

**RISK FACTORS AND SYMPTOMS OF EMOTIONAL DISORDERS AMONG  
UNDERGRADUATE MEDICAL STUDENTS AT TASHKENT MEDICAL ACADEMY, UZBEKISTAN.**

<https://doi.org/10.5281/zenodo.10444859>

**Saloni Maner**

**Arshaan Asif Shaikh**

students (international faculty of medicine)

Tashkent Medical Academy

**Dursunov Sardor Axmat o'g'li**

*Scientific adviser*

Assistant department of pedagogy, psychology and languages

Tashkent Medical Academy

**Abstract:** *This article aims to explore the risk factors and symptoms of developing emotional disorders among undergraduate medical students at Tashkent Medical Academy Uzbekistan. Also highlights the importance of addressing mental health concerns in medical students and implementing effective support systems to promote well-being.*

**Key words:** *Migraine, depression, poor concentration, disruptive behaviour, medical students, mental issues, physical health, emotional disorders.*

The prevalence of emotional disorders among medical students has become a growing concern in recent years. The demanding nature of medical education coupled with the unique stress based by the students can significantly impact their mental health. Emotional disorder such as anxiety and depression, not only affect the well-being of medical students but also have implication for their academic performance and future professional practice.

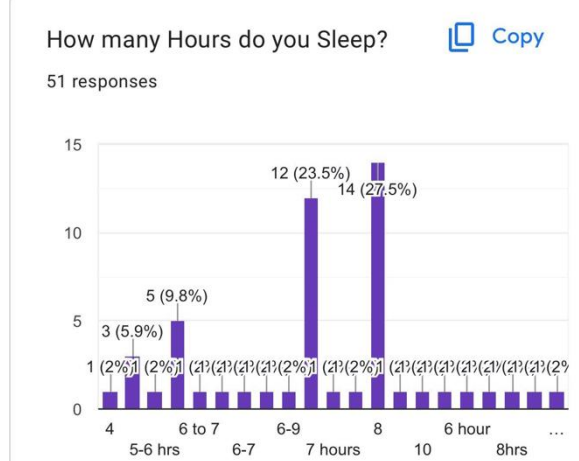
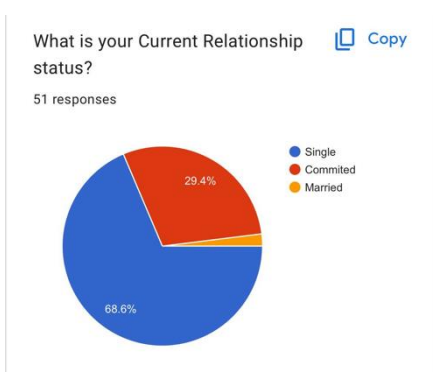
Research has shown that medical student students experience, higher levels of stress burnout and psychological distress compared to the general population. The curriculum long working hours intense competition and exposure to humans suffering can contribute to the development of emotional disorders. Additionally, the stigma surrounding mental health issues in the medical field of discourages students from seeking help further exacerbating the problem.

Understanding the prevalence rates and risk factors associated with emotional disorders among medical students is crucial for developing effective interventions and support systems. By addressing this issues, medical schools can create a healthier learning environment that promotes the well-being of the students and prepares them for successful careers in healthcare.

Emotional disorders, also known as mental disorders, encompass a wide range of conditions that affect a person's emotional well-being, thoughts and behaviours. Globally, emotional disorders are common. Emotional disorders play a significant role in the field of psychology due to their impact on individuals mental health and overall well-being. Understanding and evaluating emotional disorders is crucial for several reasons such as mental health, treatment, prevention and early interventions. Some common examples include depression, anxiety disorders, bipolar disorders, and post-traumatic, stress disorders. Emotional disorders can have various causes, including genetic factors, brain chemistry and balances, traumatic experiences or a combination of the factors. These disorders can significantly impact individuals' daily functionings, relationships and overall quality of life. Regarding emotional disorders among medical students, research suggests that this population may be at higher risk compared to general population. Emotional disorders are a complex and evolving field throughout history. Various theories and understanding of emotional disorders have emerged, leading to advancement and diagnosis and treatment. Early beliefs often attributed emotional disorders to supernatural or spiritual causes.

### METHOD AND RESEARCH

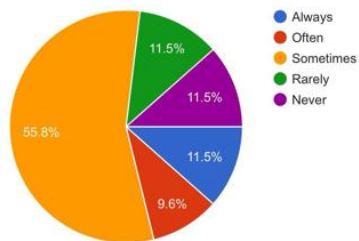
This study used an online Google form, as an instrument. Consisting of 21 questions. Invitation to participate in the survey was sent through the social media such as telegram, WhatsApp and Instagram. A link to the survey and detailed information about the survey was distributed in this way. In order to reach mass pupil, using communication technology is ideal. Prevalence of symptoms among males or females' number of males or females with the condition / total number of males or females in the population, this formula has been used to evaluate the prevalence of symptoms among the males and females. The target pupil are the young undergraduate medical students of Tashkent medical Academy.



