The Anxiety Levels of Unıversity Students Residenting at State Dormitory

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ABSTRACT
Objective: This study was planned as a descriptive study to determine the anxiety levels of university students residing at state dormitory.
Materials and Methods: The research was carried out among female and male students residing in dormitories linked to Trabzon province Credit and Residence Institution. A total of 243 students (115 girls-128 boys) formed the sample of the research. Beck Anxiety Inventory (BAE) and a data collection tool developed by researchers were used. Due to the abnormal distribution of anxiety scores by gender and other grouping variables (p = 0,001) and the non-homogeneous distribution (p = 0,002), analyze was performed by non-parametric methods and Mann Whitney-U test was applied.
Findings: Of the 243 students who completed the whole questionnaire, 47.2% were females (n = 115) and 57.2% were males. 80.0% of female students (n = 92) and 72.7% of male students (n = 93) were found to have severe anxiety. 78.8% (n = 115) of students with severe anxiety were between 21-23 age group. There was a significant relationship between students' anxiety levels by gender (p = 0.007). The mean rank of anxiety scores of females (134,88; n = 115) was found to be higher than that of male anxiety scores (110,43; n = 128) (Z = -2,710; p = 0.007). No significant relationship was found between students' regular drug use and anxiety levels (p = 0.072).
Results: It has been determined that a large part of the students residing at dormitory have severe anxiety. The relatively small number of the sample restrains the generalization of the results. It is suggested that similar studies should be carried out with larger samples to achieve more generalized results.

Keywords: Anxiety Level, University Students, State Dormitory

INTRODUCTION

University youth is the most dynamic indicator of the sociocultural structure of society. The most important features which distinguish university youth from other youth groups are; they are managers, decision makers and well-equipped individuals. It is a social task to determine the problems of university youth and to offer solutions in order to make it possible for the countries to develop and advance. The years of university studenthood are one of the most turbulent stages of development and the last phase of adolescence, which is considered to be a transitional period, both socially and biologically. In addition to the general confusion of adolescence, this period

has been a period of many problems such as separation from the family and home, friends and group selection, candidacy for a job and uncertainty about finding a job (Hergüner, Arslan, and Dündar, 2002).
University youth and the problems that this young group faces are important issues that need to be addressed. These problems have different dimensions. Failing to find answers on many questions about physical development and sexuality, exam problems, fatigue due to extreme work, difficulties in interpersonal relations, difficulties in establishing girlfriend/boyfriend relations, neurotic tendencies, anxiety, depression, problems of adaptation to the environment, problems in dormitory, extreme dependence on parents and homeland, academic and professional problems and social cohesion are among the well known and pending problems of university youth (Kutlu, 2004). Psychological problems of this group are more common and striking; because they are more prone to change within the youth segment due to its age and development characteristics, as it constitutes the most elite group of socio-economic-cultural societies and is more sensitive to contradictions to the personal, interpersonal and socio-cultural differences of their essence. Research findings indicating the degree of neuroticism in college students are higher than those in general population suggest that this situation should be addressed to the problems of this population found that 35% of university students had generalized anxiety disorder. 70% of the first year students reporting symptoms of depression, anxiety and fear also supports the findings (Güney, 1985). The studies conducted on university students showed that the former feels more lonely than the latter; males more than females, academically unsuccesfull ones more than academically succesful ones, the ones who spend their free time alone more than the ones who spend it with others, the ones who don't think their monthly income is suficent for social activities more than the ones who do, the ones who don't recieve social support from people more than the ones who do, the ones who don't have a lot of close friends more than the ones who do, the ones who are unwilling to form social relationships more than the ones who are willing, the ones who think they lack social abilities more than the ones who don't the ones who don't open up about their problems more than the ones who do, the ones who are not comfartable with their relationships with their mother, father, opposite sex , same sex , siblings more than the ones who are and the ones who are not content with their parents' relationships more than the ones who are (Buluş, 1997).
Before the students begin studying at the university, there is a need for orientation and assistance in order to be able to solve the problems they may encounter in college life. These services enable students to adapt to the university environment, to adapt and to solve the problems they may encounter in the first few days and to participate more often and effectively in education and training activities. With these exercise-orientation programs, it is easier for the students to adapt to the university life, to learn the difference of being a college student and to learn the academic and social facilities organized to introduce new students to the academic and social environment (Kutlu, 2004).

ANXIETY

Like other illnesses, it is also possible to treat depression, so called "disease of the century". Clinical methods for treatment are widely applied. It is known that in the eighteen-month treatment and follow-up program of depressive patients, the rates of regular and recommended use of drugs remain at around 70-80%, even if all conditions are met. This is an important reality that reduces the ability to cope with depression (Eskin, Ertekin, Harlak and Dereboy, 2008). We could define anxiety as the degree of fearing the future and worry that we can not express.
Anxiety is a warning for 'being alert'. It warns about the emerging threats and ensures that the person takes precautions to deal with them. Fear is a similar warning; but it is an outward, well-known, clearly defined reaction to a threat which is not rooted in internal conflict. Anxiety, however, is a response that is shown against a threat that is based on unknown, innate, uncertain or rooted internal conflict. It is often difficult to make a distinction between these two items; since fear may result in the displacement of an unconscious, innocent, repressed stimulus to another object in the outside world (Carvey, 1998). Anxiety, known as apprehension or grief, manifests itself in breathing problems, tremors, and the emergence of displacing an internally suppressed stimulus to another object on the outside world. In addition, psychological problems such as distress, excitement, and the feel of facing bad things are other symptoms of anxiety (Mantar, Yemez, and Alkın, 2011).

MATERIALS AND METHOD

The research was carried out among female and male students residing in dormitories linked to Trabzon province Credit and Residence Institution. A total of 243 students (115 girls-128 boys) formed the sample of the research.

In order to obtain the data, the Beck Anxiety Inventory (BAE) was used to measure the anxiety levels of the student group, along with the Information Form containing information such as scholarship, marital status, work, family and financial status of male and female students. The Beck Anxiety Scale measures the prevalence of anxiety symptoms experienced by an individual. Based on self-report, BAE consists of 21 items, and each item is scored between 0 and 3, and the total score ranges from 0 to 63. The amount of the total scores on the scale indicates the severity of the anxiety experienced by the individual (Arlhur, Charles, 1967). It's validation and reliability study was carried out by (Ulusoy et al. 1998) in our country. For the statistical analysis of the data obtained in the study, 21.0 package program of SPSS (Statistical Package for the Social Sciences) licensed by KTU was used. Normal distributions of variables were examined by Kolmogorov-Smirnov test; and since the data were not normally distributed ($p = 0.001$), Mann Whitney-U test was used to compare beck anxiety scores between groups. Same tests were applied on new continuous variables defined on the scores of the factors representing the subgroups ($p <0.001$), which were determined as the result of the factor analysis applied on the scale. A chi-square test was used to compare the questions in the questionnaire filled by the participants and to determine the family structure, education level, social and cultural characteristics of the participants and the scale scores categorized according to the specified criteria (Beck, Epstein, Brown and Steer,1988). No statistically significant result was found in any of these analyzes. A chi-square test was then used to examine the answers given to each item of the BAE scale and the distributions given to the questionnaire questions. As a result of this analysis, significant correlations were found between some questionnaire items and some items of BAE scale.

FINDINGS

Of the 243 students who completed the questionnaire completely, 47.2% were female (n = 115) and 57.2% were male (n = 128). Of the participants, 29.6% (n = 72) were 18-20 years old; while 60.1% (n = 146) were 21-23 and 10.3% (n = 25) were 23 years and over. 95.5% of the participants (n = 232) had their birth-mother, while 2.9% (n = 7) had step-mothers. 82.7% of the participants (n = 201) had their birth-father, while 2.9% (n = 7) of them had step-fathers .25.5% (n = 62) of participants were smokers, while 12.4% (n = 30) of them used alcohol.

