

Happiness and Its Association with Sociodemographic Factors, Social Supports, Personality, and Perceived Stress of Medical Students: A Cross-Sectional Study

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Abstract

Happiness is one of the most subjective and attractive topic of researchers in the current days, in the fields of social sciences and health. Medical students in contrast to students of other courses are judged to be less happy. This cross-sectional study was conducted to determine and quantify the association between sociodemographic factors, social support, personality and perceived stress level with happiness level. All the medical students of our college were invited to participate and 192 students responded to our questionnaire which consists questions of sociodemographic factors, Oxford happiness questionnaire, social support questionnaire, perceived stress questionnaire and Meyer Briggs Personality Type Indicator. We calculated unpaired t-test, ANOVA and linear regression. We found that 38.55% of medical students are moderately happy to very happy, and 94.27% had moderate to high stress level. Males (mean 4.0) are happier than females (mean 3.8). As for the ethnicity, Indians and Malays had highest happiness score with means of 3.9. Extrovert and judging personality had higher happiness score with mean score of 4 and 3.9 respectively. There was significant positive association between appraisal social support and the happiness. Perceived stress shows a negative association with happiness of students; where higher the stress level, lower the happiness. Majority of the medical students had moderate to high stress level and only one-third of them were moderately to very happy. There was significant association between appraisal social support, stress and happiness among them. Hence, medical students are encouraged to not overload themselves and keep themselves intact with passions to stay happy.

Keywords

Happiness, Stress, Social Support, Personality, Survey

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1. Introduction

Happiness is a combination of both mental and emotional state of well-being where the feeling of good, joy, or contentment felt by a person [1]. Medical education being one of the toughest and challenging course can negatively affect the student's mental well-being [2]. Affected medical

students tend to perform poorer academically, and have a higher risk in developing anxiety and depression [3]. Globally, about one third of medical students suffer from depression or depressive symptoms. A study done among the students from private and non-private colleges in Bangladesh, shows that medical students suffer from academic stress with a prevalence of 54% [4]. Considering

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the fact that happiness level of overall Malaysians is 30.3 in Happy Planet Index Score and ranks 46th of all the countries analysed; happiness level among medical students in Malaysia is an aspect to be explored. [5]

As happiness can be determined by several factors, some factors has stronger association compared to others when concerned with medical students. One of the factors is stress. Stress in medical students becomes an important factor as the shift in environment from preclinical to clinical phase can come with challenges. Stress; on a personal note, plays a role as many students tend to be away from home and this puts a dent in their social, personal and relationship marking an effect on their happiness [4]. Next, personality determines how medical students cope and handle the burden faced in medical schools. The importance of personality stated by Freudenberger has correlation to student burnout in colleges which in turn affects their happiness. [6]. Furthermore, social support in medical student plays a role in stress which eventually lead to happiness. [7] Moreover, sociodemographic factors such as age and ethnics play a role in happiness among the medical students. [8]

Several studies have previously been conducted to find out the happiness level among medical students but mainly focusing on the Arabian and European region with different integration of curriculum. [9, 10, 11] On Malaysian settings however, there was only one qualitative research done related to happiness on medical students to the best of our knowledge, and the independent variables used in the said research are different. [12] For quantitative study on the other hand, there was a research done on depression, anxiety and stress among undergraduate medical students, but not directly on the level of happiness. [13] Therefore, this current study has been conducted aiming to define happiness and to determine and quantify the association between sociodemographic, social supports, personality, and perceived stress level with happiness level among medical students of private medical college, Malaysia.

2. Methodology

A cross sectional study was done among medical students of private medical college, Malaysia to determine and quantify the association between sociodemographic factors, social supports, personality, and perceived stress level with happiness level. This study was done for a period of 6 weeks from March to May 2018. All medical students were invited to participate in this cross-sectional study. After distributing the questionnaire to participants, the purpose and objectives of study were explained and informed consent was obtained from all the participants and they were encouraged to provide their honest responses. It took approximately, 10-15 minutes

for participants to complete the questionnaire. We calculated sample size using the finite population mean formula.

$$n = \frac{N\sigma^2 z^2_{1-\alpha/2}}{d^2(N-1) + \sigma^2 z^2_{1-\alpha/2}}$$

The total population size was 610, with Standard deviation (SD) = 18.31, Error (d) = 2.26, hence, minimum number of responses is 182. Type 1 error is 0.05; with non-response rate of 30%; and hence total sample size was 260. Purposive sampling method was used in this study; MBBS Students whom have mental illness and students whom did not give informed consent were excluded from this study.

The data collection tool in this study, was a validated self-administered questionnaire, which consists of 5 parts; demographic characteristics; age, gender, ethnicity, hostelite/non-hostelite, oxford happiness questionnaire (OHQ) (29), Social support questionnaire (12), Perceived stress questionnaire and, Meyer Briggs Personality Type Indicator (short version) (20). Oxford happiness questionnaire (OHQ), which consists of 29 statements, ranging from 1 “strongly disagree”, 2 “moderately disagree”, 3 “slightly disagree”, 4 “slightly agree”, 5 “moderately agree”, 6 “strongly agree”. Examples of items are, ‘I find most things amusing’ and ‘Life is good’. Happiness score ranges from 29 to 174. OHQ score has to be added up and divided by 29 to rate happiness; where 1-2 (Not happy), 2-3 (Somewhat unhappy), 3-4 (Not particularly happy or unhappy), 4 (somewhat happy or moderately happy), 4-5 (Rather happy; pretty happy), 5-6 (Very happy) and 6 (Too happy).

Social support was measured using a validated questionnaire, which consists of 12 statements, ranging from; 1 “definitely false”, 2 “probably false”, 3 “probably true”, 4 “definitely true”. Examples of items are, ‘I feel that there is no one I can share my most private worries and fears with’ and ‘There is someone I can turn to for advice about handling problems with my family’. Social support score ranges from 12 to 48. The questionnaire consists of 3 subscales, which includes appraisal support, belonging support, and tangible support subscale, which represents the perceived ability of oneself to talk about their problems, the perceived ability of people on can do things with, and the perceived availability of material aid respectively, and each field will be explored accordingly.

Perceived stress questionnaire, consists of 10 statements, ranging from 0; never, 1; almost never, 2; sometimes, 3; fairly often, 4; very often. Examples of items are, ‘How often have you been upset because of something that happen unexpectedly’ and ‘How often have you felt nervous and “stressed”’. Perceived stress score ranges from 10 to 40. For stress, it was further classified into 3 groups, 0-13 would be considered low stress, 14-26 would be considered moderate

stress and 27-40 would be considered high perceived stress Meyer Briggs Personality questionnaire, which consists of 20 statements; For questions 1, 5, 9, 13, 17 the response A = Extraversion (E) and B= Introversion (I), For questions 2, 6, 10, 14, 18, the response A=Sensing (S) and B=Intuition (N), For questions 3, 7, 11, 15, 19, the response A=Thinking (T) and B=Feeling (F), For questions 4, 8, 12, 16, 20, the response A=Judgement (J) and B=Perceiving (P). Then, participants are classified into 4 personality types; E/I, S/N, T/F, J/P.

As for data analysis we used the software Microsoft Excel and Epi info to compile and analyse the data. For the descriptive analysis, we calculated the frequency and percentage of the socio-demographic characteristics, perceived stress score and personality traits. For the inferential statistics, unpaired t-test and ANOVA were used for socio-demographic characteristics such as gender, race as well as personality traits to calculate mean and probability. For the remaining variables, we used simple linear regression to see regression coefficient and probability. Finally we did multiple linear regression analysis to obtain the significant findings.

The confidentiality, anonymity and privacy of the all the participants are well preserved in this study. This study has been approved by the Research Ethics Committee of our college.

3. Results

Table 1. Socio demographic characteristics, personality and perceived stress with happiness.

| Variables | n (%) |
|-----------------------|-------------|
| Age (years) | |
| 20-22 | 70 (36.46) |
| 23-25 | 115 (59.90) |
| ≥26 | 7 (3.65) |
| Mean =23.3 SD =1.3 | |
| Gender | |
| Male | 85 (44.27) |
| Female | 107 (55.73) |
| Race | |
| Chinese | 62 (32.29) |
| Indian | 77 (40.1) |
| Malay | 44 (22.92) |
| Others | 9 (4.69) |
| Place of current stay | |
| Hostel | 136 (70.83) |
| Non-hostel | 56 (29.17) |
| Personality | |
| Extrovert/ Introvert | |
| Extrovert | 82 (42.71) |
| Introvert | 110 (57.29) |
| Sensing/Intuition | |
| Sensing | 123 (64.06) |
| Intuition | 69 (35.94) |
| Thinking/Feeling | |
| Thinking | 74 (38.54) |

| Variables | n (%) |
|--------------------|-------------|
| Feeling | 118 (61.46) |
| Judging/Perceiving | |
| Judging | 128 (66.67) |
| Perceiving | 64 (33.33) |
| Perceived stress | |
| Mild | 11 (5.73) |
| Moderate | 158 (82.29) |
| High | 23 (11.98) |
| Mean=20.8 SD=5.5 | |

The total sample of 192 with a response rate of 79%. In age, there are 36.46% from age group of 20-22, 115 with 59.9% from age group of 23-25, and 3.65% with more than 26 year old group. Secondly, 44.27% male and 55.73% female. For the race there are Chinese with 32.29%, Indian with 40.1%, Malay with 22.92%, and 4.69% others. For the place of current stay hostellites are 70.83%, and non-hostellites are 29.17%. For personality, extroverts are 42.71% and introverts are 57.29%. Sensing is 64.06%, and Intuition is 35.94%. Thinking is 38.54% and feeling is 61.46%. Judging is 66.67% and perceiving is 33.33%. For perceived stress, Mild is 5.73%, Moderate is 82.29% and High is 11.98%.

Table 2. Happiness Category among medical students.

| Happiness Category | N | Percentage |
|--------------------|-----|------------|
| Not Happy | 0 | 0 |
| Somewhat Unhappy | 8 | 4.17% |
| Unhappy | 110 | 57.29% |
| Moderately Happy | 6 | 3.13% |
| Pretty Happy | 61 | 31.77% |
| Very Happy | 7 | 3.65% |
| Too Happy | 0 | 0 |

Out of 192 samples, Unhappy has the highest percentage (57.29%), followed by Pretty Happy (31.77%), Somewhat Unhappy (4.17%), Very Happy (3.65%) and Moderately Happy (3.13%). (Table 2)

Table 3. The association of gender, race, place of current stay, personality with happiness.

| Independent variable | Happiness mean (SD) | t(df)/F(df1, df2) | P value |
|------------------------------------|---------------------|-------------------|---------|
| Gender ^a | | | |
| Female | 3.8 (0.6) | -1.70 (190) | 0.092 |
| Male | 3.9 (0.6) | | |
| Race ^b | | | |
| Indian | 3.9 (0.6) | 0.21 (3,188) | 0.890 |
| Malay | 3.9 (0.5) | | |
| Others | 3.8 (0.8) | | |
| Chinese | 3.8 (0.6) | | |
| Place of current stay ^a | | | |
| Hostel | 3.9 (0.6) | 1.13 (190) | 0.262 |
| Non-hostel | 3.8 (0.5) | | |
| Personality ^a | | | |
| E/I | | | |
| Extrovert | 4.0 (0.6) | 2.42 (190) | 0.017 |
| Introvert | 3.8 (0.6) | | |
| S/N | | | |
| Sensing | 3.8 (0.6) | 0.59 (190) | 0.553 |
| Intuition | 3.9 (0.6) | | |
| T/F | | | |

| Independent variable | Happiness mean (SD) | t(df)/F(df1, df2) | P value |
|----------------------|---------------------|-------------------|---------|
| Thinking | 3.8 (0.6) | 0.06 (190) | 0.949 |
| Feeling | 3.9 (0.6) | | |
| J/P | | | |
| Judging | 3.9 (0.6) | 2.29 (190) | 0.023 |
| Perceiving | 3.7 (0.6) | | |

^aunpaired t-test, ^bANOVA test

In table 3, the association between gender and happiness shows mean score of 3.8 for females and 4.0 for males. Males have higher mean than females. It is not significant with p value of 0.090. The association between race and happiness shows mean score of 3.9 for Indians, 3.9 for Malays, 3.8 for Others and 3.8 for Chinese. Mean for Indians and Malays are higher than Others and Chinese. It is not significant with p value of 0.890. The association of place of current stay with happiness shows means score of 3.9 for hostellites and 3.8 for non-hostellites. Mean of hostellites are higher than non-hostellites. It is not significant with p value of 0.262. The association of personality with happiness shows mean 4.0 for extrovert, 3.8 for introvert, 3.8 for Sensing, 3.9 for Intuition, 3.8 for Thinking, 3.9 for Felling, 3.9 for Judging, 3.7 for Perceiving For extrovert versus introvert, extrovert have higher mean than introvert showing it as significant with p value of 0.017. For sensing versus intuition, intuition has higher mean showing not significant with p value of 0.553. For thinking versus feeling, feeling has higher mean showing not significant with the p value of 0.941. For judging versus perceiving, judging has higher mean showing significant with p value of 0.023

Table 5. Multiple linear regression of association between age, gender, race, place of current stay, social support, personality, perceived stress score with happiness

| Variable | Happiness Regression Coefficient (b) | 95% Confidence Interval, Limits | P-value |
|---|--------------------------------------|---------------------------------|---------|
| Age | 0.14 | 0.112,0.170 | 0.000 |
| Gender (Male/Female) | 0.28 | 0.119,0.445 | 0.001 |
| Race (Indian/Chinese) | -0.01 | -0.208,0.196 | 0.955 |
| Race (Malay/Chinese) | -0.04 | -0.264,0.180 | 0.709 |
| Race (Others/Chinese) | 0.09 | 0.306,0.485 | 0.656 |
| Place of Current stay (Non-Hostellite/Hostellite) | -0.25 | -0.439,-0.066 | 0.008 |
| Social support | | | |
| Appraisal | 0.05 | 0.015,0.091 | 0.007 |
| Belonging | 0.01 | -0.028,0.055 | 0.515 |
| Tangible | 0.04 | -0.011,0.085 | 0.127 |
| EI (I/E) | -0.03 | -0.189,0.124 | 0.682 |
| JP (P/J) | -0.15 | -0.324,0.016 | 0.075 |
| SN (S/N) | -0.05 | -0.218,0.112 | 0.526 |
| TF (T/F) | -0.10 | -0.264,0.067 | 0.243 |
| Perceived stress score | -0.03 | -0.040,-0.010 | 0.001 |

Based on Table 5, age has positive association with happiness with regression coefficient of 0.141, with 95% CI (0.112, 0.170), P-value is significant (0.000). The higher the age, the higher the association. