DOI: 10.20333/2541-9315-2017-303-313

RESEARCH OF PSYCHOLOGICAL WELLBEING OF THE MEDICAL UNIVERSITY STUDENTS BELONGING TO DIFFERENT DISPENSARY OBSERVATION GROUPS

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Abstract

The article presents the results of the empirical research of psychological wellbeing of the medical university students belonging to three groups according to the results of their regular medical observation. The conclusions are based on diagnostic data obtained for the group of examinees comprising 307 respondents. The level of their psychological wellbeing was diagnosed by means of the Scales of Psychological Wellbeing. Low level of psychological wellbeing on separate scales among the students belonging to the first, the second and the third groups of dispensary observation was registered. It was established that a low level of a person’s psychological wellbeing – not only for the representatives of the second and the third groups (with a chronic disease in the anamnesis), but also for healthy respondents – can be defined as one of the risk factors for health. Moreover, it can serve as a criterion for development of target programs of disease prevention, preservation and promotion of health.

Keywords: dispensary observation groups, psychological wellbeing of the person, health, somatic and psychosomatic diseases, psychological prevention of diseases

Relevance

Nowadays, there are intensive social and economic changes in Russian community, their indicator being the level of psychological stability of society and its social and psychological wellbeing. The relevance of research on psychological wellbeing of student’s youth, being the most vulnerable part of society, is determined by growth of emotional health

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violations which in its turn promotes a rise of adverse effects both on mental and somatic health, and on the quality of life in general. According to the Law “On Education”, the administration of a higher educational institution bears responsibility for life and health of students during the whole period of their training in the higher education institution (Torales, Troche, Ibarrola, Micó, Barrios, Bolla, Ventriglio, 2016; Fares, Saadeddin, Al Tabosh, Aridi, El Mouhayyar, Koleilat, El Asmar, 2016; Kidger, Stone, Tilling, Brockman, Campbell, Ford, Gunnell, 2016).

Today, the personified health paradigm (“the individual without symptoms of pathology is the healthy person”) at which data of medical examination are the basis for a verdict is a thing of the past. Health corresponds to opportunities and abilities of the person which are defined by them (Tvorogova, 2007).

For the last decades, in the research of “health/disease” continuum, the accent has been transferred to the area of psychological wellbeing. Wellbeing is considered in corporal, social and psychological aspects. Psychological wellbeing most often corresponds to mental health, but is not directly connected with existence of any mental or somatic illnesses (Kononenko et al., 2014).

The interrelation of psychological wellbeing and a person’s health (somatic and mental) is noted by the researchers studying the structure of subjective wellbeing of the personality. The level of wellbeing is estimated by the person according to his individual system of values and aims. The person’s health is in many respects determined by both objective conditions of his life and subjective perception. At the same time, there is a problem of a ratio of subjective and objective indicators of health which do not always correlate with each other (Burger, Neumann, Ropohl, Paulsen, & Scholz, 2016; Grégoire, Lachance, Bouffard, Hontoy, & De Mondehare, 2016; Jin, & Wang, 2016; Soares, & Chan, 2016; McFadden, 2016).

Researchers consider psychological wellbeing in the field of pedagogical and social psychology in interrelation with such factors as sex, age, features of the residence place, social group. Research on psychological wellbeing in compliance with the self-relation and the self-assessment is now being conducted (Kozmina, 2013).
The previous pilot research on factorial models concerning personal features of representatives of different dispensary observation groups conducted by us revealed that psychological wellbeing is the leading factor in the first, second and third groups (Vishnyakova et al., 2013). Respectively, research on personality psychological wellbeing of younger generation representatives – for both healthy persons and chronic patients – seems to be a crucial problem of clinical psychology. This research opens the prospects of special program development aimed at psychological maintenance of university students with a low level of psychological wellbeing (Renshaw T. L., & Bolognino S. J., 2016; Räsänen P., Lappalainen P., Muotka J., Tolvanen A., & Lappalainen R., 2016; Artukhov I. P., & Kaskaeva D. S., 2014; Kolkova S. M., & Kokourova M. S., 2014).

Thus, studying the interrelation of psychological wellbeing of the personality and their status according to dispensary observation data became the aim of this research.

In defining the term “Psychological wellbeing” we base on studies of C. Ryff (2015) and P.P. Fesenko, considering it as the subjective phenomenon of complete experience which depends on the system of this experience carrier’s internal estimates expressed in feeling of wellbeing and satisfaction with his own life (Shevelenkova & Fesenko, 2005).

