Depression, Anxiety, Stress and Fear of Failure among Medical Students of a Teaching Medical College in South Kerala

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Introduction

Medical training is an intensive course. It itself is stressful. It is being a topic of discussion over years. Depression is one of the psychiatric problems not only affecting the individual but also the social and working environment. Anxiety is a real or imaginary state of fear which is internalized [1]. Anxiety, if uncontrolled can lead to panicky attacks. Moreover, anxious students are also reported to suffer from learning difficulties and problem solving. The psychological and physical symptoms of anxiety include tremulousness of hands, dryness in mouth, frequent urination and bowel movements [2]. Stress can threaten the wellbeing of a person. When the adaptive capacity does not work accordingly it impairs the psychological wellbeing [3]. The definition of "Fear of Failure" [4] "a tendency to appraise threat and feel anxious during situations that involve the possibility of failing". It can be divided into two based on fears pertaining to interpersonal failure and educational or academic failure.

A medical student suffers a problem which includes homesickness, sleep deprivation, financial concerns, information overload and exam fear. These stressors negatively affect the physical and psychological wellbeing, and can lead to psychiatric manifestations. This harmfully affects the students' academic performance. Studies from other parts of world have shown a high prevalence of depression in medical students but studies on South Indian medical students are lacking. Hence, we undertook the study [5].

Doctors are role models to the society. Their emotional statuses are highly valued by the general public. So, it is important to know the issues the future doctors face in their student lives and the stress they go through. Early detection of psychological disorders among medical students may lead to better academic performance.

Early detection of such problems shortens the duration of the episode and lessens the social impairment in the long term. So it is very important that we identify the prevalence and risk factors of stress, anxiety and depression, so that we early intervene and improve their academic achievements.

Objectives of the Study

1. To estimate the proportion of Depression, Anxiety, Stress and Fear of failure among medical students in a teaching medical college in South Kerala.

2. To determine the association of Depression, Anxiety and Stress with the sociodemographic variables.

Methodology

- **Study design:** Cross sectional study

- **Study setting:** Pushpagiri Medical College

- **Study population:** First, Second and Third year students of Pushpagiri Medical College, Thiruvalla.

- **Inclusion criteria:** MBBS Students of Pushpagiri Medical College willing to participate.

- **Exclusion criteria:** Students who were not available, even after 3 times of contact at the time of study.

- **Study period:** The study was conducted for a period of 2 months from November 2020 to January 2021.

- **Sample size:** With reference to the research paper "Depression Anxiety and Stress in College Students in Jordan" and with the help of the formula mentioned below the sample size has been calculated as 122.

Sociodemographic variables	Category	Frequency	Percentage

$$N= (Z\ 1\text{-}\alpha)^2\sigma^2/d^2$$

- The sample attained for the purpose of this study is 140.

- **Sampling technique: Non**-probability sampling.

Data Collection Tools and Techniques

Study tools

i. Standard questionnaires for assessing depression, anxiety and stress-DASS 42.

The DASS-42 is a self-report scale with 42 items, which intends to measure emotional states of depression, anxiety and stress. The DASS scale helps to assess the severity of depression, anxiety and stress.

ii. The Performance Failure Appraisal Inventory (short form):

The PFAI measures the strength of individuals' beliefs in five antipathy consequences of failing. Scores are provided for each of the following five lower-order fears of failing:

(a) Fear of experiencing shame and embarrassment

(b) Fear of devaluing one's self-estimate

(c) Fear of having an uncertain future

(d) Fear of important others losing interest, and

(e) Fear of upsetting important others.

Study variables

The participant details i.e., Age, Gender, Year of study (MBBS).

Data Management and Analysis

The data collected were entered in Microsoft Excel sheet and tabulated accordingly. Quantitative data were expressed in mean and standard deviation; qualitative data were expressed in frequency and percentages. Statistical analysis of the data was done using SPSS 25 Software. In order to test the association between variables Chi-square was used. Significance level was considered at p value <0.05.

This cross-sectional study was conducted among students in a teaching medical college in South Kerala (Table 1).

Out of the 140 subjects studied, 57 (40.7%) were in the age group 18 to 20 and 83 (59.3%) were in the age group 21 to 23. 53.6% of study participants were males and 46.4 % were females.