As for the results of the Mann-Whitney-U test regarding whether the BeckAnxiety scores of 243 students who participated in the survey and filled the questionnaire completely differed according to the gender, there was a significant difference in the distribution of Beck Anxiety scores between the genders ($p = 0.007$). The mean scores of the anxiety scores of females (134,88; n = 115) were found to be statistically significantly higher than the mean scores of the anxiety scores of males (110,43; n = 128) ($Z=-2,710$; $p=0,007$).

Table 1: Analysis Result Representing Beck Anxiety Scores By Gender

Gender	n	Beck Anxiety Scores	
		Mean Rank	Median
Female	115	134,88	34 (27-42)*
Male	128	110,43	31 (26-37)*
Total	243	-	32 (27-39)*
* 25. ve 75. percentile values (U=5879,0; Z=-2,710; p=0,007)			

The Kaise-Meyer-Olkin sampling adequacy measure, corresponding to the number of selected samples and the factor analysis technique, was found to be above the 0.5 threshold (0.893), which was widely accepted in the literature, and the Bartlett sphericity test result was found to be statistically significant ($X^2=1797,539$; $p<0,0001$). Findings show that factor analysis can be performed on the scale filled by the individuals who constitute our sample. In this direction, maximum likelihood (maximumlikelihood) was used as the factor deduction method for the scale, and Kaiser normalization and Oblimin rotation were applied as the rotation method. As a result of the factor analysis applied by the mentioned methods, it was determined that BAE items consisting of 21 items are clustered within three subgroups ($X^2=269,883$; $p<0,0001$).

Table 2: Factor Groups Including Clusters, Which Are Formed by Factor Analyzes (ranked by the coefficient of the most relevance to the relevant factor)

Factor	Items Contained By The Factor
Factor 1 (Physical Manifestations)	Item 2: Hot flush Item 1: Numbness or tingling somewhere on the body, Item 3: Malaise on legs, tremor, Item 18: Indigestion, dyspepsia, Item 6: Dizziness or drowsiness, Item 11: Zonesthesia, Item 20: Blush, Item 21: Cold sweat, Item 10: Irritability, Item 4: Inability to relax, Item 7: Tachycardia, Item 19: Fainting
Factor 2 (Shivering)	Item 12: Tremor in hands, Item 13: Shakiness,
Factor 3 (Fears)	Item 17: Being possessed by fear, Item 16: Fear of death, Item 5: Fear of worse thing to happen,, Item 9: Being terrified, Item 14: Fear of loosing control, Item 8: Fear of loosing stability, Item 15: Having trouble to breathe

Factor Score Statistics

Table 3: The analysis result showing the gender-specific difference of the first factor scores clustering on the items that express physical indicators

Gender	n	First Factor Score	
		Mean Rank	Median
Female	115	141,33	21 (17-25)*
Male	128	104,64	18 (15-21)*
Total	243	-	19 (16-23)*
* 25. ve 75. percentile values (U=5137,5; Z=-4,070; p<0,0001)			

Table 4: Analysis result showing the difference of third factor scores clustering on items expressing the fear of step-father status

Step-father	n	Third Factor Score	
		Mean Rank	Median
Yes	7	162,57	15 (12-19)*
No	208	106,16	10 (8-13)*
Total	215	-	10 (8-13)*
* 25. ve 75. percentile values (U=346,0; Z=-2,379; p=0,017)			

Table 5: Analysis result showing the difference of second factor scores clustering on the items we can express as tremor according to scholarship status

Getting scholarship	n	Second Factor Score	
		Mean Rank	Median
Yes	100	131,08	2 (2-4)*
No	143	115,65	2 (2-3)*
Total	243	-	2 (2-3)*
* 25. ve 75. percentile values (U=6242,0; Z=-1,906; p=0,05)			

Table 6: Analysis result showing the difference in the third factor scores clustering on the items expressing fear according to regular drug use status

Regular Drug Use	n	Third Factor Score	
		Mean Rank	Median
Yes	19	149,37	11 (9-16)*
No	223	119,13	10 (8-13)*
Total	242	-	10 (8-13)*
* 25. ve 75. percentile values (U=1589,0; Z=-1,824; p**=0,035) ** 10000 sample shows the single-tailed p value obtained by the Monte Carlo resampling technique. The value is the range of 99% confidence interval is 0.031 to 0.040.			

