

A COMPARATIVE ANALYSIS OF SOCIAL CONNECTEDNESS, SOCIAL SUPPORT, AND MENTAL HEALTH IN MEDICAL AND SOCIAL SCIENCE STUDENTS

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ABSTRACT

The current study was planned to investigate the intricate relationship among the social connectedness, social support and mental health as well as to compare the medical and social science students. A total N=296 students with the age range of 17 to 26 ($M_{age}=20.17$; $SD= 1.57$) with the equal number of medical and social science students (medical students=148, Social science students= 148) were analyzed. The data was collected by using demographic information sheet along with social connectedness scale (Lee & Robin, 1995), Multidimensional Perceived Social Support Scale (Zimet et al, 1988) and Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995). Data was analyzed by using SPSS (V25). The result of the study indicated that there is significant negative relationship of social connectedness and social support along with mental health (depression, anxiety and stress). The result also indicated that the social connectedness and social support are the significant predictor of mental health (depression, anxiety, stress). Furthermore, study revealed the significant difference of social connectedness, social support and mental health in medical and social science students. The implication of study is discussed below.

Keywords: Social Connectedness, Social Support, Metal health, Depression, Anxiety, Stress, Medical and Social Science Students

INTRODUCTION

The pupil word is also used for the students who is under the age of 18 to 20 years and goes to school, which can be defined as the individual who is enrolled in an educational program for the purpose of learning (UNESCO, 2025). Mental health of the adolescents is predicted by the Connectedness to family and peers (Winstone et

al., 2021). Lee and Robins (1995) defined the social connectedness is an experience of belongingness and relationship with others. Social connectedness is also defined as feelings that are about the belongingness and closeness to others, and relationship satisfaction, perceived support, opportunities for self-disclosure of personal

information (Viner et al., 2012; Jose et al., 2012; McLoughlin et al., 2019). WHO (2004) defined the mental health as a state of well-being in which individual realize their own abilities, coping strengths for daily life stressors, work performance and productivity and ability to make contribution in the society. Social integration is crucial for the overall well-being (Goswami et al., 2010). Social connectedness serves as the protective factor of mental health issues (Hunt & Burns, 2017). A study was conducted to investigate the mediating role of social connectedness and self-esteem in between mindfulness and psychological well-being. The data was collected from 850 university students from the China. The results of the study indicated that self-esteem and social connectedness performed mediating role in between mindfulness and wellbeing. The study also indicated that the indirect effect of mindfulness on psychological wellbeing through social connectedness and self-esteem was significant (Rehman et al., 2023). social connectedness promotes overall health and acts as a protective factor against depression and anxiety symptoms (Wickramaratne et al., 2024). Another scoping review research was conducted to prob the effect of social connectedness on depression and anxiety. 66 studies were reviewed through the PRISMA guidelines. The data was searched from PubMed and Psych info from 2015 to 2021. The 83percent studies reported that the social connectedness decrease depression. In the pregnant women 83% studies indicated that the high social support decreases postpartum depression (Wickramaratne et al., 2024). Higher levels of social connectedness may result in more positive mental health outcomes (McLoughlin et al., 2019). A study was conducted to explore the relationship among the social isolation, social connectedness and psychological distress. The 304-cancer patient were investigated for 1 year with 2 months intervals. The result of the study indicated that the social connectedness is mediating the relationship between social isolation and depression. Result also revealed that with the increase of social connectedness depressive symptoms decrease in patients (Li et al., 2024). Scientists report an immense influence of

