Original Article

Personality Traits of the Adjusted and Maladjusted Medical Students in Punjab Medical College, Faisalabad, Pakistan

Imtiaz Ahmad Dogar, Muhammad Akhtar Parvez, Nighat Haider, G.M. Niazi, Faiz Mohiuddin, Khalid Mahmood Akhtar

ABSTRACT

Objective: The study was designed to examine the association between the personality traits and adjustment level of medical students. Method: 190 medical students from Punjab Medical College, Faisalabad participated in this study through purposive convenient sampling technique. Personality traits were measured through Gordon Personal Inventory (GPI) and Gordon Personal Profile (GPP), while adjustment and mal adjustment was assessed through Rotter's Incomplete Sentences Blanks (RISB). The results were obtained through chi square statistics on SPSS version 17. Results: Results showed that out of 190 medical students 173 students (91 %) were well adjusted. While 17 students (9 %) obtained RISB scores above the cutoff point hence they were labeled as mal adjusted. Hypothesis testing with Chi

INTRODUCTION

Adjustment issues are increasing day by day as the society is progressing along the lines of technology. As the issues of adjustment and maladjustment are getting importance so as the quarries to find out their causes and associations are getting more popular among the researchers. In a study of social mal adjustment in relation to problem solving in school aged children, experimenters compared socially well-adjusted group of popular students with two socially mal

Corresponding Author: Prof. Dr. Imtiaz Ahmad Dogar Professor of Psychiatry and Behavioral Sciences PMC / DHQ Hospital, Faisalabad Tel. +92 300-9655577 E-mail: psycon2005fsd@yahoo.com square test has shown statistically significant differences in the scores on the trait of responsibility, cautiousness. personal relationship and vigor among adjusted and mal adjusted medical students. Mal adjusted students were seen associated with below average scores on all previously mentioned traits. Conclusion: The traits of responsibility, cautiousness, personal relationship and vigor are crucial for the adjustment in the society. So the parents and teachers should play their part in improving the fabric of the society by the means of building and emphasizing upon the sense of responsibility, cautious behavior, balance in personal relationships, and vigor in daily tasks among their children and students so that they may become well-adjusted in the society. Key words: Personality Traits, Maladjustment, Medical students.

adjusted groups of aggressive and isolated students in terms of generating solutions to the problems and evaluating them. It was concluded that popular students generated more solutions than either the aggressive or isolated groups, which did not differ among hemselves. The initial solutions of all groups were rated as "effective," in most cases, by independent coders. Subsequent solutions, however, varied as a function of students' adjustment status. Popular students continued to generate effective solutions, whereas deviant students generated aggressive and ineffective solutions. No differences among the three groups were found in the evaluations of the effectiveness of given solutions¹

In another study, maladjusted group of boys was compared with well-adjusted group of boys where positive and negative peer status was taken as measure of adjustment or mal adjustment respectively. Results indicated that maladjusted group generated fewer alternative solutions, proposed fewer assertive and less mature solutions, generated more intense aggressive solutions, showed less adaptive planning, and evaluated physically aggressive responses more positively and positive responses more negatively than did well adjusted boys. Data support the notion that boys with social adjustment problems are deficient in the cognitive problem-solving skill of generating multiple alternative solutions².

When trying to know the relationship between indicators of maladjustment and social support, an adolescent study found out it has a lot to do with the indicators of maladjustment³. A study with 5th grade students showed that American high achievers indicated increased frequency of feeling of stress than low achievers where stress was supposed as a measure of maladjustment⁴. Psychological maladjustment was measured in terms of both intrapersonal and interpersonal distress. Results indicated that foreign-born Asian-American students differed from White-American students on levels of social desirability, other-directedness, and extraversion. However, even after controlling for differences on these variables, greater levels of intrapersonal and interpersonal distress were found for foreign-born Asian-American students⁵.