Chi-square test analyzes analyzing the responses to each item of BAO scale and the answers to questionnaire

Table 7: Distribution of responses to the first item of the scale according to working status

n		Item 1: Numbness or tingling somewhere on the body,				Total
		Never	Mildly	Medium Level	High Level	
Working Status	Employed	17	7	3	3	30
	Non-employed	118	61	31	3	213
Total		135	68	34	6	243
X^2=8,523; p=0,036						

Table 8: Distribution of responses to the second item of the scale according to education level of the mother

n		Item 2: Hot flush				Total
		Never	Mildly	Medium Level	High Level	
Education Level of Mother	Literate	11	3	0	0	14
	Elementary School	51	48	22	1	122
	Secondary School	32	13	7	5	57
	High School	19	10	2	1	32
	University	10	5	2	1	18
Total		123	79	33	8	243
X^2=22,329; p=0,034						

Table 9: Distribution of responses to the third item of the scale according to gender

n		Madde 3: Item 3: Malaise on legs, tremor				Total
		Never	Mildly	Medium Level	High Level	
Gender	Female	64	21	25	5	115
	Male	82	39	4	3	128
Total		146	60	29	8	243
X^2=22,696; p<0,0001						

Table 10: Distribution of responses to the sixth item of the scale according to gender

n		Item 6: Dizziness or drowsiness				Total
		Never	Mildly	Medium Level	High Level	
Gender	Female	49	41	22	3	115
	Male	81	33	12	2	128
Total		130	74	34	5	243
X^2=11,220; p=0,011						

Table 11: Distribution of responses to the sixth item of the scale according to parental attitude

n		Item 6: Dizziness or drowsiness				Total
		Never	Mildly	Medium Level	High Level	
Parental Attitude	Protective	60	50	24	3	137
	Democratic	43	16	6	0	65
	Careless	1	1	3	2	7
	Authoritarian	26	6	1	0	33
	No response	0	1	0	0	1
Total		130	74	34	5	243
X^2=52,417; p<0,0001						

Table 12: Distribution of responses to the seventh item of the scale according to parental attitude

n		Item 7: Tachycardia				Total
		Never	Mildly	Medium Level	High Level	
Parental Attitude	Protective	86	27	18	6	137
	Democratic	39	18	7	1	65
	Careless	0	2	3	2	7
	Authoritarian	22	8	2	1	33
	No response	1	0	0	0	1
Total		148	55	30	10	243
X^2=24,447; p=0,018						

Table 13: Distribution of responses to the ninth item of the scale according to stepfather status

n		Item 9: Being terrified				Total
		Never	Mildly	Medium Level	High Level	
Stepfather Status	Yes	3	1	3	0	7
	No	146	36	22	4	208
	No Response	18	3	4	2	27
Total		167	40	29	6	242
X^2=47,350; p<0,0001						

Table 14: Distribution of responses to the tenth item according to gender

n		Item 10: Irritability				Total
		Never	Mildly	Medium Level	High Level	
Gender	Female	17	33	40	25	115
	Male	40	44	31	13	128
Total		57	77	71	38	243
X^2=15,130; p=0,002						

Table 15: Distribution of responses to the tenth item of the scale according to mother's existance

n		Item 10: Irritability				Total
		Never	Mildly	Medium Level	High Level	
Mother's Existance	Yes	50	76	70	36	232
	No	7	1	1	2	11
Total		57	77	71	38	243
X^2=11,431; p=0,01						

Table 16: Distribution of responses to the tenth item of the scale according to stepfather status

n		Item 10: Irritability				Total
		Never	Mildly	Medium Level	High Level	
Stepfather Status	Yes	3	1	0	3	7
	No	48	71	56	33	208
	No Response	6	4	15	2	27
Total		57	76	71	38	242
X^2=21,796; p=0,01						

Table 17: Distribution of responses to the tenth item of the scale according to education level of father

n		Item 10: Irritability				Total
		Never	Mildly	Medium Level	High Level	
Education	Literate	3	0	0	1	4
Level of Father	Elementary School	15	24	20	21	80
	Secondary School	12	18	15	8	53
	High School	20	19	25	2	66
	University	7	16	11	4	38
Total		57	77	71	36	241
X^2=29,615; p=0,013						

Table 18: Distribution of responses to the thirteenth item of the scale according to working status

n		Item 13: Shakiness				Total
		Never	Mildly	Medium Level	High Level	
Working Status	Employed	20	4	5	1	30
	Non-employed	165	38	9	1	213
Total		185	42	14	2	243
X^2=10,397; p=0,015						

Table 19: Distribution of responses to the sixteenth measure of the scale according to fathers existance

n		Item 16: Fear of Death				Total
		Never	Mildly	Medium Level	High Level	
Father's Existance	Yes	136	38	17	10	201
	No	12	10	1	0	23
	No Response	15	1	3	0	19
Total		163	49	21	10	243
X^2=13,332; p=0,038						

Table 20: Distribution of responses to seventeen items on the scale according to the regular drug use

n		Item 17: Being possessed by fear				Total
		Never	Mildly	Medium Level	High Level	
Regular Drug Use	Yes	7	7	1	4	19
	No	125	60	30	8	223
	No Response	0	1	0	0	1
Total		132	68	31	12	243
X^2=16,127; p=0,013						

Table 21: Distribution of responses to the eighteenth item of the scale according to gender

n		Item 18: Indigestion, dyspepsia				Total
		Never	Mildly	Medium Level	High Level	
Gender	Female	32	32	34	17	115
	Male	73	31	18	6	128
Total		105	63	52	23	243
X^2=25,587; p<0,0001						

Table 22: Distribution of responses to the twentieth item of the scale according to gender

n		Item 20: Blush				Total
		Never	Mildly	Medium Level	High Level	
Gender	Female	52	35	20	8	115
	Male	80	32	13	3	128
Total		132	67	33	11	243
X^2=9,162; p=0,027						

Table 23: Distribution of responses to the twenty-first item of the scale according to gender

n		Madde 21: Item 21: Cold sweat				Toplam
		Never	Mildly	Medium Level	High Level	
Gender	Female	49	40	19	7	115
	Male	83	26	13	6	128
Total		132	66	32	13	243
X^2=12,269; p=0,007						

RESULTS

When the respondents were categorized in the Beckankset scores, it was found that there was moderate or severe anxiety in all participants. This result shows that complaints of anxiety disorder, which is increasing in our country and in the world, was found to be at high level in our present sample.

In terms of our study sample, it was seen that the anxiety complaints in females were higher than the males (U=5879,0; Z=-2,710; p=0,007). It was found that there was a more significant difference in the level of statistical significance between this score and gender and that the physical symptom severity due to anxiety in females was higher than males (U=5137,5; Z=-4,070; p<0,0001).

Family structure and dependence were also found to be significantly different between the anxiety scores obtained by factor analysis. Third factor scores, focusing on fears of the step-father wise and drug-addicted (regular drug users) survey participants, were also found to be higher than those of birth-father wise and non-drug users. This result shows that the frequency of mental disorders and various fears is higher in individuals living with stepfather and using drugs regularly.

Analyzes of relationships between BAE items and other questions directed to participants in the questionnaire showed that there was a statistically significant relationship between some items of the scale and some of the survey questions. Similar to other findings, these significant relationships were found to be related to variables such as gender, family structure (parental attitude, mother's existance, father's existance, step-father), and dependency status (regular drug use). With this type of analysis; it was found that unlike other findings, the education level of the parents created significant difference in terms of some scale items.

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