

Addressing Psychological Challenges: Attitude of Medical Students in Oman

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Abstract

Emotional challenges and mental health issues are common among young adults, especially college students. College students also experience multiple barriers with regard to help-seeking behavior for psychological difficulties. This study, conducted at the Oman Medical College (OMC), aimed to explore the help-seeking behavior of medical students for psychological needs. The Inventory of Attitudes towards Seeking Professional Help for Psychological Problems was used. Results from 393 medical students indicated moderate levels of personal privacy and stigma with regard to help seeking for psychological difficulties, but they believed in the effectiveness of counseling and psychotherapy. Obtaining an insight into help-seeking behavior for psychological needs would further facilitate provisions for effective psychological counseling service delivery on campus.

Keywords: college counseling, help-seeking, Oman

Introduction

The college environment is considered to be universally stressful where students face many challenges (Baysden, 2002; Rice & Van Arsdale, 2010). For many students, this period represents the first major life transition and requires adjustment with regard to support systems and resources (Baysden, 2002). Coupled with novel decisions and challenges, this period also epitomizes a time of identity exploration (Syed, 2010), transition into more adult roles and responsibilities, and finalizing concrete career choice and development (Duffy & Sedlacek, 2010). Research also suggests that university students are a high-risk population for mental health problems (Ryan, Shochet, & Stallman, 2010) and that being at university may present threats to students' emotional well-being (Wittenberg, 2001).

The need for counseling services among college students is also well documented. Though students may be in great need of professional counseling to help deal with these stressors, research contends they are less likely to seek professional counseling and more apt to visit the medical health center to treat associated somatic symptoms (Baysden, 2002). Even when they do seek counseling, the primary reasons are educational and vocational in nature (Leong & Sedlacek, 1985).

Medical school involves a period of significant psychological distress due to the intense demands of the training program. A systematic review of depression, anxiety and other indicators of psychological distress among U.S. and Canadian medical students by Dyrbye, Thomas, and Shanafelt (2006) suggests a high prevalence of depression and anxiety with levels of overall psychological distress consistently higher than in the general population. A study by Jafri et al., (2017) concluded that stress levels of medical students were found to be significantly higher than those of non-medical professional students. The study also highlighted that medical students should be provided with appropriate counseling and stress relieving activities to prevent long-term antagonistic effects of elevated stress on the physical and mental health of future doctors. Gold et al., (2015) reported that medical students had a significant unmet need for mental health care, influenced by barriers to accessing care, stress, burnout and depression. It is, therefore, vital to address the mental health issues of medical students for which obtaining insight into their help-seeking behavior is important.

The present study was conducted at Oman Medical College, the first private medical school in the Sultanate of Oman. The Sultanate of Oman, in southwest Asia, is located on the southeast coast of the Arabian Peninsula. Al-Busaidi et al., (2011) conducted a study on the prevalence of depressive symptoms among university students in Oman. Results indicated that 27.7% of participants had depression of various grades. The authors concluded that the tendency for depression might be a common mental health problem among college students in Oman. Al-Alawi et al., (2017) investigated the prevalence of burnout syndrome and depression among medical students. They reported that 7.4% experienced burnout, while 24.5% medical students were depressed. Jahan et al., (2016) also reported high levels of stress experienced by medical students in Oman. Identical to the universal student experience, the emotional well-being of medical students in Oman is affected. Research by Al-Bahrani (2014b) concluded positive psychological help-seeking attitudes existed among non-medical students but was commonly associated with an external locus of control. Though the prevalence of emotional difficulties among medical students in Oman has been previously studied, their help-seeking behavior towards psychological challenges is unexplored. It is therefore critical to understand the psychological help-seeking behavior of Omani medical students to facilitate the effective implementation of psychological counseling services.

Method

Participants

This study was conducted among students at Oman Medical College (OMC), Sohar campus, Sultanate of Oman. Students at OMC undergo three domains of training – premedical, preclinical and clinical. A total of 393 students consented to be part of the study. Of these, 114 belonged to the premedical years, 202 were in the preclinical program and 77 were obtaining clinical training. Nearly 90% of participants were female as the college caters predominantly to female students. The mean age of participants was 21.32 years ($SD=1.43$).