**Materials and methods**

The research was conducted on the basis of the general medical practice office of Prof. V.F. Voino-Yasenetsky Krasnoyarsk State Medical University (Krasnoyarsk, Russia).

A total of 307 students of the 2nd and 3rd years of university study, who were divided into 3 groups depending on the state of their health, participated in the research. The students who agreed to participate in the research signed the informed consent.

The first group (the 1st group) consisted of 96 students who were not diagnosed with chronic noninfectious diseases, had no risk factors of such diseases development with low or average total cardiovascular risk, and who did not need prophylactic medical examination concerning other diseases.

The second group (the 2nd group) comprised 110 students with diagnosed chronic noninfectious diseases who had high or very high risk factors of such diseases development.
associated with total cardiovascular risk, and who did not need prophylactic medical
eexamination concerning other diseases.

The third group (the 3rd group) of health state consisted of students who had diseases
demanding regular medical examination or rendering specialized, including hi-tech, medical
care, besides they needed additional diagnostics. The students were divided into groups for
health reasons on the basis of Order No. 1006н of 03.12.2012 “On the statement of the order
of carrying out medical examination of certain groups of adult population”.

The criteria of inclusion in the research were: age of 18 – 25 years, compliance with
diagnosis data to the commonly accepted criteria according to the International Statistical
Classification of Diseases and Related Health Problems-10, lack of aggravations for research,
absence of any heavy accompanying pathology in the anamnesis (mental diseases, cranial brain
trauma, brain tumors, epilepsy) and signing the informed consent. The conclusion about the state
of health was drawn proceeding from the analysis of medical records of the outpatient (form 025/y
in Russian system of medical records) and the medical record of dispensary observation.

For assessment of psychological wellbeing, the questionnaire developed by
American researcher C. Ryff (1995) and adapted for Russian-language background was used
(Shevelenkova, Fesenko, 2005).

The description of the quantitative parameters was made by means of median line
count and by 25 and 75 percentiles. The description of qualitative parameters was made
by means of percentage. The significance of distinctions between groups for qualitative
characters was measured by chi-square criterion in case of \( p < 0.05 \). The significance of
distinctions between groups for the quantitative signs was also measured by means of
nonparametric criterion of Mann Whitney U-test with Bonferroni’s correction (\( p < 0.017 \)).
Statistic analysis was carried out with the use of the program package IBM SPSS Statistics
v.19. The psychological wellbeing study was conducted with the use of the Scales of
Psychological Wellbeing (SPW).

**Results and their discussion**

The median age of people who took part in the study was 19 (18; 19) years. The
analysis of testing data has allowed us to determine a degree of psychological wellbeing
components development of the personality among the students belonging to different dispensary observation groups using the SPW.

Figure 1 presents the percentage ratio of psychological wellbeing indicators for representatives of the 1st group of dispensary observation.

![Graph showing percentage ratio of psychological wellbeing indicators](image)

Figure 1. A percentage ratio of psychological wellbeing indicators for representatives of the 1st group of dispensary observation.

On “Positive relations” scale, high and average rates are revealed for 63.5% of the investigated students belonging to the 1st group of dispensary observation (healthy students) (see Figure 1). These results demonstrate that existence of the close, confidential relations with people around is characteristic for this category of examinees. At the same time, 36.5% of respondents of this group have low rates on this scale, this demonstrating their feelings of isolation and frustration.

As for “Autonomy” scale in this group, high and average rates were received by 76% of examinees. This indicates that they are independent, capable to resist to social pressure, to regulate their own behavior and to estimate themselves, being guided by their own beliefs and standards. The other 24% of respondents of the same group show low rates on this scale. This demonstrates that in the situation of decision making they are focused on other people’s opinion and are not capable to resist to external pressure, they are anxious about expectations and estimates of others.

High and average rates on “Management of environment” scale are demonstrated by 75% of respondents, this suggesting that these examinees are capable to use various life
circumstances effectively. The other 25% of examinees have low rates on this scale. They feel the impossibility of changing or improving conditions of their own life.

The results obtained on “Personal growth” scale indicate the high and average level of psychological wellbeing in 73% of examinees. This category of students realizes their own potential to monitor their personal growth and to enhance eventually. The other 27% of examinees have no sense of personal progress on this scale.