How often do you feel Lonely?

Copy

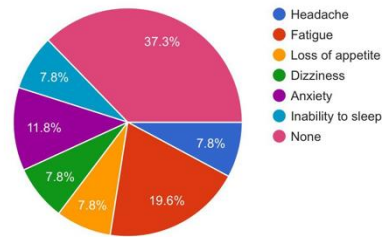
52 responses



Do you have any Symptoms?

Copy

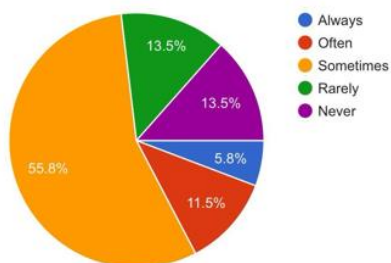
51 responses



How often do you feel depressed?

Copy

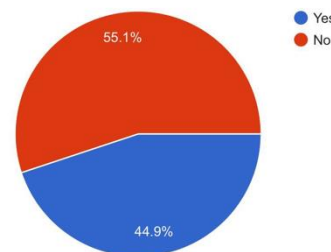
52 responses



Have you ever experienced an 'attack' of fear, anxiety, or panic?

Copy

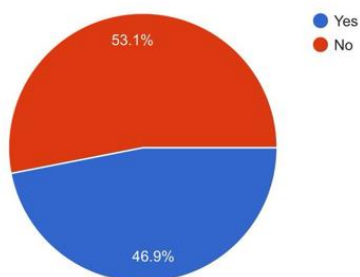
49 responses



Do you feel anxiety or discomfort around others ?

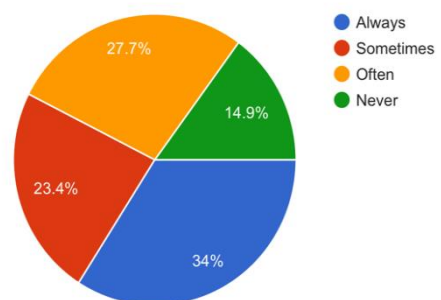
Copy

49 responses



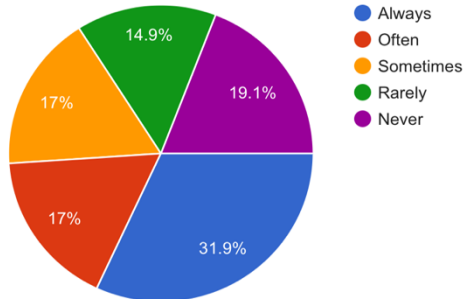
How often do you feel happy and peace with yourself?

47 responses



How often do you discuss problems and concern with your close people?

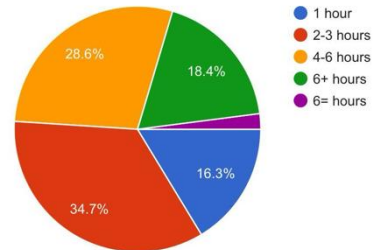
47 responses



Copy

How much time you spend on social media platforms ?

49 responses



Copy

## RESULTS OF RESEARCH

The survey was conducted using information and communication technology tool. Responses were analysed using survey administration and Microsoft Excel software. All students were asked to answer using specially designed methods in emotional disorders questionnaire. The graphs above show the results of the survey.

In our survey total number of participants were 51 Indian students. Almost all students responded to all questions. 51% male and 49% female participated in the survey, out of which 26 were males and 25 females respectively. From age of 19 years to 25 years students participated as per the received responses. 12 students from 1<sup>st</sup> course, 12 students from 2<sup>nd</sup> course, 11 students from 3<sup>rd</sup> course, 9 students from 4<sup>th</sup> course, 2 students from 5<sup>th</sup> course and none from 6<sup>th</sup> (final) course, whereas 2 students did not mention their course. All students are happy being medical students. Relationship status of students states that 68.6% students are single while 29.4% committed and 2% married. 51 students mentioned their sleeping hours. Out of total responses, 6 (11%) students sleep for 6 hours, 12(23%) students sleep for 7 hours, 3 (5%) students sleep for 5 hours, 15 (29%) students sleep for 8 hours, 2 (3%) students sleep for 9 to 10 hours respectively. Furthermore, 4 (7%) students sleep for 6-7 hours, again 2 (3%) students sleep for 5-6 hours, also surprisingly single student sleeps for 4 hours. About 11.5% students always feel lonely. Simultaneously, equivalent number of students never feel lonely. An equal number of students rarely feeling lonely. Sometimes, 55.8% students feel lonely. About 9.6% often feels lonely. 5.8% of total students always feel depressed. But 13.5% students are cheerful. Although, 55.8% students sometimes feel depressed. Majority of students mentioned having related symptoms. Headache in 7.8% students. Equal number of students have difficulty sleeping. Fatigue in 19.6% students. 7.8% students mentioned loss of appetite and dizziness. 11.8% face dizziness and 11.8% anxiety. sometimes feel tired. About 8% experience headache, 18% fatigue and 12% anxiety. 6.1% students also take pills like