Measure

The investigators used the “Inventory of Attitudes towards Seeking Professional Help for Psychological Problems”. This scale is an adaptation of Fischer and Turner’s “Attitudes towards Seeking Professional Psychological Help Scale”. The adaptation was carried out by Mackenzie, Knox, Gekoshi and Macaulay (2000) from Queen’s University, Kingston. Test-retest reliability and validity for the scale have been established. The scale has 24 items and measures three dimensions – psychological privacy, informed openness to treatment, and perceived stigma. Psychological privacy factor reflects the extent to which individuals believe personal problems can and should be dealt with privately. They could engage in denial of psychological problems and see such problems as a sign of personal weakness. Higher scores are indicative of a lower need for psychological privacy and reflect an openness to address & share personal difficulties. The informed openness to treatment factor reflects the extent to which individuals are open to professional psychological help, and confident in both its effectiveness and their ability to obtain mental health services. Higher scores are indicative of higher levels of help-seeking propensity. Scores on the perceived stigma factor reflect the extent to which individuals are concerned about what various important others might think should they find out the individual was seeking help for psychological problems. Higher scores are indicative of lower levels of concern with respect to stigma (Mackenzie, 2000).

Participants had to choose one of the following options for each item on the questionnaire – disagree (0), somewhat disagree (1), undecided (2), somewhat agree (3) and agree (4). Six items required reverse scoring.

Procedure

The study was approved by OMC’s institutional Research and Ethics Committee. Participants were required to complete a consent form. They were then requested to complete the questionnaire, to read each item carefully and choose the most appropriate option. The average time taken to complete the questionnaire was between 7 to 10 minutes. Data obtained was tabulated and analyzed.

Results

Results were analyzed thematically and are presented below. Data was also analyzed comparing the responses among the different groups of students – premedical, preclinical and clinical.

Factor 1: Psychological Privacy

The mean for the domain on psychological privacy was 2.01 and corresponding SD was 1.31. The mean score indicates that though students believe that psychological problems need to be addressed, moderate level of personal privacy exists.

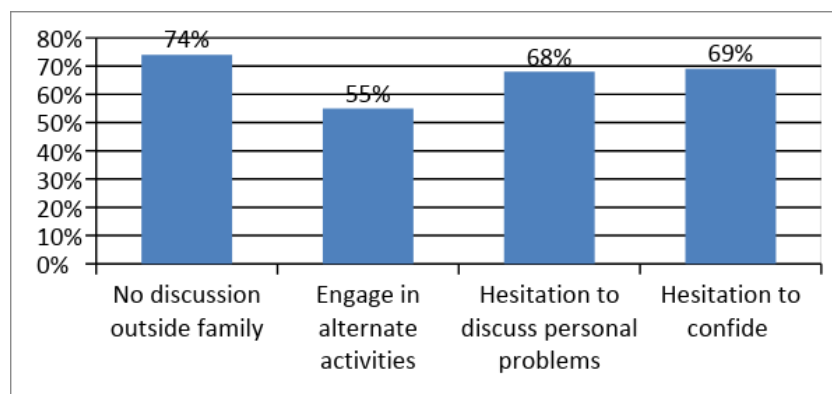


Figure 1: Factor 1 – Psychological Privacy

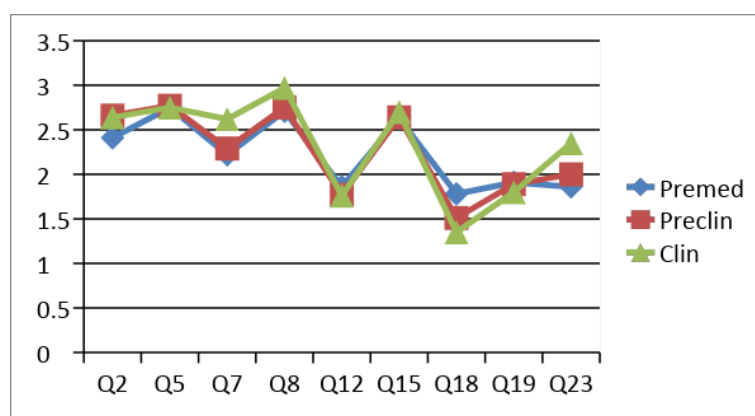


Figure 2: Factor 1 – Psychological Privacy scores distribution among student groups

A majority of students reported that they would not discuss personal issues outside their family (74%), hesitate to discuss personal problems (68%) and hesitate to confide their difficulties with anyone (69%) as seen in Figure 1.

