

Impact Of Social Interaction Anxiety Upon Psychological Well-Being Of Nursing Collegians' In Iraq

تأثير قلق التفاعل الاجتماعي في الجودة النفسية لطلبة كليات التمريض في العراق

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الخلاصة

الهدف : تهدف على تأثير الجودة النفسية لطلبة كليات التمريض في العراق.

المنهجية : أجريت دراسة وصفية - تحليلية الثامن من شباط إلى الخامس والعشرون من أيلول لعام 2011. تكونت العينة من جميع طلبة المرحلة الأولى (330) من عينة عشوائية كليات التمريض وذلك بتقسيم العراق إلى ثلاث مناطق ()

البيانات الذاتي كطريقة لجمع العينة باستخدام استبانة مكونة من ثلاثة أجزاء يتضمن الديموغرافية يحتوي باستخدام أساليب

6 يتضمن مقياس والجزء الثالث يتكون مقياس قلق التفاعل الاجتماعي .

النتائج : أظهرت نتائج الدراسة أن هنالك تأثير كبير مقياس الحالة الصحية العامة نسبة التأثير 75 % هنالك ارتباط مقياس قلق الاجتماعي له تأثير كبير في الجودة النفسية لطلبة كليات التمريض وان الجنس و العمر والسكن و الدخل الشهري و الحالة الزوجية والسكن الحالي ليس لها علاقة مؤثرة في جميع مجالات الجودة النفسية .

الاستنتاجات : استنتجت الدراسة ان معظم طلبة التمريض يمتلكون مستوى واطئاً من الجودة النفسية وان هذا المستوى قد تأثر كثيراً بالقلق التفاعل

التوصيات : توفير فرص للطلاب للمشاركة في المنظمات والمؤتمرات والمشاريع لرفع مستوى الثقة بالنفس وإعداد وتنفيذ البرامج التعليمية للمدرسين في المدارس الثانوية حول كيفية خفض السلوكية المعرفية وتعزيز النفسية.

Abstract

Objective(s):The aim of this study is to assess the impact of social interaction anxiety upon psychological well-being of nursing collegians.

Methodology: descriptive analytic study is carried out at University of Baghdad, Karkuk, Thi-Qar, and Kufa, colleges of nursing from **Feb 8th, 2011 to Sep. 25th, 2011**. A sample of all first class nursing collegians(N=330) were selected from a probability sample of nursing colleges by dividing Iraq to three geographical areas (South ,North, and Middle Euphrates) in addition to Baghdad. The data are collected through the use of self-administered questionnaire consists of three parts: First part socio-demographic data form students; the second part contains the Psychological Well-being Instrument which includes: General Health Questionnaire and part three, Social Interaction Anxiety scale. The data was described statistically and analyzed through use of the descriptive and inferential statistical analysis procedures.

Results: The study results showed that the major effect among psychological well-being scales present, in the general health questionnaire (75%), the study results show the effect of the Social Interaction Anxiety was 15%. Social interaction has significant impact upon nursing collegians' psychological well-being. gender, age, marital status, residence, nature of residence of nursing collegians have no significant impact on all their psychological well-being scale.

Conclusion: The study concluded that most of the nursing collegians have low level of psychological well-being and this level was affected by the variable of social interaction anxiety.

Recommendations: The study recommended to provide opportunities for students to participate in organizations, conferences, and study projects to elevate their level of self esteem and constructing and implementing educational programs for secondary schools teachers about how to decrease social interaction anxiety among their pupils. Establishing a new counseling programs center and cognitive behavioral programs for university students to promote their psychological well-being.

