

Subjective Happiness Assessment among Taif University Medical Students

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Abstract Happiness is a very important factor in human life, it is due to happiness that a person can perform tasks in a better or worse way, as it can affect performance. It also could be affected by different factors including study load, smoking, marital status, income, exercise, and study habits. Medical students in particular are subject to have many factors that could influence their happiness level. We conducted a cross-sectional study of 605 medical students at Taif University, Taif, Saudi Arabia that was conducted between August and November of 2015. Students filled a questioner that includes demographic data and validated questions to assess the subjective happiness [the Subjective Happiness Scale (SHS)]. We classified students into happy and unhappy groups according to the score achieved. Those who achieved score more than median were considered to be happy. The primary goal is to assess the level happiness and it's relation to the level of the students, gender, income, study habits, and lifestyle habits. According to the SHS, more students were classified as unhappy (54.4%). The 2nd and 3rd year groups were more likely to be happy (p 0.106). Engaged students were more likely to be happy compared to those who were single or married (p 0.323). Happy students tend to have non-significant higher mean GPA. Happy students were more likely to be younger and reports high/middle income compared to the unhappy group (p <0.05). Those who do exercise for at least 30 min were more likely to be happy compared to those who reports sedentary lifestyle (p 0.146). Students study habits didn't impact the happiness level (p 0.953). According to SHS, more students were considered to be unhappy. The 2nd and 3rd year groups were happier than the other years. Happy students were more likely to be male, younger, engaged, reports high/middle income, higher GPA and exercise more.

Keywords: *happiness, medical students, subjective happiness scale, factors affecting happiness*

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1. Introduction

The theory that happiness is relative relies on three components (1) happiness results from comparison, (2) standards of comparison change, (3) standards of comparison are arbitrary constructs [1]. This leads us to the fact that the definition of happiness differs from one society to another, and that usually occurs due to the difference in culture, values and beliefs [2], so the assessment tool of happiness that is used in one group of people is not necessarily valid in another group, and that is when we need a specific tool has to be made to assess happiness in that culturally different group.

Happiness is a very important factor in human life. It is due to happiness that a person has always a good feeling about himself and others, rejects despair feeling, accepts

his weaknesses, never forgets learning, is always honest with himself and others, lives in the present time and is stable against problems [3].

The components of Subjective Happiness that should be kept in mind while assessing happiness can be categorized into 4 main domains, with the first being the overall satisfaction (i.e. general judgment of somebody's life), second being important aspects of life (e.g. type of somebody's job), third is the current affects and emotions (e.g. stressed, euphoric,... etc) and the last one include the unpleasant emotions that anybody can experience (e.g. relative demise, failing an exam,... etc) even if it was in low levels [4].

As noted, happiness can be affected by different factors making it extremely liable to change. Both short-term factors like weather and season and long-term factors like the nature of the job, income, marital status, or type of undergraduate your studies can affect the level of

happiness. The ones we are concerned about in our Research are those with greater and longer impact on your happiness, and by this we mean the long-term factors.

Stress and happiness are inversely related, so those who evaluate situations as less stressful were found to be more emotionally intelligent which results in more happiness and satisfaction with life [5].

For our medical students, starting in the first preparatory year, all students who want to complete their studies in a medical-related specialty - medical school, dentistry school, school of pharmacology and any other medical-related schools- are joined together to study the exact same subjects and topics. According to the grade point average (GPA) in this preparatory year they get to choose which specialty they want to go for and given the fact that medical school is one of the highly competitive schools, if not the highest, this forms a significant stress factor, not only that, but also studying most of the subjects in a different language than your mother language forms a great stress on most of the students.

The next years of basic science studies, second, third and fourth years have their own entity of stress factors. The stress factor now is the large quantity of information that need to be learned in different subjects. Unlike the first year, the assessment now takes place directly after each module with about 4-5 modules held each semester. This method of assessment forms more pressure and requires continuous studying. Of course, the language could still be a continuous stress factor.

Moving now to the clinical years - fifth and sixth years-, the whole approach is different. Students spend most of your days in the hospital, getting in contact with patients with different attitudes and different cultural backgrounds, the need for reading to improve your clinical knowledge, and for the first time being assessed orally along with theoretical assessment adds a different entity of stress to these students.

The primary goal of the study is to assess the level of happiness and it's relation to the level of the students, study habits, and lifestyle habits.

2. Methodology

We conducted a cross-sectional study among medical students at Taif University, Taif, Saudi Arabia in the period between August and November of 2015. The study included 605 medical students throughout all academic years with 92 students from the first year, 116 students from the second year, 113 students from the third year, 95 students from the fourth year, 88 students from the fifth year and 101 students from the sixth year from. Male students counted 339 students forming about 56 percent of the sample and 266 female students forming 44 percent of our sample.