Analysis also reported there was no statistically significant difference among means obtained by students in three training groups (premedical, preclinical and clinical) as determined by one-way ANOVA with post-hoc Tukey test (Wessa, 2017). The response across these three groups of students is shown in Figure 2. The chart shows approximately uniform responses that students experience psychological privacy, indicating that there is a hesitation to share details of emotional challenges experienced.

Factor 2: Informed Openness to Treatment

The mean for the domain on informed openness to treatment was 2.27 and corresponding SD was 1.23. The mean score indicates students were convinced of the value and the effectiveness of psychological intervention. This portrays openness to professional psychological help to address emotional difficulties.

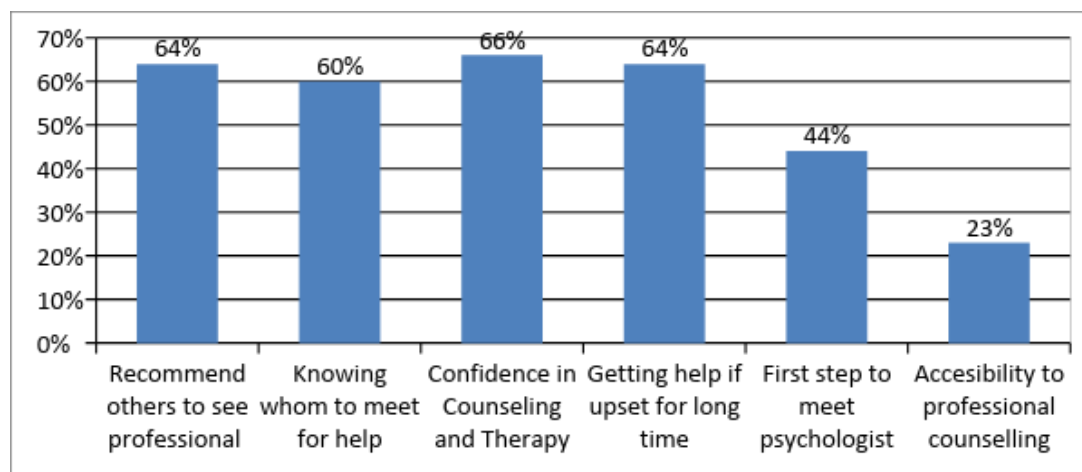


Figure 3: Factor 2 – Informed openness to treatment

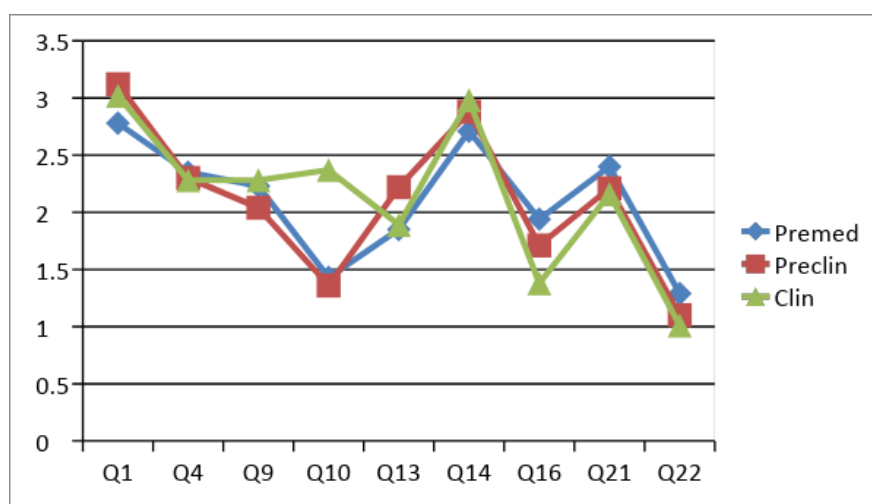


Figure 4: Factor 2 – Informed openness to treatment scores distribution among student groups

Figure 3 shows a majority of students believed they would get professional psychological help if upset for a long time (64%), they would recommend others get professional psychological help (64%), and they had confidence in counseling and therapy (66%). Only 23% students reported they have access to professional psychological services.