Out of the 140 subjects studied, 94 (67.1%) belongs to nuclear family, 42 (30.0%) belongs to joint family and 4 (2.9%) belongs to third generation family. 46 (32.9%) study participants were from rural areas and 94 (67.1%) were from urban areas. 30.7% study participant's monthly income were above 1 lakh. 40 (28.6%) belonged to first year MBBS, 36 (25.7%) belonged to secondary year and 64 (45.7%) belonged to third year. Based on the accommodation of study participants 119 (85%) were Hostellers while 21 (15.0%) were Day -Scholars.

The study population was given DASS 42 questionnaires and it was found that depression was 65.8%, anxiety was 65.7% and stress was 74.9% (Tables 2-4).

Among the variables, type of family, year of study and type of student accommodation was found to have significant association with grades of depression p value <0.05 (Table 5).

Among the factors, type of family and year of study was found to have association with grades of stress since p value <0.05 (Table 6).

Among the variables, gender and type of student accommodation was found to have significant association with grades of stress since p value <0.05 (Table 7).

On the basis of gender, the following inference was made: Among the participated students, the overall fear of failure was more in females as compared to males (Table 8, 9).

"Fear of Failure". It was found that out of 140 students; Fear of experiencing shame and embarrassment was higher (73.6%) as compared to the other subscales of fear of failure (Table 10).

Table 1: Distribution of study participants based on sociodemographic variables: n=140.

Age category	18 to 20	57	40.7
	21 to 23	83	59.3
Gender	Male	75	53.6
	Female	65	46.4
Type of Family	Nuclear	94	67.1
	Joint	42	30
	Three Generation Family	4	2.9
Place of Residence	Rural	46	32.9
	Urban	94	67.1
Monthly income of the family	Below 10000	3	2.1
	10000-25000	12	8.6
	25000-50000	18	12.9
	50000-75000	27	19.3
	75000-100000	37	26.4
	Above 100000	43	30.7
Year of Study (MBBS)	First Year	40	28.6
	Second Year	36	25.7
	Third Year	64	45.7
Type of Student Accommodation	Hosteller	119	85
	Day Scholar	21	15
	Total	140	100

Table 2: Distribution of study participants according to grades of depression n-140.

Grades of Depression	Frequency	Percentage
Normal	48	34.3
Mild	13	9.3
Moderate	40	28.6
Severe	14	10
Extremely Severe	25	17.9
Total	140	100

Table 3: Distribution of study participants according to grades of anxiety n-140.

Grades of Anxiety	Frequency	Percentage
Normal	48	34.3
Mild	20	14.3
Moderate	41	29.3
Severe	15	10.7
Extremely Severe	16	11.4

Table 4: Distribution of study participants according to grades of stress n-140.

Grades of Stress	Frequency	Percentage
Normal	35	25
Mild	23	16.4
Moderate	37	26.4
Severe	22	15.7
Extremely Severe	23	16.4
Total	140	100

Discussion

The present study was aimed to estimate the prevalence of Depression, Anxiety, Stress and Fear of failure among medical students in a teaching medical college in South Kerala. The study was a cross sectional study conducted among 140 students. 75 (53.6%) respondents were males and 65 (46.4%) respondents were females.

DASS 42 scale was used to assess the depression. The frequency of depression, anxiety and stress among medical students was found 65.8%, 65.7% and 74.9% respectively in this study. These overall frequencies were calculated by adding all the severity categories from mild, moderate, severe and extremely severe of each of the sub-scale.

This study revealed that the stress is the most prevalent problem among the current sample with a percentage of 74.9%. Depression was the second most prevalent problem with 65.8%, among medical students. The prevalence of depression with respect to severity were normal (34.3%), mild (9.3%), moderate (28.6%), severe (10.0%) and extremely severe (17.9%) in the study population. The prevalence of anxiety was normal (34.3%), mild (14.3%), moderate (29.3%), severe (10.7%) and extremely severe (11.4%). Stress was normal (25.0%), mild (16.4%), moderate (26.4%), severe (15.7%) and extremely severe (16.4%) among the study population.

Personal Failure Appraisal Inventory (PFAI) short forms were also given to the subjects to assess "Fear of Failure". Fear of experiencing shame and embarrassment was higher (73.6%) as compared to the other subscales of fear of failure. Among the study participants, the overall fear of failure was more in females when compared to males.

