The Effect of Resilience toward Psychological Distress Among Female Medical Students

Fatimah Azzahra
University of Muhammadiyah Malang
fatimaazzahra218@gmail.com

Rizki Wira Paramita
University of Muhammadiyah Malang
rwiraparamita@gmail.com

Abstract. This research was conducted to determine the effect of resilience on the psychological distress of female medical students. The scale used is The Kessler Psychological Distress Scale (K10), and Connor-Davidson Resilience Scale (CD-RISC) 10. The scale was distributed to 134 selected subjects using a quota sample. The data obtained were then tested for normality and analyzed using linear regression in SPSS 23 for windows to check the effect of resilience on psychological distress. From the results of the analysis, it is known that resilience has a negative influence on psychological distress in female medical students at 18.2%. This means that the higher the resilience, the lower the psychological distress, and the lower the resilience, the higher the psychological distress of female medical students.

Keyword: Resilience, psychological distress, female medical students

Introduction

Students in various universities and departments have faced many assignments which trigger pressure related to the undertaken courses. Furthermore, students have also got pressure from another thing such as environmental changes, losing social supports, academic pressures, peer relationship developments, and financial problems. Those pressures will turn out into stress.

The concept of eustres and distress is there to show various responses from stress. Eustres are positive cognitive responses to stressors, whereas distress is related to negative feelings and physical health. While distress is severe stress related to negative feelings and physical disturbances. Factor determines whether a stressor can cause distress or eustress is perception and interpretation of a situation from each individual (Azzahra, 2017).

Psychological distress is a negative response from stress that is faced by someone. This negative response is the result of the perception and interpretation of a bad situation. This response can be negative feeling or physical interference such as pain, anxiety and mental suffering with the sign of several attributes such as feeling unable to do something, emotional changes, and uncomfortable feeling, it has a quite dangerous effect to an individual (Azzahra, 2017).

Psychological distress is a thing that has a negative impact on individuals so that individuals need to prevent the appearance of distress in individuals (Azzahra, 2017). Anxiety, sadness, irritability, self-awareness, emotional vulnerability with morbidity, life quality and duration reduction and improvement of health service used are kinds of long-term psychological distress (Winefield, Gill, Taylor, & Pilkington, 2012) which caused a higher risk of death to the individual compared to the one who has no experience on the psychological distress (Forman-Hoffman et al., 2014). Based on the result of the previous study, it was shown that female is more likely to have psychological distress rather than male (Joseph & Abraham, 2018).

Students with high resilience have lower psychological distress compared to students with low resilience (Pidgeon, Rowe, Stapleton, Magyar, & Lo, 2014). Resilience is important to prevent students from psychological distress. Resilience involves individual interaction, personality traits, past experience, family and human resource (Anghel, 2015). Resilience refers to a process that includes positive adaptation in significant difficulties such as situations of trauma, tragedy or other situations that can cause stress (Mahmood & Ghaffar, 2014; McCubbin, 2001). Resilience has two concepts, results and processes. Usually resilience is a result of comparing two groups where one is considered to have bad results such as crime, teenage pregnancy, and alcohol abuse. While other groups are considered to have positive results such as good academic achievement and healthy relationships. The second concept, resilience as a process, factors that influence and produce positive and negative things (McCubbin, 2001).

Understanding about psychological distress is closely related to the resilience of a spectrum of psychological health (Graber, Pichon, & Carabine, 2015) as resilience has an important role in helping someone to survive from many causative factors of stress which can make someone encounter psychological distress. Resilience is an ability to counter negative experience and adapt with consequent new life condition. This concept is not referring to individual behavior or character in certain field but in their general characteristic. Psychological resilience
appears as an interaction product from the interaction between serious risky experience and relative positive psychological experience (Bilgin & Taş, 2018). Therefore, resilience is a thing that every individual should have, especially female medical students who susceptible to psychological distress. By having high resilience, individual will hardiness, and persistence in a difficult situation (Campbell-Sills & Stein, 2007). As a result, an individual becomes strong enough, so individual with good resilience will have low psychological distress.

