

Medical Students' Views Concerning Social Security System at their Institute

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Abstract

Introduction: Academic performance of learners is challenging as MBBS students' performance is a result of socio-economic, psychological and environmental factors. Socially secured education systems are growing as a profitable industry with prime goal to produce high quality education which delivers well-educated and skillful students, because institutions are valueless without quality of students. **Objective:** This study was carried out to find out students' views on social security system for them in conveniently selected medical colleges of Bangladesh. **Methods:** This descriptive type of cross-sectional study was carried out at four medical colleges over a period of one year from January 2021 to December 2021. Convenience sampling technique was adopted to select the medical colleges. A self administered pretested questionnaire was used to collect data from 200 purposively selected students who were present in the lecture or online classes on the day of data collection. The security factors were divided into: External Security Factors (Extracurricular activities, family & academic life problems, work and financial, social and environmental other problems, problem-solving skills) and Internal Security Factors (Students' competence & aptitude, academic life, environmental security measurement, physical or mental expectation, learning barriers and modern technology threats). **Results:** Among the total 200 students 116 (58%) were male and 84 (42%) were female. Maximum (i.e. 95%) of students expect better social security both internal and external factor. Moreover the maximum students expressed their views regarding solving any internal and external problems and direction from their administration as highly expected when they were in social security problem and stress. **Conclusion:** Study recommended that the gap between the internal, external social security systems of students and the reality should be assessed meticulously and to be addressed to achieve quality of medical education outcome.

Key word : Medical Students, Social Security

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Introduction

Bangladesh has made significant progress in the reorientation of medical education in last two decades. The medical science is advancing with the advancement of educational science & technology. Global changes are happening in medical education in accordance and conformity of these advancements and changes. Quality of medical education, performance of medical graduates and provision of effective health care are interrelated. The COVID-19 pandemic caused drastic changes in medical education and affected students' mental health and perception of study conditions¹. High population density, rapid urbanization, aging population, emigration of qualified

health care personnel, changing disease pattern, financial constraints, corruption, social security threats, modern technology, internal and external risk factors constantly pressurizes an overburdened health care delivery system and medical educational learning environment². The medical educational environment and social security systems for the students are rapidly becoming the focus of research around the world and the literature detailing findings of this research is growing day by day³.

Knowledge in the field of social security allows timely identification of various factors and threats, forecasting the development of dangerous situations, using

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qualitative and quantitative assessments for decision-making measures and the formation of security systems, including in the medical institutional environment. The principal indicator of the security of the medical institutional environment is the ability of this environment, through the opportunities provided, to ensure the satisfaction of the entire hierarchical complex of the participants' needs in educational relations, creating an appropriate motivation for their active's activity.² The social security of the medical institutional environment includes the protection of participants in educational relations from destructive personal and physical threats, which allow reducing the risks of development of destructive processes and personal addictions, thereby preventing the emergence of social problems and conflicts⁴⁻⁷.

Current geopolitical and socio cultural preconditions significantly increase the level of risk arising in all spheres of life activity, including threats' creating to social security in the medical institutional environment. The main idea of societal security is "protection of benefits' system from menacing external influences", in the refraction of the educational system, include the psychological (personal) and physical comfort state of the medical institutional environment⁴. The social security of the medical institutional environment should ensure its stability relatively to the physical and psychological state of all participants in educational relations within the framework of educational communications. The complexity of ensuring this task is determined by the personality-based and social characteristics of participants in educational relations and the characteristics of the medical educational environment (activity, subjectivity, case, evaluation, projecting, variability).⁸⁻¹²

This study was conducted to identify external and internal threats to the social

security of the medical institutional environment and to develop the attitude towards the prevention of destructive social phenomena in the medical college environment of Bangladesh.

Materials and Methods

This descriptive type of cross sectional study was conducted during the period of January 2021 to December 2021. Four medical colleges were selected conveniently and Purposive sampling technique was applied to select 200 students (undergraduate medical students of all four phases), who were present in the lecture or online classes on the day of data collection.