The questionnaires were distributed in classes after receiving verbal consent from the students and the lecturer attending each class in an adequate time prior to visiting the class. The rationale of the questionnaire was explained by the researchers handing it over. Students were given an adequate time to fill out the questionnaires with the researchers being available for any related questions.

Questions in the questionnaire included age, academic year, gender marital status, smoking or living with smoker,

income, optional self-reported GPA, and the future specialty desire. We also collected data that might be correlated with subjective happiness like exercise and weekly studying frequency inside or outside the house.

Happiness was subjectively measured using the Arabic version of Subjective Happiness Scale (SHS) [6]. The scale consists of 4 items that subjectively measure happiness. Each item of these 4 gives the participant a scale to choose from 1 to 7 to subjectively judge their feelings. The sum of responses (with the fourth question in the SHS being reversely coded) is then divided by four thus giving a single score ranging from 1-7. The higher scores reflect greater global subjective happiness. Also, participants having scores above the median are classified as happy whereas those below the median are classified as unhappy [7].

Lyubomirsky and Lepper indicated that the SHS has good to excellent internal consistency, also test-retest and self-peer correlations suggested good to excellent reliability. The Arabic translation of the SHS was found to be a reliable and valid measure of global subjective happiness in terms of factor analysis, internal consistency as well as a unitary structure similar to those found in other cultures [8]. Written permission for use of the validated Arabic translation of the SHS was received from the authors.

3. Results

Our study included 605 students with male students representing 56.03% and female students representing 43.97% of our sample. Mean age of participants is 21.1 years (SD=1.88, range from 18 to 27 years). Students had a mean GPA of 3.2/4.00 (SD=0.52), the majority of them were 2nd and 3rd year medical students (around 40%).

Table 1. Baseline Characteristics

Total number of participated Medical students	605
Male (%)	339 (56.03%)
Female (%)	266 (43.97%)
Mean age years (SD)	21.1 (SD=1.88)
Mean GPA (SD)	3.2 (SD =0.52)

Most of the students were undecided regarding their future specialties. Although, of those who decided which specialty they want to go for, more students were found to be interested in surgical specialties rather than medical ones

Table 2. Desired Future Specialities

Interested in Medical Specialities (%)	108 (17.85)
Interested in Surgical Specialities (%)	117 (19.34)
Undecided (%)	380 (62.81)

Most of the students were single, 5% were engaged, and only 2.4% were married. The Majority of students classified themselves as having middle income. More than 20 percent of the sample reported having high income and only less than 1% with reported having low income.

Table 3. Socioeconomic Status

Married %	2.4
Single %	92.6
Engaged %	5.0
Low income %	0.9
Middle income %	76.6
High income %	22.5

Regarding lifestyle habits, active smokers comprised 11.8% of our sample, these participants were mostly males with only 1% females.

More than one third of the students reported sedentary lifestyle regarding exercise while around close to 50% of them reported being active for duration of more than 30 minutes per week.

Table 4. Lifestyle Habits

Active smokers %	11.8
Mean duration of smoking years (SD)	4.51 (SD=2.53)
Passive smokers %	42.2
Weekly exercise > 1 hour %	24.7
Weekly exercise 30-60 minutes %	22.0
Weekly exercise < 30 minutes %	16.8
Sedentary lifestyle %	35.6

Regarding study habits we found that more than half of the students studied most days of the week but not daily. About one third of them study on a daily basis and only 17.9% study once weekly or never studied at all until they

are a couple of days away from the exam. Regarding studying length per session, about 40% studied 2 to 3 hours per session and more than third of them studied more than 3 hours.

Table 5. Study Habits

Study on a daily basis %	28.4
Study most of the days per week but not daily %	53.8
Study weekly once or none %	17.9
Duration of study > 3 hours per session %	35.3
Duration of study 3-2 hours per session %	39.5
Duration of study < 2 hours per session	25.2

On measuring subjective happiness using the SHS, we found that more students regarded themselves as unhappy (54.4%) as compared to (45.6%) happy students. Of the 6 medical years we found most of the year-groups were less happy except for the 2nd and 3rd year groups, on the other hand 4th and 6th year-groups appeared to be significantly less happy.