continuous and excessive stress on physical and mental health (Ribeiro et al., 2018) as well as psychological condition—it may increase the risk of depression, anxiety, and burnout (Pacheco et al., 2017; Pawlaczyk et al., 2020). As a consequence, medical students may be more likely to develop these conditions than the general population (Pacheco et al., 2017). Medical students experience depression and anxiety at a higher rate than the general population or students from other specialties (Shao et al., 2020). A cross sectional study was conducted to find out the prevalence of depression and anxiety among the medical students of Sudan. The data was collected from 487 medical students by using Depression Anxiety and Stress Scale, Social support scale and WHO Quality of Life scale. The results of the data indicated that the 50% respondent has moderate level of depression anxiety and stress (Dafaalla et al., 2016). Furthermore, The more social support from the family and friends improves the mental health (Acoba, 2024). A cross sectional study was conducted to explore the contributing factor in mental health including depression, anxiety and stress. The 1278 undergraduate students were assessed by using Perceived Social Support Scale and Depression Anxiety Stress Scale (DASS-21). The result of study revealed that female receives more social support and male have high level of depression, anxiety and stress. It was also found that more social support leads to positive mental health (Guo et al., 2021). Moreover, the study (Alsubaie et al., 2019) reported that high social support makes low level of mental health issues. To confirm that an indigenous cross-sectional study was planned to investigate the direct and indirect effect of social support in elevating the depressive symptoms. 400 medical and dental students were assessed from Lahore by using Pittsburg Sleep Quality Index, Patient Health Questionnaire (PHQ) Multidimensional Scale for Perceived Social Support and Perceived Stress Scale. The result of the study revealed that large proportion of healthcare (medical and dental) students were found to be suffering from mild to moderate depression and experienced poor sleep quality. It is concluded that social support is an important variable in predicting depressive

symptomatology by ameliorating the effects of poor sleep quality and high stress levels (Waqas et al., 2019).

In conclusion, the literature indicated that the high level of social support and more social connectedness creates high level of psychological well-being among the students (medical and other faculty) and high level of social support (family, Friends and Peers) and social connectedness make less mental health issues among the students.

Rationale of the Study

The current study was planned to investigate the association among the social connectedness, social support and mental health issue such as depression, anxiety and stress in medical and social science students because none of the study was conducted on the medical and social science students in combined way. The study was also conducted to compare the medical students and social science students in mental health problem because none of the study was found in which these two disciplines was compared.

Hypotheses

H₁: There would be the significant relationship between social support, social connectedness and mental health among the medical and social science students.

H₂: There would be the significant difference in mental health, social support and social connectedness among the medical and social science students.

H₃: Social Connectedness will be the significant predictor of the depression, anxiety and stress.

H₄: Social support would be the significant predictor of the depression anxiety and stress.

Methodology

Participants

For the current study data was collected from the (N=296) medical and social science students including 148 Medical Students and 148 Social science students with the age range 17 to 26 ($M_{age}=20.17$; $SD=1.57$). The data was collected from only medical students those were enrolled in MBBS and for the social science data was collected from those students who were enrolled in

Psychology. The other faculty such as Natural science, Management sciences were excluded from the study.

Instruments

Demographic Information Sheet: The participant's personal information was obtained by using demographic information sheet. The demographic information sheet consisting of the information including, age, gender, Degree Program, residence, family system, Birth order, Number of Friends and Socioeconomic Status of the participants.

Multidimensional Perceived Social Support Scale (Zimet et al, 1988): Multidimensional Perceived Social Support is self-report 12 items 7-point Likert scale (1= Strongly Disagree; 2= Disagree; 3= Disagree only Slightly; 4= Neutral; 5= Agree only Slightly; 6= Agree; 7= Strongly Agree) that measure the social support. of 3 subscales named Significant other, Family Support and Friends Support. The Cronbach's Alpha of the subscale, Significant Other, Family, and Friends is .91, .87, and .85, respectively. The reliability of the total scale is .88.

Social Connectedness Scale (Lee & Robins, 1995): Social Connectedness is 8 items self-report single factor measure that is design to assess the sense of belongingness and connectedness to others. Social Connectedness is 6-point Likert scale ranging from 1= Strongly Agree and 6= Strongly Disagree. The internal consistency of social connectedness scale is .91 and test retest reliability of the scale is .91.

Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995): The Depression Anxiety Stress is self-report measure that is design to measure emotional states of depression anxiety and stress. DASS consisting of 21 items with 4-point Likert type scale from 0 to 3 (0 =Did not apply to me at all; 1= Applied to me to some degree, or some of the time; 2= Applied to me to a considerable degree or a good part of time; 3 =Applied to me very much or most of the time). DASS consisting of 3 subscale including Depression, Anxiety and

Stress. Each subscale consisting of 7 items. The scale has good internal consistency of the Scale and it's all subscale.