painkillers. Remaining 91.7% students do not use any pills. Some students also mention their concerns regarding suffering from anger issue and about proper maintenance of curriculum. Additionally, students mentioned chronic diseases like Alzheimer's disease, asthma, COPD and cystic fibrosis. Correspondingly, genetic diseases such as Down syndrome and sickle cell disease. This shows that students know about mental conditions. Students 14.3% students consulted psychiatrist for reasons like stress. Majority of students did not visit psychiatrist. 44.9% students mentioned have experienced an attack of fear, anxiety or panic. About 46.9% students feel anxiety or discomfort around others. Students spend most of their time on social media use. Astonishingly 16.3% students spend an hour. Whilst 18.4% respondents spend more than 6 hours on social media platform. Again, 34.7% spend their 2-3 hours on these websites. And then, 28.6% spend around 4-6 hours networking. Every day, 34.7% students talk to their parents about health and studies. While 51% students sometimes talk to their parents about health and studies. 14.3% often discuss with their parents. On top of, students are aware of various psychiatric treatments. Moreover, they also knew people taking treatments for migraine, insomnia, etc. Besides few students specified friends suffering from obsessive compulsive disorder (OCD), stress, insomnia, etc.

### **CONCLUSION**

These findings suggest the significant prevalence of distress found among undergraduate medical students in these studies. Headache, pain, migraine, poor concentration and disruptive behaviour is common in undergraduate medical students. The demanding nature of medical education, long working hours high levels of stress, inadequate sleep, less exercise, unhealthy eating habits, spending more time on social platforms can make them prone to mental issues having adverse effects on physical health leading to emotional distress. Students having mental issues like anger, depression, stress, depression and anxiety and OCD (obsessive compulsive disorder) are predominant. The symptoms and prevalence rate may increase if ignored. And can contribute to development or exacerbation of emotional disorders.

### **RECOMMENDATIONS**

Medical schools play a crucial role in supporting students with emotional disorders and promoting their mental well-being. Plans and regular monitoring of mental health should be implemented in medical schools. This knowledge can help reduce stigma and increase awareness among students and faculty. Establishing counselling services within medical schools can provide students with a safe and confidential space to discuss their emotional concerns. Trained professionals can offer individual or group therapy, stress management techniques and coping strategies to help students navigate the challenges they may face. Medical schools can provide access to mental health resources such as as online self-help tools, educational materials and referral services. These resources can empower students to seek help and provide them with information on available support networks. Implementing peer support programs can create a sense of community and

foster connections among students. Peer mentors or support groups can offer a supportive environment where students can share experiences, seek advice and receive encouragement from the peers who may have faced similar challenges. Medical school can prioritise student well-being by promoting a healthy work- life balance. This can include initiative such as stress management workshops, mindfulness training, physical activity programs and encouraging regular breaks and self-care practises. Practising yoga, exercise, and meditation will help students to manage stress, anger and maintain emotional balance. Healthy eating habits and following healthy lifestyle will help students to maintain mental-physical equilibrium. This approach may result best as a first aid. Social support and healthy eating patterns play significant role in overall health development. We hope to raise awareness encourage further research and ultimately contribute to the development of strategies that prioritise the mental health of medical students.

#### REFERENCES:

1. Psychiatry by B.D.Tsygankov , S.A. Ovsyannikov International journal of mental health systems, article number: 72 (2016)  
Echo-Vector Journals Portal
2. Psychological detachment from work during off-job time: The role of job stressors, job involvement, and recovery-related self-efficacy. *European Journal of Work and Organizational Psychology*, 15, 197-217.)
3. Rao, T. S. va Indla, V. (2010). Ish, oila yoki shaxsiy hayot: Nega uchtasi ham emas? *Hindiston psixiatriya jurnali*, 52, 295-297
4. World Health Organization. Depression and other common mental disorders: global health estimates. World Health Organization; 2017.
5. AlJaber MI. The prevalence and associated factors of depression among medical students of Saudi Arabia: A systematic review. *J Family Med Prim Care*. 2020; 9(6):2608-14.
6. Elzubeir MA, Elzubeir KE, Magzoub ME. Stress and coping strategies among Arab medical students: towards a research agenda. *Educ Health (Abingdon)*. 2010;23(1):355.
7. Axmat o'g'li, D. S., & Sevinch, A. (2023). BEMORLARDA NEVROTIK HOLATLAR TAHLILI. *Scientific Impulse*, 1(8), 716-719.
8. Hope V, Henderson M. Medical student depression, anxiety and distress outside North America: a systematic review. *Med Educ*. 2014;48(10):963-79.