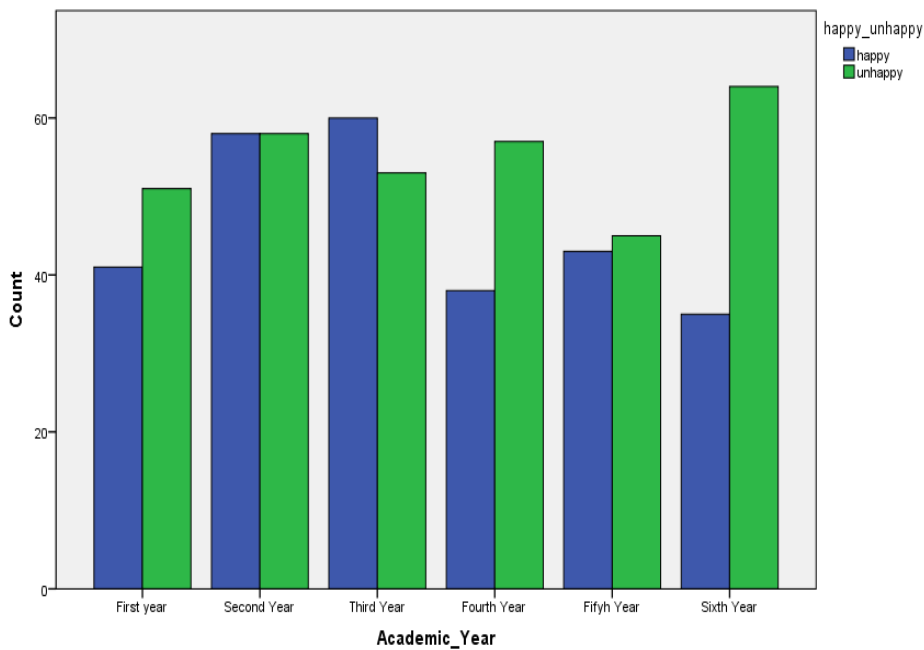


Figure 1. Happiness among the different years, one way ANOVA showed a p value of 0.106 between groups

Students who were considered as happy were more likely to be younger compared to the unhappy group ($p < 0.036$), there was a trend towards male students and those with higher GPA being happier. Income appeared to affect

happiness as students who reported low income were more likely to be unhappy compared to those reports middle and high income ($p < 0.031$).

Table 6. Happiness Distribution in regards to Baseline Characteristics

Baseline characteristics	Happy (276)	Unhappy (329)	P value
Happiness distribution %	45.6	54.4	
Mean happiness score out of 7 (SD)	5.92 (0.55)	4.1 (0.80)	0.000
Male %	47.5	52.5	0.299
Female %	43.23	56.77	0.169
Mean age	20.9±1.9	21.24±1.9	0.036
Mean GPA	3.24±0.51	3.16±0.54	0.411
Low income %	40	60	0.031
Middle income %	43.1	56.9	
High income %	56.4	43.6	

Lifestyle habits, as well as study habits, didn't show statistical significance in terms of happiness level (both had $p > 0.05$) but differentiations between groups were found. Interestingly, we found that both smokers and

passive smokers tend to be happier. Those who exercised more frequently showed greater happiness than those who exercised less than 30 minutes or do not exercise. Study habits didn't show a significant impact on happiness level.

Table 7. Happiness Distribution in regards to Lifestyle Habits

Lifestyle habits	Happy (276)	Unhappy (329)	P value
Active smokers %	13.9	10.1	0.147
Passive smokers %	44.5	40.4	0.319
Weekly exercise > 1 hour %	28.2	21.7	0.146
Weekly exercise 30-60 minutes %	23.4	20.8	
Weekly exercise < 30 minutes %	15.1	18.3	
Sedentary lifestyle %	33.3	39.2	

4. Discussion

Our study showed variation in the level of happiness was most noticed in relation to the different factors assessed in the study. For example, the highest percentage of unhappy students was among the 6th year medical students who are experiencing a lot of stress factors, unlike the 3rd year group which showed the highest percentage of happy students, and this could be correlated with age group distribution in the tables above which has a statistically significant p value, and this can be explained by the improvement their studying skills so that they were able to some extent overcome the study load difficulties they were experiencing throughout the first two years in Medical School.

In previous studies it was found that subjective well-being increases with socio-economic status (income and education), and was lower among unemployed individuals [9]. That was also seen in our study as the percentage of happiness increases with higher income.

The marital status also showed a correlation with level happiness, since engaged students are the happiest, followed by the single students and then the married students. Marriage responsibilities especially for those who got married earlier (e.g. wedding arrangements, raising a son, financial support for the family,... etc) experienced by the married students may play a role in affecting their level of happiness unlike the engaged but not yet married students.

As we found in our study that those who exercised more frequently showed greater happiness than those who exercise less than 30 minutes or do not exercise and this can be supported by the fact that happiness was positively associated with increasing physical activity volume in a wide study in 15 European countries [10].

In summary, multiple factors have been shown to affect the level of happiness among medical students, including the academic year and specifically age and the socioeconomic status. Still we can the mean SHS score in our study within the normal range according to Lyubomirsky and Lepper (4.63-5.07) which provides us with a good indicator regarding the level of happiness amongst our students.

5. Conclusion

According to SHS, more students were considered to be unhappy. Happy students were more likely to be male, younger, engaged, reports high/middle income.

When we compare our study to a similar study conducted in the Lebanese college of youth. In that study the mean SHS score was 4.73 and in our study the mean SHS score was 5.00. Both values fall within the range of SHS score (4.63-5.07) reported by Lyubomirsky and Lepper for college students in the United States.

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