A study investigated whether peer victimization is positively related to psychosocial maladjustment or not. It presented a meta-analytic review of cross-sectional studies and found no evidence that victimization is more strongly related to social than to psychological forms of maladjustment⁶. In a research female medical students who had current or previous eating disorders reported greater social maladjustment than the female medical students who did not have eating disorders⁷. In another study, a questionnaire survey of 550 female medical, business and law students revealed that bulimic students that constituted 12 % of the sample reported significantly more social maladjustment than their non-eating disorder peers⁸.

No data is available in Pakistan regarding the issue of maladjustment among students. Current study aims at finding out the relationship of personality traits and maladjustment among medical students.

MATERIALS AND METHODS Participants

190 medical students from Punjab Medical College, Faisalabad participated in this study through purposive convenient sampling technique. **Instruments**

Rotter's Incomplete Sentences Blanks (RISB)⁹

The measure of mal adjustment was taken through Rotter's Incomplete Sentences Blanks (RISB) which is comprised of 40 incomplete sentences to be completed by respondent. 135 is the cut off score for mal adjustment. It is a valid and reliable instrument. *Gordon Personal Profile (GPP)*¹⁰

The Gordon Personal Profile provides a simple measure of four aspects of personality that are significant in the daily functioning of the normal person. These are ascendancy, responsibility, emotional stability and sociability. The profile consist of 18 sets of four descriptive phases, each of four personality trait is represented by one of descriptive phase or item.

Gordon Personal Inventory (GPI)¹¹

The Gordon Personal Inventory yields a quick and convenient measure of four personality traits i-ecautiousness, original thinking, personal relationship and vigor. The inventory consists of 20 sets of four descriptive phrases. Each of four personality trait is represented by one of the phrases in each set.

Procedure

Research protocol was presented to Ethical Review Committee of the Punjab Medical College. After the approval, researcher approached the medical students in the class with the liaison of their teachers. After informed consent was taken, data were collected on prescribed Performa. Analysis was done on SPSS 17 through chi square statistics.

RESULTS

Results showed that out of 190 medical students 173 students (91%) obtained RISB scores below cut off point and fell into the category of well adjusted. While 17 students out of 190 (9%) obtained RISB scores above the cut off point hence they were labeled as mal adjusted (see table 1).

Hypothesis testing with Chi square test has shown statistically significant differences in the trait of responsibility among adjusted and mal adjusted medical students, x^2 (2, n = 190) = 12.147, p = 0.002 (see table 2). Below average scores on the trait of responsibility are observed to be associated with RISB scores that reached the cut off for mal adjustment. While average scores on the trait are seen to be associated with RISB scores that indicated well adjustment (See table 3).

Significant differences were also observed in trait of cautiousness among adjusted and mal adjusted medical students, x^2 (2, n = 190) = 13.430, p = 0.001(see table 2). Below average scores on the trait of cautiousness are observed to be associated with RISB scores that reached the cut off for mal adjustment. While average scores on the trait are seen to be associated with RISB scores that indicated well adjustment (See table 4).

Significant differences were also observed in personal relationship among adjusted and mal adjusted medical students, x^2 (2, n = 190) = 7.618, p = 0.022 (see table 2). Below average scores on the trait of personal relationship are observed to be associated with RISB scores that reached the cut off for mal adjustment. While average scores on the trait are seen to be associated with RISB scores that indicated well adjustment (See table 5). Significant differences were also observed in vigor among adjusted and mal adjusted medical students, x^2 (2, n = 190) = 10.886, p = 0.004 (see table 2). Below average scores on the trait of vigor are observed to be associated with RISB scores that reached the cut off for mal adjustment. While average scores on the trait are seen to be associated with RISB scores that indicated well adjustment (See table 6).

Hypothesis testing with Chi square test has failed to prove statistically significant differences in the traits of Ascendance, emotionality, sociability, and original thinking among adjusted and mal adjusted medical students (see table 2).