Procedure

Research was planned by consulting the previous literature and existing theories. After the conceptualization of the work. Permission was taken from the author of the scale. The permission was also taken from the departmental research committee and ensured the risk and benefits to the committee. After meeting all requirements, the head of Psychology department and Dean of the Independent Medical College and Punjab Medical College were approached to get permission for the data collection. After the seeking permission we

approached the students and ensured them the purpose of the research and seek their willingness to participate in the research. The informed consent was provided to the students and asked them that their information will be kept confidential and will not be shared to any one, you will not be forced to participate in the study. Participant can leave the study whenever they want. It took 15 to 20 minutes to fill the questionnaires and demographic information. After getting response from the students, we thanked to students. Following the data collection data was analyzed by using SPSS version 25. Pearson Moment Correlation, Descriptive Statistics, Reliability Analysis, Regression analysis and t-test analysis was performed on the data.

Results

Table 1

Inter-correlation, Mean, Standard Deviation of Social Connectedness, Social Support, Depression, Anxiety and Stress of Medical and Social Science Students (N=296)

	1	2	3	4	5	6	7	8
1-SCT	...	.42**	.53***	.45**	.55**	-.45**	-.31**	-.32**
2- SO		...	.63***	.61***	-.88***	-.21**	-.09	-.08
3-Fam			...	.53**	.85***	-.26**	-.14*	-.13
4- Frd				...	.83***	-.16	-.08	-.07
5- SST					...	-.25**	-.12*	-.11*
6-Dep						...	.65***	.68***
7- Anx							...	.68***
8- Str								...
M	30.30	18.27	20.81	17.53	56.57	7.27	8.51	8.07
SD	10.77	6.83	6.84	6.25	17.02	4.55	4.40	3.89

$P < .001$; $p < .01$; $p < .05$

Note: SCT= Social Connectedness Total; SO= Significant Others; Fam= Family; Frd= Friends; Dep= Depression; Anx=Anxiety; Str= Stress

The results of table 1 indicates that there is intricate positive correlation ($r = .55$) between the social connectedness and social support, as well as the positive correlation ($r = .42$; $r = .53$; $r = .45$) with the subscales of the Social Support (Significant other, Family and Friends) respectively. The Results also indicates that there is significant

negative relationship ($r = -.45$; $r = -.31$; $r = -.32$) among the social connectedness and Mental health (Depression, Anxiety and Stress) respectively. The results also revealed that there is negative association between social support and mental health (Depression, Anxiety and Stress).

Table 2
 Reliability analysis of Social Connectedness, Social Support, Depression, Anxiety and Stress of Medical and Social Science Students (N=296)

Scales	Items	α
Social Connectedness	8	.88
Social Support	12	.89
Significant others	4	.79
Family Support	4	.85
Friends Support	4	.75
Depression	7	.75
Anxiety	7	.69
Stress	7	.63

The result of table 2 showed the high internal consistency of the instruments and their subscales in the sample of current study.

Table 3
 Mean, Standard Deviation, t-values of Medical and Social Science Students on Social Connectedness, Social Support and Mental Health (N=296)

Factors	Medical Students	Social Science Students	t (294)	95 % CI		Cohen's d
	n=148	n=148		LL	UL	
	M(SD)	M(SD)				
SC	32.41(10.80)	28.18(10.36)	3.44***	1.81	6.65	.40
SS	60.20(14.98)	52.86(18.19)	3.77***	3.50	11.16	.44
SO	19.39(6.64)	17.12(6.84)	2.83**	.72	3.82	.34
Family	22.50(6.13)	19.10(7.11)	4.41***	1.88	4.92	.51
Friends	18.30(5.88)	16.76(6.52)	2.14*	.13	2.97	.25
Depression	6.77(4.85)	7.76(4.18)	-1.89	-2.03	.04	.22
Anxiety	8.45(4.70)	8.57(4.09)	-.22	-1.12	.89	.03
Stress	8.16(4.13)	7.99(3.64)	.36	-.72	1.05	.04

Note: SC=Social Connectedness; SS= Social Support; SO= Significant others; LL= Lower Limit; UL= Upper Limit. *p<.05, ***p<.001.

Data given in Table 3 revealed significant mean differences between medical and social science students on social connectedness, social support, and subscale of social support including

significant others, family support and friend's support. The result also revealed the non-significant difference between medical and social science students on depression, anxiety and stress.