A study conducted by Iqbal in 2015 [6] among the medical students in India reported a high level of depression, anxiety and stress 51.3%, 66.9%, 53% respectively and these values of depression and stress were found to be less than the values obtained from our study. However, anxiety was found to be more in this study as compared to our study.

The prevalence of stress was found as 46.9%, anxiety was 76.2% and depression was 60.2% respectively among medical university students in Malaysia and in this study the values of stress and depression was found to be lower, however anxiety was found to be more in that study [7].

Another research from Pakistan reported high level of prevalence of stress 62.4%, anxiety 64.3% and depression 60.8% among university students [8].

Table 5: Analysis of factors associated with grades of depression.

Variables		Grades of Depression					Total	P value
		Normal	Mild	Moderate	Severe	Extremely Severe		
Age	18 to 20	17 (29.8%)	8 (14%)	13 (22.8%)	9 (15.8%)	10 (17.5%)	57	0.124
	21 to 23	31 (37.3%)	5 (6.0%)	27 (32.5%)	5 (6.0%)	15 (18.1%)	83	
Gender	Male	26 (34.7%)	7 (9.3%)	23 (30.7%)	9 (12.0%)	10 (13.3%)	75	0.600
	Female	22 (33.8%)	6 (9.2%)	17 (26.2%)	5 (7.7%)	15 (23.1%)	65	
Type of Family	Nuclear	22 (23.4%)	8 (8.5%)	31 (33.0%)	13 (13.8%)	20 (21.3%)	94	**0.014**
	Joint	24 (57.1%)	5 (11.9%)	8 (19.0%)	1 (2.4%)	4 (9.5%)	42	
	Three Generation Family	2 (50.0%)	0	1 (25.0%)	0	1 (25.0%)	4	
Place of Residence	Rural	18 (39.1%)	2 (4.3%)	13 (28.3%)	5 (10.9%)	8 (17.4%)	46	0.675
	Urban	30 (31.9%)	11 (11.7%)	27 (28.7%)	9 (9.6%)	17 (18.1%)	94	
Year of Study (MBBS)	First Year	11 (27.5%)	4 (10.0%)	7 (17.5%)	7 (17.5%)	11 (27.5%)	40	**0.042**
	Second Year	17 (47.2%)	5 (13.9%)	9 (25.0%)	3 (8.3%)	2 (5.6%)	36	
	Third Year	20 (31.3%)	4 (6.3%)	24 (37.5%)	4 (6.3%)	12 (18.8%)	64	
Type of Student Accommodation	Hostel	45 (37.8%)	13 (10.9%)	29 (24.4%)	11 (9.2%)	21 (17.6%)	119	**0.032**
	Day Scholar	3 (14.3%)	0	11 (52.4%)	3 (14.3%)	4 (19.0%)	21	
Monthly income of the family	Below 10000	0	0	2 (66.7%))	0	1 (33.3%)	3	0.121
	10000-25000	7 (58.3%)	0	2 (16.7%)	0	3 (25.0%)	12	
	25000-50000	3 (16.7%)	2 (11.1%)	4 (22.2%)	4 (22.2%)	5 (27.8%)	18	
	50000-75000	6 (22.2%)	5 (18.5%)	7 (25.9%)	5 (18.5%)	4 (14.8%)	27	
	75000-100000	13 (35.1%)	1 (2.7%)	15 (40.5%)	3 (8.1%)	5 (13.5%)	37	
	Above 100000	19 (44.2%)	5 (11.6%)	10 (23.3%)	2 (4.7%)	7 (16.3%)	43	

Table 6: Analysis of factors associated with grades of anxiety.

