

Re: Comparative study of Perceived Stress among Female Medical and Non-Medical University Students in Dammam, Saudi Arabia

Sarah S. H. Al-Adawi

دراسة للمقارنة بين الضغوط النفسية التي تواجهها طالبات كلية
الطب وطالبات كلية غير طبية بالدمام في المملكة العربية السعودية

سارة العدوي

Sir,

I have read with interest the articles, *Study of Perceived Stress among Female Medical and Non-Medical University Students in Dammam, Saudi Arabia*, by Dabal et al.¹ and the accompanying Editorial by Al-Lamki.² I would like to congratulate the authors for their scholarship and for highlighting this issue empirically. The study authors have compared levels of stress among medical students using certain defined parameters. The study suggested that medical students appear to have a greater propensity towards academic stress, than their counterpart nonmedical students.¹ Studies from different parts of the world, including from the Arabian Gulf are congruent with such a view.^{3,4} However, compared to other studies, the present finding of a 48.6% rate of academic stress appear to be bewilderingly high considering that, due to cultural patterning, there is a low tendency in such a population to admit to emotional distress.⁵ The ensuing paragraphs ponder about some of the methodological and conceptual factors that could contribute to what could amount to a spurious rate of academic stress.

First, the high incidence could be partly explained due the phenomena know as 'hypochondriasis of medical students'. Medical students are likely to perceive themselves as distressed partly because they are familiar with many of the ill-effects of stress from their medical education. These are the people who are exposed to such concepts and terminologies routinely in their medical education. Relevant to this, there is a lot of hype, in the media as well as in the medical profession, that medical schools are 'hard'. This, of course, is likely to create the climate of a self-fulfilling prophecy. This, in turn, may lead to the dire consequence of endorsing stress that is not really there.

Second, the contribution of one's personality to academic stress has often been overlooked in current discussion on academic stress. It is well known that certain personality types are prone to stress and in this context, it is the so called 'Type-A personality'.⁶ There is empirical evidence to suggest that medical professions tends to attract people with 'Type-A' personalities, known to be marked by competitiveness, machiavellianism and envy as well as characterised by the cardinal temperaments that are prone to 'burn-out', or in the present context, to suffering from academic stress. Equally, there is an indication that medical teachers are not spared from having such a disposition. This echoes the dictum, 'birds of a feather flock together'.

Third, another point of contention that has been overlooked in this study is the particular role of the medical teacher in this region. Gulf countries tend to attract medical teachers from different parts of the world, but predominantly from other developing countries. Such medical teachers, ambitious as they may be to distinguish themselves in an international setting, are known to have come here because they are unable to thrive elsewhere in competitive academic medicine. Such 'substandard' teachers, it could be speculated here, are likely to be ill-equipped to provide an effective learning environment for their students. One salient

and ostensible victim of such a situation is the quality of medical education. The reverse side of this coin is the creation of stressed-out medical students.

Fourth, a possible cause of the high rate of academic stress among the reported medical student cohort may reflect the 'united nations' of medical teachers in the region and a tendency towards 'lost in translation'. In general, multi-culturalism and pluralism are often considered to be important ingredients in academic culture; however, there may be a downside to such an environment: the issue of language. Students often complain that they have attended a lecture given by medical teacher whose accent was rendered the content unintelligible to them. Medicine is taught in English, the well meaning intention being that English is the language of science and technology, but the burden of learning or trying rapidly to improve on language skills in the midst of a challenging medical curriculum can further deplete student enthusiasm for life and learning. The situation is further affected by the mode of school education in the region which is often by 'rote' learning.⁷ Effective 'rote learners' may have excelled in secondary school to gain entrance into medical school, but it remains to be seen how such a learning strategy fares in medical school. Therefore, the discrepancy in learning styles between secondary school and university, compounded by the characteristics of the medical teachers, may contribute to the high propensity towards academic stress.

The aforementioned methodological and conceptual constraints need to be considered in future research so that evidence-based prevention and intervention can be contemplated in order to mitigate intransigent and debilitating academic stress, something well known to dent one's social, health and occupational competency.

Sarah S. H. Al-Adawi

*Department of Behavioral Medicine,
College of Medicine & Health Sciences,
Sultan Qaboos University
Email: sara93916@hotmail.com*

References

1. Al-Dabal BK, Koura MR, Rasheed P, Al-Sowielem L, Makki SM. A comparative study of perceived stress among female medical and non-medical university students in Dammam, Saudi Arabia. *SQU Med J* 2010; 10:231–40.
2. Al-Lamki L. Stress in the Medical Profession and its roots in Medical School. *SQU Med J* 2010; 10:156–9.
3. Ahmed I, Banu H, Al-Fageer R, Al-Suwaidi R. Cognitive emotions: Depression and anxiety in medical students and staff. *J Crit Care* 2009; 24:e1–7.
4. Al-Saleh SA, Al-Madi EM, Al-Angari NS, Al-Shehri HA, Shukri MM. Survey of perceived stress-inducing problems among dental students, Saudi Arabia. *Saudi Dent J* 2010; 22:83–8.
5. Dwairy M. Foundations of psychosocial dynamic personality theory of collective people. *Clin Psychol Rev* 2002; 22:343–60.
6. Aziz A, Vallejo D. An exploratory study of the facets of Type A personality and scores on the Machiavellian Behavior (MACH-B) Scale. *Psychol Rep* 2007; 101:555–60.
7. Gillett MPT, Bayoumi, RA. Teaching Gulf medical students about chemical solutions by means of problem-solving laboratory practicals. *Biochem Educ* 1998; 26:126–9.