Keywords: Social interaction anxiety , Social phobia, Social anxiety, Mental health , Psychological well-being

INTRODUCTION:

Mental health is one of the important aspects of health and related to the mental well-being component include in WHO definition of health "a state of physical, mental and social well-being and not merely absence of disease"(1,2,19) . According to the same WHO report, mental health issues are expected to increase by 15% by 2020. Additionally, the number of cases documenting mental health problems among university students are on the increase each year(3). The mental health status of students has become an important topic of public health, given the ever increasing number of students in all developed countries. Student life, especially during the first year, is a period of vulnerability during which young students establish, test and adjust new psychological identities(4) .Various studies have been carried out in different parts of the world to identify factors that impact on students' mental health since poor mental health has been recognized as the leading cause of suicidal behavior, a sense of helplessness and lower academic achievements(5) . College students with social anxiety face exceptional challenges because of the great deal of social interaction inherent in academic experience and potential for social, academic and occupational distress and impairment(6). Social interaction anxiety has received considerable notoriety during the recent years and it can no longer be termed "a neglected anxiety disorder". Studies on general population have suggested convergently that the lifetime presence of social phobia is associated with reduced work performance reduced social interaction and possibly more school problems during adolescence(7).Social interaction anxiety is defined as the fear and avoidance of meeting, interacting, and expressing oneself with others. Social observation anxiety is defined as the fear and avoidance of social situations where one is performing or being observed. Upon controlling for the common variance of these two social anxiety dimensions, only social interaction anxiety was found to be negatively associated with various indices of hedonic functioning (3). This makes sense as social interaction fears and avoidance behaviors can be expected to interfere with the initiation of positive social encounters and the development of close relationships, which serve as sources of intimacy, laughter, social support, and other reinforcing outcomes. Social interaction anxiety was associated with lower subjective well-being, positive affect, vitality, optimism, hope, reward sensitivity, and curiosity even after controlling for the higher-order factor of trait anxiety(8). Social interaction anxiety has an effect on psychological well-being of the individual concerned. The higher the social anxiety one feels, the higher the tendency to find difficulty in asking for help from others, feeling safe when engaging in relationships with others, and establishing warm relationships with others (9). Stated that socially anxious people are exquisitely sensitive to the feedback that they receive from others and even facial expressions can be an important way in which feedback is communicated. Individuals who experience social anxiety tend to feel frustrated with their inability to establish warm relationship with others. They always feel tense and depressed(10). Although poorly recognized, recent epidemiological studies show that social interaction anxiety is highly prevalent and ranks as the third most common mental health problem after major depression and substance abuse considered to be the third largest psychological problem in the United States, affects around 15 million American adults(11). In high level of social anxiety problem individuals experience distress in many social situations and they often exhibit performance deficits and ineffective communication patterns interpersonal interactions (12). In first year transition of student from school environment to college environment might cause some psychological distress, academic and social impacts to him, since the educational system has massive changes: the student will face a new ways of learning, new educational supplies, new relations among students and even new relations among students themselves(1,11,12).

METHODOLOGY:

A descriptive- analytic study was carried throughout the present study to identify the impact of social interaction anxiety upon psychological well-being of nursing collegians in Iraq. **During the period from Feb.8th, 2011 to Sep. 25th, 2011.** Study sample probability sampling used through dividing the Iraq to three geographical area (South region, North region, & Middle Euphrates region), in addition to Baghdad, it was included in the present study as a separate region was

selected randomly by writing the college name for each region (each college on a separate paper) and mix the papers before the randomly selection. In addition to Baghdad College because there is only one college in Baghdad, it was included in the present study as a separate region. The result of the sampling of colleges were: The college of nursing from Karkuk , Thi-qar , Kufa university, & Baghdad university. All first class students nursing collegians (N=330), from the randomly selected nursing colleges who were attending the class room during the time of the data collection were included in the present study sample (see Table 1).

Table 1: Distribution of the Nursing Collegians' Sample according the Regions of Iraq:

No	Setting (Nursing Collegians)	Total number	Selected sample
1	Karkuk university/college of nursing	112	86
2	Thi-qar university/college of nursing	49	44
3	Kufa university/college of nursing	132	90
4	Baghdad university/college of nursing	123	110
Total	Numbers of students	416	330

INSTRUMENTS:

An assessment tool was adopted and developed by the investigator to measure the impact of the social interaction anxiety upon psychological well-being. The investigator translated the scales (Social Interaction Anxiety scale and general health questionnaire) (11,6), from English to Arabic. Translation validity was achieved through the process of forward and backward translation, then forward to the experts to review the translation. The investigator obtained both copies in English and Arabic and uses it directly after simple modification. The final study instrument consisting of three parts: Part I: The first section was socio-demographic characteristics sheet consisted of 6 items, which included, residence, gender, age, marital status, nature of residence and family income . Part II: Social Interaction Anxiety Scale measures social interaction anxiety; Social Phobia Scale measures social observation anxiety(6). Part III: General Health Questionnaire (GHQ-12) , the GHQ-12 is comprised of 12 items. It was devised by (13), the GHQ-12 is a self administered screening instrument used to measure the psychological well-being and general mental health in non psychotic disorders (11).