Factors		Grades of Anxiety					Total	p value
		Normal	Mild	Moderate	Severe	Extremely Severe		
Age	18 to 20	16 (28.1%)	11 (19.3%)	17 (29.8%)	8 (14.0%)	5 (8.8%)	57	0.359
	21 to 23	32 (38.6%)	9 (10.8%)	24 (28.9%)	7 (8.4%)	11 (13.3%)	83	
Gender	Male	27 (36.0%)	11 (14.7%)	22 (29.3%)	7 (9.3%)	8 (10.7%)	75	0.971
	Female	21 (32.3%)	9 (13.8%)	19 (29.2%)	8 (12.3%)	8 (12.3%)	65	
Type of Family	Nuclear	21 (22.3%)	15 (16.0%)	32 (34.0%)	15 (16.0%)	11 (11.7%)	94	0.001
	Joint	26 (61.9%)	5 (11.9%)	7 (16.7%)	0	4 (9.5%)	42	
	Three Generation Family	1 (25.0%)	0	2 (50.0%)	0	1 (25.0%)	0	
Place of Residence	Rural	11 (23.9%)	10 (21.7%)	14 (30.4%)	5 (10.9%)	6 (13.0%)	46	0.287
	Urban	37 (39.4%)	10 (10.6%)	27 (28.7%)	10 (10.6%)	10 (10.6%)	94	
Year of Study (MBBS)	First Year	7 (17.5%)	7 (17.5%)	11 (27.5%)	8 (20.0%)	7 (17.5%)	40	0.022
	Second Year	17 (47.2%)	7 (19.4%)	10 (27.8%)	2 (5.6%)	0	36	
	Third Year	24 (37.5%)	6 (9.4%)	20 (31.3%)	5 (7.8%)	9 (14.1%)	64	
Type of Student Accommodation	Hostel	44 (37.0%)	17 (14.3%)	33 (27.7%)	12 (10.1%)	13 (10.9%)	119	0.592
	Day Scholar	4 (19.0%)	3 (14.3%)	8 (38.1%)	3 (14.3%)	3 (14.3%)	21	
Monthly income of the family	Below 10000	0	1 (33.3%)	1 (33.3%)	0	1 (33.3%)	3	0.128
	10000-25000	5 (41.7%)	2 (16.7%)	2 (16.7%)	0	3 (25.0%)	12	
	25000-50000	4 (22.2%)	2 (11.1%)	7 (38.9%)	3 (16.7%)	2 (11.1%)	18	
	50000-75000	4 (14.8%)	5 (18.5%)	12 (44.4%)	3 (11.1%)	3 (11.1%)	27	
	75000-100000	11 (29.7%)	6 (16.2%)	12 (32.4%)	6 (16.2%)	2 (5.4%)	37	
	Above 100000	24 (55.8%)	4 (9.3%)	7 (16.3%)	3 (7.0%)	5 (11.6%)	43	

Table 7: Analysis of factors associated with grades of stress.

Factors		Stress					Total	p value
		Normal	Mild	Moderate	Severe	Extremely Severe		
Age	18 to 20	13 (22.8%)	6 (10.5%)	17 (29.8)	12 (21.1%)	9 (15.8)	57	0.353
	21 to 23	22 (26.5%)	17 (20.5%)	20 (24.1%)	10 (12.0%)	14 (16.9%)	83	
Gender	Male	16 (21.3%)	19 (25.3%)	19 (25.3%)	11 (14.7%)	10 (13.3%)	75	0.044
	Female	19 (29.2%)	4 (6.2%)	18 (27.7%)	11 (16.9%)	13 (20.0%)	65	
Type of Family	Nuclear	16 (17.0%)	14 (14.9%)	27 (28.7%)	18 (19.1%)	19 (20.2%)	94	0.072
	Joint	18 (42.9%)	8 (19.0%)	9 (21.4%)	3 (7.1%)	4 (9.5%)	42	
	Three Generation Family	1 (25.0%)	1 (25.0%)	1 (25.0%)	1 (25.0%)	1 (25.0%)	0	
Place of Residence	Rural	7 (15.2%)	9 (19.6%)	12 (26.1%)	8 (17.4%)	10 (21.7%)	46	0.363
	Urban	28 (29.8%)	14 (14.9%)	25 (26.6%)	14 (14.9%)	13 (13.8%)	94	
Year of Study (MBBS)	First Year	7 (17.5%)	4 (10.0%)	11 (27.5%)	9 (22.5%)	9 (22.5)	40	0.089
	Second Year	12 (33.3%)	11 (30.6%)	6 (16.7%)	3 (8.3%)	4 (11.1%)	36	
	Third Year	16 (25.0%)	8 (12.5%)	20 (31.3%)	10 (15.6%)	10 (15.6%)	64	
Type of Student Accommodation	Hostel	32 (26.9%)	22 (18.5%)	28 (23.5%)	15 (12.6%)	22 (18.5%)	119	0.013
	Day Scholar	3 (14.3%)	1 (4.8%)	9 (42.9%)	7 (33.3%)	1 (4.8%)	21	
Monthly income of the family	Below 10000	0	0	1 (33.3%)	0	2 (66.7%)	3	0.119
	10000-25000	3 (25.0%)	3 (25.0%)	1 (8.3%)	2 (16.7%)	3 (25.0%)	12	
	25000-50000	3 (16.7%)	2 (11.1%)	6 (33.3%)	3 (16.7%)	4 (22.2%)	18	
	50000-75000	3 (11.1%)	6 (22.2%)	8 (29.6%)	7 (25.9%)	3 (11.1%)	27	
	75000-100000	7 (18.9%)	6 (16.2%)	13 (35.1%)	7 (18.9%)	4 (10.8%)	37	
	Above 100000	19 (44.2%)	6 (14.0%)	8 (18.6%)	3 (7.0%)	7 (16.3%)	43	