Data were collected by using a Self-administered semi-structured questionnaire. The security factors were divided into: External Security Factors (Extracurricular activities, family & academic life problems, work and financial, social and environmental other problems, problem-solving skills) and Internal Security Factors (Students' competence and aptitude, academic life, environmental security measurement, physical or mentally expectation, learning barrier and modern technology threats). The research instrument was pretested in the medical college other than the study area. The questionnaire administered upon twenty-five medical students and the instrument was finalized based upon the result of the pretesting. Ethical approvals of the research protocol were taken from the Institutional Review Board (IRB) of Centre for Medical Education (CME), Dhaka. Anonymity and confidentiality maintained throughout the data collection as the questionnaires of self-administered and anonymous. Informed written consent for participation was ensured. Voluntary participation of all phases in all time and study did not involve any physical, mental and social risks to the participants.

Data were checked and edited after collection. Data processed and analyzed by

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using Statistical Package for Social Science (SPSS) computer software according to the objective.

Results

Out of 200 students 75(37.50%), 45(22.50%), 31(15.50%), 29(14.50%) and 20(10.0%) from 5th, 4th, 3rd, 2nd and 1st year MBBS course respectively. Among them 84 (42%) were female and 116 (58%) were male.

Around 41.5% of the students were aware about internal social security systems and 48% did not know about the internal social security systems. One- third of the students (33.5%) knew about external social security systems and 58.5% did not have any idea about the external social security systems (Table-2).

The mean score of views of respondents (Table-1) in relation to social security system ranged from 2.56 to 3.75. The mean score of views of respondents in relation to quality of external social security system (Table-2) and quality of internal social security system (Table-3) were respectively ranged from 2.56 to 3.36 and 2.56 to 3.2. The mean score of views of respondents in relation to the environment and logistic support for social security (Table-4), the provision of social security systems (Table- 5) and in relation to the hostel facilities (Table-6) were respectively ranged from 2.47 to 3.52, 2.53 to 3.54 and 2.60 to 3.38. It was observed that all the mean scores of view were around score 3, which mean that half of the students were in agreement with the statements related to the state of security and half were in disagreement.

Table 1: Distribution of the students as per their views in relation to the social security system for the students (n=200)

Statements in relation to social security system for the students	Level of agreement of the views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAN D f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
Provision of internal social security systems for the students have adequate in medical college environment	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
External social security systems for the students is adequate	45 (22.5)	60 (30)	16 (8)	50 (25)	29 (14.5)	2.79±1.41
Academic life of security factors is optimum management by administration of the medical college	13 (6.5)	26 (13)	29 (14.5)	105 (52.5)	27 (13.5)	3.54±1.08
Most of the times students feel secured inside and outside of the campus	68 (34)	47 (23.5)	15 (7.5)	38 (19)	32 (16)	2.60±1.50
Most of the times students are unsecured feel inside and outside campus.	38 (19)	32 (16)	15 (7.5)	47 (23.5)	68 (34)	3.38±1.54
In most of the times, teachers support the students' difficulties	10 (5)	17 (8.5)	39 (19.5)	82 (41)	52 (26)	3.75±1.09
Admin takes venture of students' opinion regarding external and internal threats in the field.	49 (24.5)	43 (21.5)	10 (5)	63 (31.5)	35 (17.5)	2.96±1.49
My interaction with social security systems is clear and understandable	54 (27)	62 (31)	22 (11)	42 (21)	20 (10)	2.56±1.35

Table 2: Distribution of the students as per their views in relation to the quality of external social security system (n=200)