Data Collection:

The data was collected through the utilization of the developed questionnaire (Arabic version) and by means of self-administrated questionnaire with the subjects' who were included in the present study before data collection, the investigator met the nursing collegians at the classroom to clarify the study student and get their agreement to participation in the study , then a copy of the questionnaire was distributed for each student to complete they receded by the investigator, this process was applied at all colleges that were included in the present study. The data collection process has been performed from **April.11th 2011 until May.4th 2011.**

Rating and Scoring :

Four-point Liker scales is used for rating the GHQ-12 scale items as better than usual; same as usual; less than usual; and much less than usual (13). The four-point type Likert scale is scored as 3 for better than usual, 2 for same as usual, 1 for less than usual, and 0 for much less than usual. But the scoring is reverberating for the Negative direction questions, the question that number 12 only. Measuring of general health questionnaire, the cutoff point of mean of scores is 1.5, any result

equal or more than this point means that the person is affected at this item or scale, and any result less than this point means that the person is not affected at this item or scale.

Five-point Likert scale is used for rating the SIAS - items as, not at all; slightly; moderately; very much; and extremely ⁽¹⁴⁾. The five-point type Likert scale is scored as, 0 for not at all, 1 for slightly, 2 for moderately, 3 for very much, and 4 for extremely. But the scoring is reverberate for the positive direction questions, the questions that number 5; 9; and 11 only.

Regarding the SIAS, the cutoff point of mean of scores is 2, any result equal or more than this point means that the person is affected at this item or scale, and any result less than this point means that the person is not affected at this item or scale.

RESULTS :

Table 2: Distribution of the Study Sample by their Different Socio-demographic characteristics.

No	Socio-demographic characteristics	Groups	Frequency	Percent
1	Residence	Rural	44	13.3
		Urban	286	86.7
2	Gender	Male	85	25.8
		Female	245	74
3	Age years	<20	169	51.82
		20-21	139	41.52
		22 more	22	6.67
4	Marital status	Single	302	91.5
		Married	27	8.5
5	Nature of residence	With Family	178	54
		Student hostel	146	44
		Other	6	1.8
6	Family Income	Sufficient	136	41.2
		Barely sufficient	139	42.2
		In sufficient	55	16.7

This table shows that the majority of the study sample (86.7%) is from urban residential area. (74%) are females. shows more than half of the study samples are within the less than 20 years old category. This table shows that the majority of the study samples (91.5%) are singles. This table shows that the highest percentage of the study sample (42.2%) are within the barely sufficient family income shows that more than half of the study sample (54%) are living within their family, whereas (44%) of them are living in the students campus.

Table 3: Levels of General Mental Health for Nursing Collegians.

No	Items 12 -General Health Questionnaire	Mean	S.D
1.	I am able to concentrate on what you're doing	1.76	0.84
2.	I lost much sleep over worry	1.63	0.91
3.	I felt that you are playing a useful part in things	1.95	0.87
4.	I felt capable of making decisions about things	1.99	0.86
5.	I felt constantly under strain	1.25	0.97
6.	I felt you couldn't overcome your difficulties	1.78	0.99
7.	I been able to enjoy your normal day to day activities	1.69	0.82
8.	I been able to face up to your problems	1.96	0.90
9.	I been feeling unhappy or depressed	1.33	0.99
10	I been losing confidence in yourself	2.35	0.90
11.	I been thinking of yourself as a worthless person	2.53	0.86
12	I been feeling reasonably happy, all things considered	1.25	0.90
Total average mean		1.79	0.91

This table reveals in light of mean of scores 1.5 that the subjects responses in regard to the general health questionnaire items are affected at all items means of scores more than 1.5 except the items number 5,9, and 12 the subjects responses were not affected (means of scores less than1.5) conclusive that the psychological wellbeing of nursing collegians is affected in most of general health questionnaire items significantly.