The result revealed that medical students score high on social connectedness, social support and subscale of social support including family

support, friends support and significant other support than the social science students.

Table 4
 Mean, Standard Deviation, t-values of Male and Female Students on Social Connectedness, Social Support and Mental Health (N=296)

Factors	Male	Female	t (294)	95 % CI		Cohen's d
	n=120	n=176		LL	UL	
	M(SD)	M(SD)				
SC	27.92(11.40)	31.94(10.06)	-3.19***	-6.50	-1.54	.37
SS	52.21(18.95)	59.68(14.72)	-3.78***	-11.35	-3.58	.44
SO	16.85(6.74)	19.28(6.69)	-3.04***	-4.00	-.86	.36
Family	19.26(7.43)	21.92(6.14)	-3.35***	-4.22	-1.10	.39
Friends	16.34(6.87)	18.40(5.63)	-2.82***	.13	2.97	.33
Depression	7.53(4.42)	7.06(4.63)	.86	-.60	1.53	.10
Anxiety	7.89(3.76)	8.93(4.75)	-2.00*	-2.06	-.02	.24
Stress	7.52(3.57)	8.44(4.06)	-2.00*	-1.83	-.02	.24

Note: SC=Social Connectedness; SS= Social Support; SO= Significant others; LL= Lower Limit; UL= Upper Limit. * $p < .05$, *** $p < .001$.

Data given in Table 4 revealed significant mean differences between male and female students on social connectedness, social support, and subscale of social support including significant others, family support and friend's support as well as, anxiety and stress. The result also revealed the non-significant difference between male and

female students on depression. The result revealed that female students have high score on social connectedness, social support and subscales of social support (Significant other, family and friends). The results also indicated that the female students have high score on anxiety and stress level.

Table 5
 The linear Regression Analysis indicating the Social Connectedness as predictor of Depression among the Medical and Social Science Students (N=296)

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .20, \Delta R^2 = .20$					
Constant	12.98	.71		18.28	.001
Social Connectedness	-.19	.02	-.45	-8.54	.001

$p < .001$

The results of table 5 indicated that the Social Connectedness is the significant predictor (F=72.93, $p < .001$) of depression, depicting that

with the increase of social connectedness the depression is also likely to decrease 45% in medical and social science students.

Table 6
 The linear Regression Analysis indicating the Social Connectedness as predictor of Anxiety among the Medical and Social Science Students (N=296)

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .09, \Delta R^2 = .09$					
Constant	12.28	.73		16.87	.001
Social Connectedness	-.13	.02	-.31	-5.50	.001

$p < .001$

The results of table 6 indicated that the Social Connectedness is the significant predictor (F=30.27, $p < .001$) of anxiety, depicting that with

the increase of social connectedness the anxiety is also likely to decrease 31% in medical and social science students.

Table 7
 The linear Regression Analysis indicating the Social Connectedness as predictor of Stress among the Medical and Social Science Students (N=296)

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .10, \Delta R^2 = .10$					
Constant	11.58	.64		19.07	.001
Social Connectedness	-.12	.02	-.32	-5.80	.001

$p < .001$

The results of table 7 indicated that the Social Connectedness is the significant predictor (F=33.62, $p < .001$) of stress, depicting that with the

increase of social connectedness the stress level is also likely to decrease 32% in medical and social science students.

Table 8
 The linear Regression Analysis indicating the Social Support as predictor of depression among the Medical and Social Science Students (N=296).

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .06, \Delta R^2 = .06$					
Constant	10.98	.90		12.15	.001
Social Support	-.07	.02	-.245	-4.29	.001

$p < .001$

The results of table 8 indicated that the social support is the significant predictor ($F=18.42, p < .001$) of depression, depicting that with the

increase of social support the mental health depression level is also likely to decrease 24.5% in medical and social science students.

Table 9
 The linear Regression Analysis indicating the Social Supports as predictor of Anxiety among the Medical and Social Science Students (N=296)

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .02, \Delta R^2 = .01$					
Constant	10.27	.89		11.54	.05
Social Support	-.03	.02	-.12	-2.08	.05

$p < .05$

The results of table 9 indicated that the social support is the significant predictor ($F=4.32, p < .05$) of anxiety, depicting that with the increase of

social support the anxiety level is also likely to decrease 12.1% in medical and social science students.