On “Life purpose” scale, high and average values are found in 82.3% of students. It means that the existence of the purposes in life and feeling of mindfulness is inherent in the vast majority of the students belonging to the 1st group of dispensary observation. But 17.7% of respondents have low rates on this scale; they lack for purposes, and have no life goal.

On “Self-acceptance” scale, 77.1% of respondents of the studied group have high and average rates. They recognize all variety of their personal features. The other 22.9% of examinees of this group have low rates on this scale. This category of students feels discontent and desire to be a different personality.

The results of psychological wellbeing research of representatives of the second group of dispensary observation are presented in Figure 2.

Figure 2. Indicators of psychological wellbeing for the 2nd group of dispensary observation.

The analysis of results of psychological wellbeing research for the 2nd group on scales evidences that the data is almost the same as for the 1st group of respondents. Thus, on “Positive relations” scale, the high and average level of psychological wellbeing is noted in the majority of respondents – 66.4%, whereas 33.6% of examinees of this group
have low rates. On “Autonomy” scale, 86.4% of respondents have a high and average level of psychological wellbeing and respectively a low level is characteristic for 13.6% of examinees. The obtained data on “Management of environment” scale specify that 74.5% of students have a high and average level of psychological wellbeing, and 25.5% is constituted by examinees with low indicators. Also on “Personal growth” scale, 69.1% of examinees have high and average rates; and respectively the other 30.9% have low rates. According to “Life purpose” scale, 79.1% of respondents demonstrate standard rates; and 20.9% - low rates. On “Self-acceptance” scale, the presence of high and average rates is noted for 78.2% of respondents, and for the other 21.8% - low values are observed.

The data obtained in the study of the 3rd group of dispensary observation are provided in Figure 3.

![Figure 3. Indicators of psychological wellbeing for the 3rd group of dispensary observation.](image)

For the 3rd group, high and average rates of psychological wellbeing on “Positive relations” scale constitute 58.5% and low rates – 41.6%. On “Autonomy” scale, average rates are 89.1% and low rates – 11.9%. On “Management of environment” scale, average rates are 80.2%, low rates are 19.8%. On “Personal growth” scale, average rates account for 76.2% and low rates are 23.8%. On “Life purpose” scale, standard average values make 75.2% and the rest 24.8% are low values. On “Self-acceptance” scale, average rates are 63.4% and low rates are 36.6%.

The special attention in our research is drawn by indicators of psychological wellbeing scales which have low values. The low level of psychological wellbeing in
these spheres is caused by prevalence of negative affect (the general feeling of one’s own misfortune, dissatisfaction with one’s own life).

Though statistically significant distinctions between groups are not revealed and at the same time a decreasing tendency in psychological wellbeing from the first to the third group is revealed as the psychological wellbeing low level has accounted for 25% in the first group, for 28.2% - in the second and for more than 33.7% in the third. Also, this research shows that irrespective of somatic disease, the presence of the low level of psychological wellbeing is also observed in the group of objectively (by results of medical examination) healthy students, as well as the average and high level of psychological wellbeing is noted in the group of students having a chronic somatic disease in the anamnesis. This fact contradicts a traditional idea that a person’s state of health is considered as the factor defining his psychological wellbeing.

Therefore, the subjective perception of health state influences psychological wellbeing much more than the objective state of health.

Conclusion

Results of the conducted research allow us to draw the following conclusions. Irrespective of somatic disease existence, the further research on the relations between psychological wellbeing, an internal picture of health and emergence of somatic and psychosomatic frustration is necessary. The data obtained by means of the SPW can be considered as a multiple-factor indicator of health that will allow developing predictive criteria for the students belonging to different dispensary observation groups.

The research allowed revealing a category of the students (being risk group of psychosomatic diseases emergence) who are in need psychological maintenance irrespective of which group of dispensary observation they belong to. Implementation of psychological maintenance at the initial stage of a disease is the most urgent as during this period patients test the intra personal conflicts especially sharply.

Thus, the obtained data not only allow concluding that when performing regular medical examinations it is necessary to carry out the psychological diagnostics of the personality directed to studying a psychological wellbeing of the personality, quality of life and integrity of an internal picture of health, but also emphasize the necessity of further research.
Studying the influence of a low level of psychological wellbeing as a risk factor, and also studying the dynamics of psychological wellbeing as one of components of health define further prospects of our research.

References