Table 8: Distribution of study participants based on personal failure appraisal inventory (Short Form) Among: N-140.

Variables	Category	Frequency	Percentage
FDSE-Fear of Devaluating One's Self Esteem	Do not believe at All	62	44.3
	Believe <50% of the time	44	31.4
	Believe 50% of the time	18	12.9
	Believe >50% of the time	10	7.1
	Believe 100% of the time	6	4.3
FUF-Fear of Having an Uncertain Future	Do not believe at all	46	32.9
	Believe <50% of the time	47	33.6
	Believe 50% of the time	24	17.1
	Believe >50% of the time	19	13.6
	Believe 100% of the time	4	2.9
FIOLI-Fear of Important Others Losing Interest	Do not believe at all	51	36.4
	Believe <50% of the time	43	30.7
	Believe 50% of the time	23	16.4
	Believe >50% of the time	13	9.3
	Believe 100% of the time	10	7.1
FUIO-Fear of Upsetting Importance Others	Do not believe at all	43	30.7
	Believe <50% of the time	42	30
	Believe 50% of the time	26	18.6
	Believe >50% of the time	17	12.1
	Believe 100% of the time	12	8.6
FSE-Fear of Experiencing Shame and Embarrassment	Do not believe at all	37	26.4
	Believe <50% of the time	44	31.4
	Believe 50% of the time	24	17.1
	Believe >50% of the time	19	13.6
	Believe 100% of the time	16	11.4
Total		140	100

The frequency of depression 65.8%, anxiety 65.7% and stress 74.9% in current sample is greater than 48.0% of depression, 68.54% of anxiety and 53.2% of stress respectively among the sample of undergraduate medical students of Fayoum University in Egypt in 2021 during COVID pandemic [9].

In a sample of university students in Turkey the students were found to have depression (27.1%), anxiety (47.1%) and stress (27%) respectively and these values were found to be less than our study [10].

In our study association was found between some sociodemographic variables and depression, anxiety and stress.

• Type of family, year of study and type of student accommodation is associated with depression. Age, gender, place of residence and monthly income of the family is not associated with depression.

• Type of family and year of study is associated with anxiety. Age, gender, place of residence, type of student accommodation and monthly income of the family is not associated with anxiety.

• Gender and type of student accommodation is associated with stress. Age, type of family, place of residence, year of study and monthly income of the family is not associated with stress.

Regarding "Fear of Failure", fear of experiencing shame and embarrassment was higher (73.6%) as compared to the other subscales of fear of failure and among the participated students; the overall fear of failure was more in females as compared to males.

The findings of our study support those of previous studies, which noted that the feeling of being prone to feelings of shame precedes Fear of Failure in women.

Results from the article "Fear of failure among a sample of Jordanian undergraduate students" clearly indicate a significantly higher level of the fear of experiencing shame and embarrassment among the female students than their male counterparts and this was found to be consisted with our study.

Conclusion

The study conducted on the medical students of a teaching medical college in South Kerala have given us information regarding the prevalence of depression, anxiety, stress and fear of failure among the medical students studying in the college. We also came to know whether there is any association between depression, anxiety, stress and various socio-demographic factors.