Statements in relation to the quality of external social security system	Level of agreement of the views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAND f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
I am aware of internal social security systems for the students	50 (25)	46 (23)	11 (5.5)	63 (26.5)	30 (15)	2.89±1.46
I am aware of external social security systems for the students	54 (27)	63 (31.5)	16 (8)	20 (10)	47 (23.5)	2.72±1.54
The quality of social security systems is up to my full satisfaction	45 (22.5)	60 (30)	16 (8)	50 (25)	29 (14.5)	2.79±1.41
The current social security systems are befitting manner in campus environment.	54 (27)	62 (31)	22 (11)	42 (21)	20 (10)	2.56±1.35
The formative assessment properly developed the required of social security systems.	43 (21.5)	32 (16)	10 (5.0)	40 (20)	75 (37.5)	3.36±1.61
Conferencing and coordination by the institute admin with local administration to protect external social security for the students	61 (30.5)	46 (23)	10 (5.0)	48 (24)	35 (17.5)	2.75±1.53
The quality of modern-day security surveillances systems in institute arena is appropriate.	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
We get appropriate solution regarding each interior and exterior academic life threats/risk issue.	33 (16.5)	21 (10.5)	33 (16.5)	68 (34)	45 (22.5)	3.36±1.37

Table 3: Distribution of the students as per their views in relation to the quality of internal social security system (n=200)

Statements in relation to quality of internal social security system	Level of agreement of views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAND f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
Policy maker' strongly committed to stopping ragging, drug and syndicate function in dormitory.	37 (17.5)	64 (32)	20 (10)	40 (20)	39 (19.5)	2.92±1.42
The assessment of psychological factors of the medical students correctly judges the teachers clinical competences.	48 (24)	57 (28.5)	16 (8)	53 (26.5)	26 (13)	2.76±1.41
Internal social security aspects have well-furnished for the institute environment.	68 (34)	47 (23.5)	15 (7.5)	38 (19)	32 (16)	2.60±1.51
In the context of present learning scenario of Bangladesh, students are very concerned	61 (30.5)	46 (23)	10 (5)	48 (24)	35 (17.5)	2.75±1.53

about internal and external social security systems						
Take appropriate steps by the administration to maintain discipline in the medical college is appreciated	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
Closely monitoring and taken robust steps by the teachers or authority against interior and exterior risk factors to the academic life of medical students	49 (24.5)	43 (21.5)	10 (5)	63 (31.5)	35 (17.5)	2.96±1.49
The numbers of existing workers are sufficient for implementation of social security components.	54 (27)	62 (31)	22 (11)	42 (21)	20 (10)	2.56±1.35

Table 4: Distribution of the students as per their views in relation to the environment and logistic support for social security (n=200)

Statements in relation to the environment and logistic support for social security	Level of agreement of views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAN D f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
The amount of budget/fund is adequate for implementation of social security systems for the students	49 (24.5)	70 (35)	21 (10.5)	40 (20)	20 (10)	2.56±1.32
The number of security guard always held in medical college premises for institutional security management.	17 (8.5)	26 (13)	30 (15)	90 (45)	37 (18.5)	3.52±1.18
The medical college campus freed from student politic, syndicate or any dominate group.	45 (22.5)	60 (30)	16 (8)	50 (25)	29 (14.5)	2.79±1.41
The students can always lodged legal complain to the institute authority easily	43 (21.5)	32 (16)	10 (5)	40 (20)	75 (37.5)	3.36±1.61
The surrounding boundary is a good fence for institute security	61 (30.5)	46 (23)	10 (5)	48 (24)	35 (17.5)	2.75±1.53
Centralize all the logs and correlate to find threats and alert on social security systems of the institute is implemented	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
Social Security Monitoring Cell in your medical college is supportive.	68 (34)	45 (22.5)	33 (16.5)	33 (16.5)	21 (10.5)	2.47±1.38

Table 5: Distribution of the students as per their views in relation to the provision of social security systems(n=200)

Statements in relation to the provision of social security systems	Level of agreement of views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAN D f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
Social security systems in medical institution are helps to run smoothly academic life	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
The medical campus protected from outdoor	45	60	16	50	29	2.79±1.41

or non-medical students	(22.5)	(30)	(8)	(25)	(14.5)	
Stay proactive with identity management systems that will monitor high risk or suspicious user activity by detecting and correcting situations that are out of compliance or present a security risk	13 (6.5)	26 (13)	29 (14.5)	105 (52.5)	27 (13.5)	3.54±1.08
Be aware of who has keys and access codes to vulnerable information. Monitor activity when these spaces are accessed, authorized or not	68 (34)	47 (23.5)	15 (7.5)	38 (19)	32 (16)	2.60±1.51
Create safety policies for when employees with these security privileges leave the institute. This will reduce the risk of internal and external due to careless behavior, or break-ins from disgruntled employees	38 (19)	32 (16)	15 (7.5)	47 (23.5)	68 (34)	3.38±1.55
The good number of employees in all categories involved with the digital security procedures of the institute.	70 (35)	53 (26.5)	9 (4.5)	38 (19)	30 (15)	2.53±1.50
Knowledge and preventive attitude of students on social security systems for the students are optimum.	49 (24.5)	43 (21.5)	10 (5)	63 (31.5)	35 (17.5)	2.96±1.49

Table- 6: Distribution of the students as per their views in relation to the hostel facilities (n=200)

Statements in relation to the hostel facilities	Level of agreement of the views of students					Score Mean±SD
	SDA f (%)	D f (%)	NAN D f (%)	A f (%)	SA f (%)	
Score	1	2	3	4	5	
There is enough number of seats available in the student's hostel	35 (17.5)	42 (21)	11 (5.5)	73 (36.5)	39 (19.5)	3.20±1.42
The living standard of hostel maintained properly	45 (22.5)	60 (30)	16 (8)	50 (25)	29 (14.5)	2.79±1.41
The learning environment in the hostel is appropriate	29 (14.5)	26 (13)	13 (6.5)	105 (52.5)	27 (13.5)	3.38±1.28
Quality foods supplied to the students from canteen	68 (34)	47 (23.5)	15 (7.5)	38 (19)	32 (16)	2.60±1.51
The price of the food is within the reach of the students	47 (23.5)	68 (34)	15 (7.5)	38 (19)	32 (16)	2.70±1.43

Discussion

This descriptive cross sectional study was carried out to observe the internal and external learning environment measure of medicos in factual situation of Bangladesh. In this study an attempt was made to assess the current situation of undergraduate medical education in Bangladesh in terms of quality of social security systems and logistic

support, external as well as internal activities and the social security facilities.

In this study, of the total 42% of medical students were female and 58% male. The little male predominance was because of the females were less willing to participate in the study. Of the respondents about 48% did not have any idea or not aware of the social security system. Knowledge on social

security systems is a powerful weapon to secure the students. Many students have good knowledge on social security yet a large number do not have. Knowledge is the most expected quality from policy makers, teachers and learners¹³.

This study revealed, more than half of the medical students viewed that external social security systems for the students was inadequate (52.5%) at their institution and most of the times students did not feel secured inside and outside of the campus (57.5%). Of course, 67% of the respondents viewed that in most of the times, teachers supported the students' difficulties. The external environment has a direct, significant impact on the educational process, making the constant monitoring and searching for methods of adaptation to its changes quite necessary. It is beyond doubt that without increasing buildup social security sense of medical students, medical education can't lead to a quality of education².

Majority of the students (59.5%) of this study expressed that amount of budget/fund was inadequate for implementation of social security systems for the students, though 63.5% opined that the number of security guard always held in medical college premises for institutional security management was adequate. More than half of the students (52.5%) disagreed that the medical college campus needed to be free from student politic, syndicate or any dominate groups. More than half (52.5%) of the respondents viewed that the medical campus was not protected from outdoor or non-medical students and 53.5% of student did not think that the surrounding boundary fence is good for the security of the institute. Most of the respondents (57.5%) viewed that creating safety policies would reduce the risk of internal and external security. The complexity of the educational environment and the existence of variety of situations prevailing in the medical education affect the

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security status¹⁴.The essence of social security is to maintain social equity and promote social stability and development, whether the social security system is perfect has become one of the important signs of social civilization and progress¹⁵.

Most of the students were not satisfied with the quality (56.5%) and price (57.5%) of food available at hostel. But 66% of the students viewed that the learning environment in the hostel was appropriate. Though number of problems were identified by study the students prefer hostel life¹⁶.

Conclusion

This study has identified some aspect like lack of awareness about social security system as a part of educational environment and feeling of insecurity at the campus may be addressed by the authority concerned to improve the status of medical education.

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References

1. Sigdel S, Ozaki A, Dhakal R, Pradhan B, Tanimoto T. Medical Education in Nepal: Impact and Challenges of the COVID-19 Pandemic. *Acad Med* 2021 Mar 1;96(3):340-342. doi: 10.1097/ACM.0000000000003888. PMID: 33332910.
2. Rashad AK, Tatyana AO, Olga GT, Ekaterina IA, Olga GM, Larisa P. Social security system components in educational environment. *Education* 2018; 39(20): 11.
3. Sarker MNI, Jie Z. Social Security for Vulnerable Groups in Bangladesh on

- Government Perspective: Contribution of Research Leader. *Journal of Public Policy and Administration* 2017; 1: 1-9.
4. Cherdymova EI, Kuznetcov VA, Machnev VY, Solovova NV, Sarbaeva IYu, Masalimova A R. Eco-Vocational Consciousness Formation Model of a Specialist in Modern Mega Polis. *Eurasian Journal of Analytical Chemistry* 2017; 12(5): 493-507.
 5. Baklashova TA, Galimova EG, Baklashova ON. Social Capital of Educational Institution: Contemporary State, Features and Prospects for the Development. *Man in India* 2017; 97(15): 227-241.
 6. Wang S, Gorbunova NV, Masalimova AR, Bírová J, Sergeeva MG. Formation of Academic Mobility of Future Foreign Language Teachers by Means of Media Education Technologies. *EURASIA Journal of Mathematics, Science and Technology Education* 2018; 14(3): 959-976.
 7. Fartash KA, Davoudi SM, Baklashova TA, Svechnikova NV, Nikolaeva Yu V, Grimalskaya SA, Beloborodova AV. The Impact of Technology Acquisition & Exploitation on Organizational Innovation and Organizational Performance in Knowledge-Intensive Organizations. *EURASIA Journal of Mathematics, Science and Technology Education* 2018; 14(4): 1497-1507.
 8. Ivanenko NA, Akhmetov LG, Lavrentiev SY, Kartashova EP, Lezhnina LV, Tzaregorodtzeva KA, Khairullina ER. Features of Modeling the Formation of Teaching Staff Competitiveness. *Review of European Studies* 2015; 7(3): 37-42.
 9. Levina EY. To the problem of managing the development of education: the stakeholder approach. *Kazan Pedagogical Journal* 2015, 6, 11-15.
 10. Mukhametzyanov IS, Khusainova SV. (2016). Analysis of psycho-physiological characteristics of susceptibility to the influence (recruitment) of young students. *Kazan Pedagogical Journal* 2016; 3(116): 113-120.
 11. Prokofieva EN. Model of management of integrated security of educational organizations. *Kazan Pedagogical Journal* 2016; 3: 57-61.
 12. Grebennikov VV, Grudtsina LY, Marchuk NN, Sangadgiev BV, Kudyashev NK. Practical recommendations to improve the quality of training and methodical support of professional teacher education. *International Journal of Environmental and Science Education* 2016; 11(14): 7186-7194.
 13. Vasilyeva AI, Baishev II. Threats to the social safety of student youth. *Concept* 2017; 32: 294-295.
 14. Stukalina Y. Some knowledge strategies used to provide quality enhancement of the educational environment in a higher education institution. In *Proceedings of the International Conference Theory for Practice in the Education of Contemporary Society*, Riga: RPIVA 2010: 318-323.
 15. Sarker MNI, Wu M, Cao Q, Alam GMM, Li D. Leveraging Digital Technology for Better Learning and Education: A Systematic Literature Review. *International Journal of Information and Education Technology* 2019; 9(7): 453-461.
 16. Haque F, Talukder MHK, Alam KK, Khan SJ, Karim MR. Difficulties Faced by the Undergraduate Medical Students in Relation to Institution and Hostel Campus: Views of Selected Medical Colleges of Bangladesh. *Bangladesh Journal of Medical Education*, 2019; 10(2): 23-25.