Table 10
 The linear Regression Analysis indicating the Social Supports as predictor of Stress among the Medical and Social Science Students (N=296)

Predictors	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>
$R^2 = .01, \Delta R^2 = .01$					
Constant	9.54	.79		12.11	.001
Social Support	-.03	.01	-.113	-1.94	.05

$p < .05$

The results of table 10 indicated that the social support is the significant predictor ($F=3.75, p < .05$) of stress, depicting that with the increase of social support the stress level is also likely to decrease 11.3% in medical and social science students.

companionship, emotional, informational, instrumental, and validation are very important for sustaining physical activity, which in turn enhances mental health in children and adolescents (Golaszewski & Bartholomew, 2019) as well as the medical students are more prone to mental health issues than the other discipline (Cuttilan et al., 2016; Grover, 2022). So we planned the current study to explore the relationship among the social support, social

Discussion

Social support is an important factor that can affect the mental health (Harandi, et al., 2017) and various forms of social support such as

connectedness and mental health as well as to compare the medical and social science students from the different medical and social science universities of Faisalabad city.

Keeping in view above mentioned existing literature, it was hypothesized that there would be the negative relationship among the social support and social connectedness along with mental health in medical and social science students. The current study's result supported the hypothesis and explained that social support is significantly negatively associated with depression ($r=-.25$, $p<.01$), anxiety ($r=-.12$, $p<.05$), and stress ($r=-.11$, $p<.05$) as well as the social support is the significant predictor of the depression ($R^2=.06$, $F=18.42$, $p<.001$) anxiety ($R^2=.01$, $F=4.32$, $p<.05$) and stress ($R^2=.01$, $F=3.75$, $p<.05$) in social science and medical students. While the previous researches also indicated that social support (family, friends, other) protect from the anxiety, depression and stress (Roohafza et al., 2014; Beehr & McGrath, 1992).

The study also hypothesized that there is significant relationship among the social connectedness and mental health issues depression, anxiety and stress. The current study supported the hypothesis and indicated that the social connectedness is significantly negatively correlated with the depression ($r= .45$, $p<.001$), anxiety ($r=.31$, $p<.001$) and stress ($r=.32$, $p<.001$) and social connectedness is the significant predictor of depression ($R^2= .20$, $F=72.93$, $p<.001$), anxiety ($R^2= .09$, $F=30.27$, $p<.001$) and Stress ($R^2= .10$, $F=33.62$, $p<.001$) in the social science and medical students. While relating these finding to previous literature that indicates that the social connectedness played a role in reduction of the anxiety and depressive symptoms (Lee et al., 1998; Jose & Lim, 2014). Malaquias et al (2015) indicated that social connectedness is negatively correlated with depression and anxiety.

It was also predicted in the study that there would be the significant difference among the medical and social science students in depression, anxiety, stress, social connectedness and social support. The result of the study indicated that there is significant difference in two discipline the medical students got high score on social connectedness,

social support an on stress while the social science students score higher on depression and anxiety that is supported by the existing literature that the social support, social connectedness is higher in medical students (Thompson et al., 2016). Moreover, the medical students are more prone to perceive stress than the non-medical students (Husnain, 2017; Drybye et al., 2006).

Conclusion

The study concluded that the high level of social support and social connectedness makes low level of mental health issue as well as the medical students receives more social support and social connectedness and also have high level of stress than the social science students. Social science students have high level of depression and anxiety than the medical students.

Implications of the Study

This study will help the medical and other university to foster run peer support program to enhance the social connectedness. This study will help to understand the importance of the mental health awareness programs and to promote the social support networks through the counseling and psychological services. This study will also help the policy makers and therapist, counselor to improve the mental health in medical students.

Limitations and Suggestions

- The data was collected from only Faisalabad city (Faisalabad Medical University and Independent Medical College), for the future research more city of Punjab should be target for the better generalization of the result to the whole population.
- Only to discipline (Medical & Social Sciences) were compared for future the other discipline can be compared for understanding the difference among the different discipline.

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