Analysis also shows there was no statistically significant difference among means obtained by students in three training groups (premedical, preclinical and clinical) as determined by one-way ANOVA with post-hoc Tukey test. The response across these three groups of students is shown in Figure 4. The graph indicates students currently undergoing clinical training felt they have more access to obtain professional help if they wanted. The chart otherwise indicates approximately uniform responses that students are open to receiving professional psychological help.

Factor 3: Perceived Stigma

The mean for the domain on perceived stigma was 1.59 and corresponding SD was 1.30. The mean score indicates moderate level of stigma exists among students with regard to perception of mental illness and seeking professional psychological help.

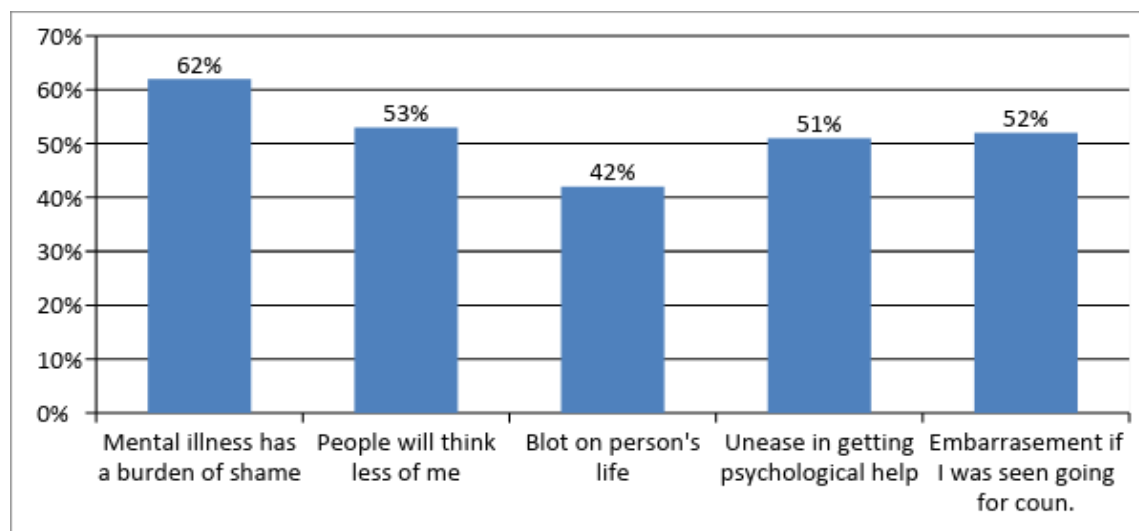


Figure 5: Factor 3 – Perceived stigma

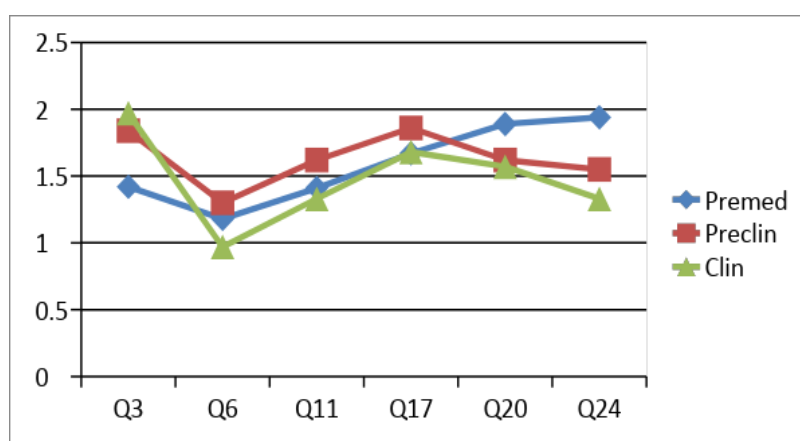


Figure 6: Factor 3 – Perceived stigma scores distribution among student groups

Students felt mental illness has a burden of shame (62%) and reported they would feel embarrassed if seen going to a counselor (52%) as seen in figure 5.

Analysis also shows there was no statistically significant difference among means obtained by students in the three training groups (premedical, preclinical and clinical) as determined by one-way ANOVA with post-hoc Tukey test. The response across these three groups of students is shown in Figure 6. Students from premedical years seemed more open to sharing emotional challenges faced with members of their family when compared to other students. The figure otherwise indicates approximately uniform responses with regard to domain of perceived stigma.