Table 4: Levels of social interaction anxiety among nursing collegian.

NO	Social Interaction Anxiety Scale	Mean	S.D
1.	I get nervous if I have to speak with someone in authority (teacher, boss))	0.62	0.90
2.	I have difficulty making eye-contact with others	1.75	1.33
3.	I become tense if I have to talk about myself or my feelings	1.7	1.34
4.	I find difficulty mixing comfortably with the people I work with	1.32	1.28
5.	I find it easy making friends of my own age	2.02	1.49
6.	I tense up if I meet an acquaintance in the street	0.91	1.20
7.	When mixing socially, I am uncomfortable	0.74	1.00
8.	I feel tense if I am alone with just one person	1.85	1.39
9.	I am at ease meeting people at parties, etc	1.92	1.39
10.	I have difficulty talking with other people	1.01	1.15
12.	I worry about expressing myself in case I appear Awkward	2.12	1.39
11.	I find it easy to think of things to talk about	2.06	1.29
13.	I find it difficult to disagree with another's point of View	1.47	1.35
14.	I have difficulty talking to an attractive person of the opposite sex	1.69	1.48
15.	I find myself worrying that I won't know what to say in social situations	1.85	1.31
16.	I am nervous mixing with people I don't know well	1.29	1.22
17.	I feel I'll say something embarrassing when talking	1.06	1.17
18.	When mixing in a group, I find myself worrying I will be ignored	1.10	1.20
19.	I am tense mixing in a group	0.83	1.09
20.	I am unsure whether to greet someone I know only slightly	0.83	1.09
Total average mean		1.41	1.25

The previous table reveals in light of mean of scores 2 that the subjects responses in regarding to the Social Interaction Anxiety Scale items are not affected at all items (means of scores less than 2) except in items number 5, 11, and 12 the subjects responses were affected (means of scores more than or equal 2).

Table 5: Distribution of the Studied Sample through Two Classified Groups Affected and not Affected Groups among Different Study Measured Scales.

Scales	Items	Valid Percent
Measuring aspects of psychological well being		
General health questionair-12	affected	75
	not affected	25
Measuring aspects social interaction anxiety disorders		
Social Interaction Anxiety	affected	15
	not affected	85

This table shows that the major effect among psychological well-being scales present in the general health questionnaire (75%), the major effect present in the social interaction anxiety (15%) . But generally the non-affected persons have higher percentage than those who are affected.

Table 6:Pearson Correlation Coefficient among different study scales:

Scales	Correlation	GHQ	SIA
General health questionnaire-12	Pearson correlation	1	-0.180**
Social interaction anxiety	Pearson correlation	-0.180**	1

GHQ: General health questionnaire; SIA :Social Interaction Anxiety , ** Pearson correlation

The results indicate that there are a significant positive relationship between all the studied scales at p-value 0.05 except between the psychological wellbeing scales from one side with the social interaction anxiety the relationship from another side was negative.

DISCUSSION:

The findings of the present study show that the majority of the study sample (86.7%) are from urban residence (table 2). From the investigator point of view, this result may be due to the urban residential area students are more likely to continue in their education than those in rural residential area and that refer to educational and economic factors, in addition to the higher density of population in urban than in rural residential area. This result is supported (1); their findings indicate that the majority of the studied sample is living at urban. The study results show that the majority of the study sample (74%) are females. From the investigator point of view, this result comes because the acceptance plan for the colleges of nursing in Iraq is more focused on females than males (74% females, 26% males), because of the shortage in female nursing staff in the country. This result is supported by (15), they studied the college students' social anxiety at University of Academic associated with stress & mental health, and their findings indicate that the majority of the study sample were females. This result agrees also with (14), they investigated the interrelation of social anxiety with anxiety, depression, locus of control, ways of coping and ego strength amongst university students in the London university, their findings show that the majority of the study sample also were females. Concerning the subjects age, the result show that more than half of the study subjects (51.82%) are within the first category less than 20 years old , this result may be due to the average age of the students in the first class is under the 20 yrs old (12) assessed the social phobia and its impact in Indian university students, their findings show that the majority of the study sample is less than 20 years old which agrees with the present study findings(11) revealed that the minimum age of the respondents was 18 years with a mean age of 22.9 (SD: 3.28), which is also consistent with the current results. Regarding to the subjects' marital status, the study result shows that the majority of the study sample (91.5%) are single, the investigator point of view is most of students cannot be engaged economically in the marriage during the study period and unable to cover the marriage requirements during the study period, this may be the cause of the current .This result is supported by (16), who studied the domain of life satisfaction in social phobia disorders: its relation to symptoms and response to cognitive-behavioral therapy at Albany university, and state university of New York, their results show that the majority of the study sample are single. Concerning the family income, the study results show that the highest percentage of the study sample (42.1%) are within the barely sufficient level, the results which is supported by(11), they studied the social phobia in Nigerian university students, their findings indicate that the majority of the study sample are within the moderate family income. Regarding to the living situation, the study results show that the highest percentage of the study sample 54% are living with their families the result of Anderson et al (17) is consistent with the present study, they evaluate the applicability of the tripartite constructs to social phobia in adolescent at the university of Nebraska-Lincoln, their results show that the majority of the study

sample are living with both parents. The study results (table 3) reveal in light of mean of scores 1.5 that the subjects responses regarding to the general health questionnaire items are affected at all items (means of scores more than 1.5), except the items number 5, 9, and 12 the subjects responses were not affected (means of scores less than 1.5), this result indicates that (75%) are affected based on the results presented in the table (table 5). This result indicated that nursing students suffering from a high rate of psychological co-morbidity with anxiety , increasing the disability associated with this disorder (11) agree with the current results when studied the general health questionnaire for Nigerian university students' who revealed that that social phobia was as common within the university setting as in the community, and subjects with social phobia were more likely to rate their health as moderate to bad than good to very good suggesting that students with social phobia in Sweden do apply for higher education. The study results (table 4) indicate in light of mean of scores 2 that the subjects responses regarding to the social interaction anxiety scale items are not affected at all items (means of scores less than 2), except at items number 5, 11, and 12 the subjects responses were affected (means of scores more than or equal 2). This result indicates that 15% are affected (table 5) which is supported by (4), who studied the experience of social anxiety in learning situations among university students, he suggested that thirteen percent of the U.S. Adult population will meet diagnostic criteria of social interaction anxiety at some point in their lifetime and the prevalence of social anxiety in adults varied between 2% and 5%, with a further longitudinal survey. The study results indicate that there are significant positive relationships between all the studied scales (p-value 0.05) except between the psychological well-being scales from one side with the social interaction anxiety and social phobia scales from another side the relationship was negative. This result agrees with (1); and (18). Their findings indicate that there is a significant negative relationship between the social phobia and the student's psychological wellbeing. (11) found that the presence of psychological distress was significantly associated with social phobia (11.68, $P < 0.001$). Finally, and when we speaking about the nursing as a professional, we should prepare a professional staff to continue in giving the students a help, for this we must identify any factors that affect those students participation in the education process, and as we know that the psychological well-being refers to important factors that affect those students educational capacities for delivering an effective role in future as an a major theme for the nurses (2,20).

CONCLUSION :

The study concluded that most of the nursing collegians have low level of psychological well-being and this level was affected by the variable of social interaction anxiety.

RECOMMENDATIONS:

(1) The study recommended to provide opportunities for students to participate in organizations, conferences study projects to elevate their level of self esteem. (2) constructing and implementing educational programs for secondary schools teachers about how to decrease social phobia among their pupils,(3)Ministry of educational can encourage secondary school teachers to stress on the strength points in their student's personality to enhance their self-esteems. (4) Adopting new teaching methods by secondary schools teachers' which give a chance for the students to make presentations of discursive with their colleagues. (5) Establishing a new counseling programs center and cognitive behavioral programs for university students to promote their psychological well-being.

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