

Perception of Learning and Social Self-Perceptions In Relation to Ways of Coping Dimensions of Medical Students

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Abstract: The present study is an all-encompassing research conducted on the first year Medical students of Malaysia. Medical students have a hard schedule counting clinical practice they are also essential to master enormous capacities of understanding. Medical success not only depends on memory and intelligence but also depends on how the student perceives and feels about the educational environment and the different ways the student adopts when faced with stressful situations during the medical education. The present research was conducted to understand the perception of learning of students in relation to escape avoidance, plan-full problem solving and self-controlling; and social self-perceptions in relation to accepting responsibility and seeking social support. The total sample for the study includes 41 Medical students of Phase-I year-1 2013 batch of USM-KLE International Medical Programme Belgaum, India. Firstly, it was hypothesized that students who have high perception of learning will have low escape avoidance, and high plan full problem solving and self-controlling. Secondly, it was hypothesized that those on high social self-perception have high level of accepting responsibility and high level of seeking social support. The obtained 't' values are not significant for perception of learning of students in relation to the dimensions escape avoidance, plan-full problem solving and self-controlling but there exists a positive relation between the two dimensions of plan-full problem solving and self-controlling. On the other hand the obtained 't' values for social self-perceptions in relation to the two dimensions accepting responsibility and seeking social support are also not significant but they exist a positive relation between them.

Keywords: Perception of Learning, Social Self-Perceptions, Ways of Coping.

I. INTRODUCTION

Environmental education refers to organized efforts to teach about how natural environments function and, particularly, how human beings can manage their behavior and ecosystems in order to live sustainably.

The learning environment affects the learning of medical students and their practice as physicians. A student might find a particular question threatening and intimidating in one context yet stimulating and challenging in a different context. What makes one learning context unpleasant and another pleasant?

Many factors influence learning: Learning depends on several factors, but a crucial step is the engagement of the learner. This is affected by their motivation and perception of relevance. These, in turn, can be affected by learners' previous experiences and preferred learning styles and by the context and environment in which the learning is taking place. In adult learning theories, teaching is as much about setting the context or climate for learning as it is about imparting knowledge or sharing expertise.

K.Ramnarayan and Shyamala Hande (2005) study reveals that Self-directed learning (SDL) has been identified as an important skill for medical graduates. To meet the challenges in today's healthcare environment, self-directed learning is most essential. Several health care institutions have made SDLs a part of the curriculum. In self-directed learning, learners take the initiative in making use of resources rather than simply react to transmissions from resources, thus helping learners to learn more and learn better. The main purpose of education must now be to develop the skills of inquiry, and

more importantly to go on acquiring new knowledge easily and skillfully the rest of his or her life. Self-directed learning is what I have tried to find out through plan full problem solving.

II. REVIEW OF LITERATURE

The medical school learning environment (LE) is crucial for undergraduate medical students' professional development (Hafferty, et al. 1988; Maudsley, 2001). Medical School is difficult and stressful: improving LE can ease unnecessary student burden and facilitate learning.

Each student perceives LE differently. Mismatches between learners and LE can weaken learning (LindblomYlance & Lonka, 1998). In order to improve LE, we must understand how student differences impact their perception of it.

According to Chickering and Reisser (1993), "development involves an ability to update our self-concept based on information from others. In college, students weave together the feedback from grades and test scores, coaches and directors, and friends and loved ones and form a fairly accurate picture of how others see them" (p. 199). Accordingly, college students' self-perceptions affect their performance positively and negatively both inside and outside of the classroom.

Assessment Tool

- Ways of Coping Questionnaire
Susan Folkman,
Richard.S.Lazarus
- Dundee Ready Education Environment Measure (DREEM).

III. METHODOLOGY

Objective

- To find out whether students have perception of learning
- To evaluate dimensions of escape avoidance, plan full problem solving and self-controlling and their relation with perception of learning.
- To evaluate dimensions accepting responsibility and seeking social support and their relation with perception of learning

Hypothesis

- Students who have high perception of learning will have low escape avoidance and will be good at plan full problem solving and self-controlling.
- Students who have high social self-perceptions have high level of accepting responsibility and high level of seeking social support.

Sample

The sample for the present study has been chosen form USM-KLE International Medical Programme Belgaum Karnataka, the total number of sample included for the present research is 41 Medical Students among them 16 are Male and 25 are female students perusing their first year Medical Corse.