This study aimed to know the effect of resilience significance on psychological distress experienced by active female medical students. The hypothesis of the study showed that the higher the level of resiliency, the lower the level of psychological distress experienced by the students. In contrast, the lower the level of psychological resilience, the higher the level of students’ psychological distress experienced by female medical students.

Methods

This study is conducted by using causal associative quantitative between two variables, and analyzed by using SPPS 23 statistic. Thus, the effect of the two variables can be disclosed.

A quota sample is used to determine the research subject. This method was chosen by the researcher in the purpose of deciding the amount of sample as respondents. The researcher decided a hundred and thirty-four active female medical students the various universities in Malang as the respondents of this study.

Two scales uses in this study are: 1) K10. The Kessler Psychological Distress Scale (K10) is a scale contains ten items that are capable to measure the level of psychological distress. This K10 item was based on the people’s anxiety level and depression symptom that happened in the recent four weeks. The examples are: “how often did you feel hopeless?” and “how often you feel nervous?” It was reported that the frequency in each experience on the scale of five points was started from “always” and “never” (Sunderland, Mahoney, & Andrews, 2013). The alpha of Cronbach in this scale was 9.21. 2) CD-RISC 10. Connor-Davidson Resilience Scale (CD-RISC) is a scale developed by Connor and Davidson to measure people’s level of resiliency (Connor & Davidson, 2003). This scale contained twenty-five items which then modified into ten sufficient items by Campbell. He then named the scale became CD-RISC 10. These ten items are divided into two aspects, which are hardiness and persistence. The example of this scale is“I believe I can achieve my goals, even if there are obstacles” (Campbell-Sills & Stein, 2007). 7.58 was the Cronbach’s alpha of this scale.

This research had three procedures. They were preparation, collecting data, and data analysis. First, the researcher studied and searched for the materials and problems. Second, the researcher prepared the scales then spread them to one hundred and thirty-four female medical students in Malang. After the data had been collected, they were analyzed by using SPSS 23.

Result

The subject of this study was 134 of S1 students of medical students from various universities in Malang. The distribution of the subject can be described as UMM (25%), UB (26%), and UNISMA (12%). Based on the semester, there are two categories of it, which were students from the 2nd – 6th semester consisted of 109 students (81%) and from the 8th – 12th semester consisted of 25 students (19%).

Based on the simple regression analysis data by SPSS23. From the data analysis, it was found that there was a significant effect of resiliency on medical students’ psychological distress. It was shown by the number of probability 0.000 (p<0.05) so the hypothesis was accepted. The correlation relation (R) was 0.43 and the percentage of the free variable influence on the related variable (Rsquare) was 0.18. It meant that resiliency affected 18.2% on the medical students’ psychological distress and 81.8% was affected by other factors aside from resiliency.

Discussion

From the result it meant that resiliency affected female medical student’s psychological distress significantly. Not only resiliency, the medical student is also affected by other factors, like Burnout (Higuchi et al, 2016), interpersonal factors, situational factors, subjective well-being (Mahmood & Ghaffari, 2014), attachment avoidance attachment anxiety (Mallinckrodt & Wei, 2005)), peer relationship (Yamada, Klugar, Ivanova, & Oborna, 2014), etc.

It was shown that the resilience regression result gave a negative effect on the psychological distress, the higher the level of medical students’ resilience, the lowest the level of students’ psychological distress and vice versa, the lowest the level of medical students resilience, the highest the level of students’ psychological distress.

This result is consistent with the previous study. It stated that medical students with a high level of resilience have lower psychological distress if it compared to students who have resilience (Bacchi & Licinio, 2016; Pidgeon & Pickett, 2017). By this result, it is hoped that medical students especially female medical students to be more careful not to experience psychological distress by increasing their resilience.

Conclusion

Based on the result of the study, it was shown that the hypothesis was accepted. It meant that there was a significant negative effect between resilience toward psychological distress on female medical students. The resilience of female medical students has a significant
negative effect on their psychological distress which was 18.2% that consisted of two aspects, which were hardiness and persistence.

References