Discussion

Results indicate though medical students in Oman experience moderate levels of personal privacy and stigma, they believe in the effectiveness of utilizing counseling services to address psychological difficulties. These attitudes are similar to those reported in a study by Vidourek, King, Nabors, and Merianos (2014) where students' barriers to mental health help-seeking were examined. The authors concluded stigma-related attitudes were highly prevalent, even

though students believed mental health services to be effective. Common barriers to help seeking include social stigma, treatment fears, fear of addressing negative emotions, anticipated risks and self-disclosure (Vogel, Wester, & Larson, 2007).

A qualitative exploration of the help-seeking process among Omani college students by Al-Bahrani (2014a) indicated students were open to seeking help for academic and administrative issues but did not seek help (though available) for associated emotional challenges, an indication of a hesitation to discuss psychological issues. This is consistent with the results of the study that a moderate level of personal privacy exists among Omani medical students.

Results of the present study indicate medical students in Oman are open to, and convinced of, the effectiveness of psychological counseling and therapy services. Research in other middle-eastern regions also indicates students' openness to professional psychological services. A study by Koydemir-Ozden and Evel (2010) among university students in Turkey concluded they had less negative attitudes towards formal help seeking. Also, female students were more comfortable towards seeking psychological help than male students. A study conducted in the Sultan Qaboos University by Qubtan, Lawati, Alawi, & Sinawi (2015) among medical students concluded students' attitudes towards psychiatric services was moderately positive and the attitude positively increased among those who completed the psychiatry rotation. Students at OMC are exposed to courses in behavioral science throughout their medical training. They do an introduction to psychology in premedical training, behavioral science and psychopathology during preclinical study followed by the clinical rotation in psychiatry. This may highly contribute to their informed openness to mental health treatment and high help-seeking propensity for psychological difficulties.

Gulliver, Griffiths, & Christensen (2010) concluded that young people perceived stigma and embarrassment, problems recognizing symptoms (poor mental health literacy) and a preference for self-reliance as the most important barriers to help-seeking. Al-Alawi et al., (2017) reported Omanis share the worldwide tendency to harbor stigmatizing attitudes towards mental illness. Al-Senawi and Al-Adawi (2014) reported many people with psychiatric illness in Oman are still unlikely to seek psychiatric help until they have reached an advanced stage of irreversible pathology or until treatment shopping from complementary medicine has failed to provide any benefit. It was also noted that with modernization, Omanis show an increased preference for an individualistic rather than traditional collectivistic mind-set and social behavior. Students at OMC possess moderate stigma towards mental illness and associated services probably due to the existing cultural influence, but their openness to psychological help-seeking may stem from a transition towards individualistic preferences and mind-sets.

As the majority of students at OMC are female, it was not possible to explore gender differences. This is a limitation of the present study.

Conclusion and Implications

Medical students in Oman experience moderate levels of personal privacy and stigma with regard to help seeking for psychological difficulties, but they believe in the effectiveness of counseling and psychotherapy. A review by Hunt and Eisenberg (2010) on mental health problems and help-seeking behavior among college students highlighted the significant and increasing burden of mental illness among young people. The authors also stressed the college environment offers a promising venue for prevention and treatment which can help students on

a path to success and well-being. The importance to formulate a cohesive response informed by research evidence was also highlighted.

In view of the prevalence of high levels of stress and anxiety among students in OMC (Jahan et al., 2016) and the results of the present study, there was an initiative to establish a Student Counseling Center on campus to offer professional psychological services. The results of the present study facilitated this project and OMC's Student Counseling Center was established in 2016. Though privacy and stigma among medical students was expected, the attitude of openness to counseling and psychotherapy services was encouraging. The center has two full-time student counselors, supported by the faculty of the department of Psychiatry and Behavioral Science. Presently, at any given time, around 7% to 10% of the student population at OMC receives psychological services from the Student Counseling Center. Awareness and orientation programs are also conducted regularly to reduce perceived stigma and foster optimal utilization of the available professional psychological services. Understanding medical students' attitudes towards seeking psychological counseling has tremendously contributed to implementation of mental health service delivery at OMC.

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