Depression Anxiety Stress Scale (DASS 42) was used to asses' depression, anxiety and stress. Performance Failure Appraisal Inventory (PFAI) short form was used to assess Fear of failure. Among the study population, the prevalence of depression, anxiety

Table 9: Gender wise distribution based on PRAI among study participants (n-140).

Variables	Category	MALE Frequency	Percentage	FEMALE Frequency	Percentage
FDSE-Fear of Devaluating One's Self Esteem	Do not believe at all	36	48	26	40
	Believe <50% of the time	25	33.3	19	29.2
	Believe 50% of the time	7	9.3	11	16.9
	Believe >50% of the time	5	6.7	5	7.7
	Believe 100% of the time	2	2.7	4	6.2
FDSE-Fear of Devaluating One's Self Esteem	Do not believe at all	36	48	26	40
	Believe <50% of the time	25	33.3	19	29.2
	Believe 50% of the time	7	9.3	11	16.9
	Believe >50% of the time	5	6.7	5	7.7
	Believe 100% of the time	2	2.7	4	6.2
FUF-Fear of Having an Uncertain Future	Do not believe at all	25	33.3	21	32.3
	Believe <50% of the time	30	40	17	26.2
	Believe 50% of the time	12	16	12	18.5
	Believe >50% of the time	6	8	13	20
	Believe 100% of the time	2	2.7	2	3
FIOLI-Fear of Important Others Losing Interest	Do not believe at all	32	42.7	19	29.2
	Believe <50% of the time	20	26.7	23	35.4
	Believe 50% of the time	11	14.7	12	18.5
	Believe >50% of the time	7	9.3	6	9.2
	Believe 100% of the time	5	6.7	5	7.7
FUIO-Fear of Upsetting Importance Others	Do not believe at all	25	33.3	18	27.7
	Believe <50% of the time	26	34.7	16	24.6
	Believe 50% of the time	16	21.3	10	15.4
	Believe >50% of the time	4	5.3	13	20
	Believe 100% of the time	4	5.3	8	12.3
FSE-Fear of Experiencing Shame And Embarrassment	Do not believe at all	20	26.7	17	26.2
	Believe <50% of the time	28	37.3	16	24.2
	Believe 50% of the time	10	13.3	14	21.5
	Believe >50% of the time	12	16	7	10.8
	Believe 100% of the time	5	6.7	11	16.9
Total		75	100	65	100

Table 10: Differences in fear of failure dimensions among males and females.

Fear of Failure-Subscales	Male (N=75)	Female(N=65)
FDSE	52%	60%
FUF	66.70%	67.70%
FIOLI	57.30%	70.80%
FUIO	66.70%	72.30%
FSE	73.30%	73.80%

and stress were found to be 65.8%, 65.7% and 74.9% respectively.

Multiple sociodemographic factors have been found to be significantly associated with depression, anxiety and stress; among them; type of family, year of study and type of student accommodation is associated with depression; type of family and year of study is associated with anxiety; and gender and type of student accommodation is associated with stress.

With regard to "Fear of Failure", fear of experiencing shame and embarrassment was higher as compared to the other subscales of fear of failure and among the participated students; the overall fear of failure was more in females as compared to males.

A healthy campus environment is a prerequisite for a better learning environment. An integrated interdepartmental functioning is necessary to promote the mental health and wellbeing of students.

Limitations

- The student's mental health was the focus of interest and thus only depression; anxiety and stress were covered in the present investigation along with fear of failure. The rest of the prevalent mental health problems were not examined in the current student population.

- The study was not conducted on all the students of the medical college but only on randomly selected students and the study was conducted among the students of a single medical college.

- The findings cannot be generalized to all medical students

- Students rated their perception of stress, anxiety and

depression, which are subjective, and showed only the current level of stress.

Recommendations

• Awareness regarding depression, anxiety, stress and fear of failure must be increased among the students studying in the college.

• Peer groups could be created so that the students could share their problems and find relief.

• Colleges must offer counselling centers that allow students to speak to a therapist about their problems with depression, stress and anxiety.

• Organized interventions should be initiated to prevent excessive psychological illness among medical students.

• Stress reduction programs could be offered regularly as integrated part of their curriculum.

• Students must learn to study more effectively, find ways to calm down, watch their diet, they should get enough sleep, exercise regularly in order to keep a sound mind.

• Campus friendly atmosphere to build a positive mental health.

Acknowledgement

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