Statistical Analysis:

Table No.1 Showing the correlation between Perception of Learning and the dimensions Escape Avoidance, Plan full Problem Solving and Self-Controlling of Medical Students (n=41)

Co-relation with dimensions		Mean	Std.Dv	r-value	t-value	p-value
	Perception of Learning	31.68	31.72			
	Escape	10.6	20.39	-0.0925	-0.5799	0.5653

Perception of Learning	Avoidance					
	Plan full Problem Solving	12.48	8.45	0.1608	1.0174	0.3152
	Self-Controlling	13.51	9.20	0.0068	0.0426	0.9663

In the above table we can see that there exists no significant relation between the dimension of perception of learning in relation to escape avoidance, plan full problem solving and self-controlling. But there exist a positive relation between perception of learning and, plan full problem solving and self-controlling. A research study conducted on Indian Medical students by Genn J (2001) of year one revealed that students perceived the learning environment positively. Nevertheless, the study also revealed problematic areas of learning environment in our medical school which enabled us to adopt some remedial measures. Curriculum's most significant manifestation and conceptualization is the environment, educational and organizational which embraces everything that is happening in the medical school.

Even though there is no significance between the dimensions in relation to perception of learning the positive relation clarifies that if students have clear perception of learning they will be good at plan full problem solving and also their capacity to control themselves accordingly also will be high.

Table No.2 Showing the correlation between Social Self-Perception and the dimensions of Accepting Responsibility and Seeking Social Support of Medical Students (n=41):

Co-relation with dimensions		Mean	Std.Dv	r-value	t-value	p-value
Social Self-Perception	Social Self-Perception	17.36	12.18			
	Accepting Responsibility	8.65	3.03	0.1692	1.0718	0.2904
	Seeking Social Support	9.90	20.44	0.0102	0.0639	0.9493

The above table No.2 reveals no significant relation between Social self-perception in relation to accepting responsibility and seeking social support but, there exist a positive relation between them .Being in the Medical School of course is an enjoying task, learning many new things but at the same time the student must also be aware of the responsibilities he has to take after being a doctor as well as when student. Taking or accepting responsibility as a personality trait must be present in the Medical student for his future success as a professional Medical Doctor. And at the same time it is not that a student or after becoming a doctor an individual will be perfect at all things sometimes doubts arise and we all know that every task cannot be done by a single individual team work is essential. So the individual student must be aware of seeking social support in the difficult time or when he faces difficulty. Student/doctor must also have knowledge whom to approach and seek social support. Hence both of these are essential that is accepting responsibility and seeking social support in relation to social self-perception.

Significance of the Study

When we speak of Medical school it is slightly different from the other fields of education. For a student to be in the Medical school and survive is not an easy task there are lot many things he/she has to learn. It is not only being good at studies the student must also possess or learn certain qualities or personality traits of accepting responsibility, plan full problem solving, seeking social support etc.....hence in the present research an attempt was made to find out the level of

perception of learning in relation to self-controlling, plan full problem solving and escape avoidance. And on the other hand I also tried to find out the relationship between social self-perception with the dimensions of accepting responsibility and seeking social support.

The positive relation between the dimensions reveals that by understanding the perceptions of students we can improve the educational environment of the students and also at the same time training programs can be conducted for the medical students so that we can develop these personality traits or qualities in them so that they can become excellent doctors in the future and helpful for the human kind.

IV. CONCLUSION

The study results do not reveal significance between any two of the hypothesis but the positive relation tries to prove certain aspects of the research. Further research is essential in this field to more clearly understand the relation between perception of learning and social self-perceptions in relation to the various dimensions.

May be due to the small size of the sample we could not get the expected results by increasing the size of the sample hope we could have found some significant relation. Hence in conclusion further research is essential in this field.

REFERENCES

- [1] Abdulaziz Fahad Al-Kabbaa, Hashim Hassan Ahmad, Abdalla Abdelwahid Saeed, Abdelshakour Mohammed Abdalla, Ali Ahmed Mustafa. (2012). Perception of the learning environment by students in a new medical school in Saudi Arabia: Areas of concern Journal of Taibah University Medical Sciences 12/2012; 7(2):69–75. DOI:10.1016/j.jtumed.2012.11.001
- [2] Bernstein, D.A., Penner, L.A., Clarke-Stewart, A., Roy, E. (2006). Health, Stress and Coping. In Psychology (7th ed.). Boston, MA: Houghton Mifflin.
- [3] Chickering, A. W., & Reisser, L. (1993). Education and identity (2nd ed.). San Francisco: Jossey-Bass.
- [4] Genn J: (2001). AMEE Medical Education Guide No 23 (Part 1): Curriculum, environment, climate, quality and change in medical education – a unifying perspective. Med Teach 2001, 23:337-334. PubMed Abstract
- [5] Hafferty, F. W. et al. (1998). Beyond curriculum reform: confronting medicine's hidden curriculum. Academic Medicine, 73(4):403–407.
- [6] Lindblom-Ylanne, S. and Lonka, K. (1998). Individual ways of interacting with the learning environment—are they related to study success? Learning and Instruction, 9(1):118.
- [7] Maudsley, R. F. (2001). Role models and the learning environment: essential elements in effective medical education. Academic Medicine, 76(5):432–434.
- [8] <http://dx.doi.org/10.1136/bmj.326.7393.810> (Published 12 April 2003)Cite this as: BMJ 2003;326:810