self-administered, anonymous questionnaire and to participate in focus groups, organized during the last month of the spring semester in time slots convenient for the students. Two focus groups were conducted; one composed by 9 students from year 1, and another with 5 participants from year 2 (approximately 11% of those who participated in the questionnaire survey). One master student of health promotion led the focus groups as facilitator while another master student took notes that were later subscribed verbatim. Sound recording was not used at the request of the participants. Sessions lasted for one hour.

Data collection

The questionnaire was similar to that used in previous surveys among medical [17], public health [18], and preschool teacher students [19], and included scales on perceived health, mental health, demographic (age, sex, residence) and socioeconomic (parents' educational level, family's economic status) data. Items not referred separately were taken from the tool of the Hungarian National Health Interview Survey of 2003 [20]. Mental health was assessed with various scales,³ two of them based on resource-oriented values (sense of coherence, social support) and two based on deficiency-oriented values (psychological distress, perceived stress) [21]. The validated Hungarian version of the abbreviated Sense of Coherence (SoC) scale [22] was used in the present survey. Social support was measured by a validated scale as described elsewhere [18], scores ranging from 7 to 21. The maximum score of 21 indicated no lack, scores of 18 to 20 indicated a partial, and scores of 17 a complete lack of social support.

One question was used to assess social support from peers at the university. Assessment of mental health from a deficiency-oriented approach was made by the 12-item General Health Questionnaire (GHQ-12), a screening tool to detect psychological distress in the general population on which a total score higher than 4 is considered high [23], and the perceived stress scale (PSS-14) [24].

For the focus group interview open-ended questions were formulated regarding causes of stress at the university; personal and private problems encountered during university studies; and possible ways to reduce stress.

Data analysis

Statistical analysis was executed by Intercooled Stata 10.0 for Windows. Normality was tested with the Shapiro–Wilk test and proved for SoC and PSS. The two-sample unpaired t

³ See more detail in the supplement.

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