Table 1: RISB re	esults of medical	students
------------------	-------------------	----------

Adjusted medical students	173
Mal adjusted medical students	17
Total	190

Personality Traits	Ν	x ²	df	р
Responsibility	190	12.147	2	0.002
Cautiousness	190	13.430	2	0.001
Personal relationship	190	7.618	2	0.022
Vigor	190	10.886	2	0.004
Ascendence	190	2.340	2	0.310
Emotionality	190	1.854	2	0.396
Sociability	190	5.682	2	0.058
Original thinking	190	2.069	2	0.355

Table 2: Results of personality traits and RISBscores on Chi square statistics

Table 3: Observed & expected frequencies of
categories of responsibility & adjustment

D. 1111	RISB results		
Responsibility	Adjusted	Mal Adjusted	Total
Below Average	67 74	14 7	81
Average	96 90	3 9	99
Above Average	10 9	0 1	10
Total	173	17	190

Bold face represents expected frequencies

Table 4: Observed & expected frequencies of
categories of cautiousness & adjustment

	RISB results		
Cautiousness	Adjusted	Mal Adjusted	Total
Below Average	25 30	8 3	33
Average	129 123	6 12	135
Above Average	19 20	3 2	22
Total	173	17	190

Bold face represents expected frequencies

Table 5: Observed & expected frequencies ofcategories of personal relationship &adjustment

	RISB results		
Personal relationship	Adjusted	Mal Adjusted	Total
Below Average	32 36	8 4	40
Average	113 109	7 11	120
Above Average	28 27	2 3	30
Total	173	17	190

Bold face represents expected frequencies

Table 6: Observed & expected frequencies ofcategories of vigor & adjustment

	RISB	results	
Vigor	Adjusted	Mal Adjusted	Total
Below Average	32 37	9 4	41
Average	127 122	7 12	134
Above Average	14 14	1 1	15
Total	173	17	190

Bold face represents	expected frequencies
----------------------	----------------------

DISCUSSION

Results have shown that there is an evident association between certain traits of personality and mal adjustment in medical students. Personality traits like sense of responsibility, cautiousness, ability to maintain personal relationships, and vigor are seen co existent with the good adjustment while below average scores on these traits are observed to be related to maladjustment. So the findings suggest that presence of these four traits contribute to the process of social, emotional, and familial adjustment as RISB measures these aspects of adjustment.

The crux of the findings is the fact that all four of these personality traits hint at maintaining smooth, bilateral, and active interpersonal relationships. Social, emotional, and familial adjustment is all about maintaining such relationships. Previous researches have been long exploring the phenomenon of mal adjustment in terms of social relationships. Richard and Dodge (2012/1982) studied adjustment in terms of popularity among peers. They found out well-adjusted students (popular group) were better in cognitive problem solving skills of generating alternative solutions than mal adjusted groups (deviant and aggressive groups) but no differences were found in the evaluation of presented solutions among three groups¹.

Asarnow and Callan (2012/1985) also measured peer maladjustment in school going boys in terms of their personal relationships with their peers. Their findings suggest that differences in knowledge and/or attitude concerning normative social behavior may contribute to the more negative behavior patterns observed in socially maladjusted boys². Thus maintaining good personal relationships is essential for adjustment. It may be that another factor that may contribute to these two things is the availability of social support that can only be obtained when good personal relationships are established and maintained.

Previous research support the connection that social support from parents, teachers, and class mates is strongly related to the clinical, interpersonal, and school related indicators of maladjustment³. But the personality styles/traits should not be assumed as the sole contributor to adjustment or maladjustment. Since some of the previous researches advocated so and found out ethnic differences as contributing factors to maladjustment⁵. The established connection between mal adjustment below average sense of responsibility, cautiousness, vigor, and ability to maintain good personal relationships is one aspect of mal adjustment. Future researches should explore the other aspects of maladjustment; so that the phenomenon could be understood in better details and preventive/ precautionary measures could be lined out in the light of the details aspects unfolded about the multi on maladjustment.

CONCLUSION

The traits of responsibility, cautiousness, personal relationship and vigor are crucial for the adjustment in the society. So the parents and teachers should play their part in improving the fabric of the society by the means of building and emphasizing upon the sense of responsibility, cautious behavior, balance in personal relationships, and vigor in daily tasks among their children and students so that they may become well adjusted in the society.

REFERENCES

- Richard BA, Dodge KA. Social maladjustment and problem solving in school-aged children. Journal of Consulting and Clinical Psychology. Apr 1982; Vol 50(2): 226-233. (PsycINFO Database Record (c) 2012 APA)
- Asarnow JR, Callan JW. Boys with peer adjustment problems: Social cognitive processes. Journal of Consulting and Clinical Psychology. Feb 1985; Vol 53(1): 80-87. (PsycINFO Database Record (c) 2012 APA)
- 3. Michelle KD, Christine KM. The relationship between perceived social support and maladjustment for students at risk. Psychology in the Schools. Wiley Periodicals, Inc. May 2002; 39 (3): 305–316.
- Crystal DS, Chen C, Fuligni AJ, Stevenson HW, Hsu CC, Ko HJ, Kitamura S, Kimura S. Psychological Maladjustment and Academic Achievement: A Cross-Cultural Study of Japanese, Chinese, and American High School Students. Child Development. June 1994; 65 (3): 738-753. First published online in 2008.
- 5. Abe JS. Zane NWS. Psychological maladjustment among Asian and White American college students: Controlling for confounds. Journal of Counseling Psychology. Oct 1990; Vol 37(4): 437-444. (PsycINFO Database Record (c) 2012 APA)
- Hawker DS, Boulton MJ. Twenty Years' Research on Peer Victimization and Psychosocial Maladjustment: A Meta-analytic Review of Cross-sectional Studies. Journal of Child Psychology and Psychiatry. 2000; 41 (4): 441–455. doi:10.1111/1469-7610.00629. Published on line in 2003.
- Herzog DB, Pepose M, Morman DK, Rigotti NA. Eating disorders and social maladjustment in female medical students. Journal of Nervous & Mental Disease. Dec 1985; 173 (12): 734-7.
- Herzog DB, Norman DK, Rigotti NA, Pepose M. Frequency of bulimic behaviors and associated social maladjustment in female graduate students. Journal of psychiatric research. 1986; 20 (4): 355 -361.

- Rotter JB, Lah MI, Rafferty JE. Rotter's Incomplete Sentences Blanks Manual. (2nd ed.). San Antonio: Psychological Cooperation. 1992.
- Gordon LV. Gordon Personal Profile; Manual Revision. New York: Harcourt, Brace & World, Inc. 1963.
- Gordon LV. Gordon Personal Inventory; Manual Revision. New York: Harcourt, Brace & World, Inc. 1963.

AUTHORS

- **Prof. Dr. Imtiaz Ahmad Dogar** Professor of Psychiatry & Behavioral Sciences, PMC / Allied & DHQ Hospitals, Faisalabad
- Dr. Muhammad Akhtar Parvez Assistant Professor of Community Medicine Punjab Medical College, Faisalabad
- Nighat Haider Clinical Psychologist of Psychiatry & Behavioral Sciences, PMC / Allied & DHQ Hospitals, Faisalabad
- Mr. G.M. Niazi Clinical Psychologist of Psychiatry & Behavioral Sciences, PMC / Allied & DHQ Hospitals, Faisalabad
- Faiz Mohiuddin Clinical Psychologist, Deptt of Psychiatry & Behavioral Sciences, PMC / Allied & DHQ Hospitals, Faisalabad
- **Prof. Dr. Khalid Mahmood Akhtar** Professor of Anatomy, Punjab Medical College, Faisalabad.

Submitted for Publication:	14-07-2014
Accepted for Publication:	29-08-2014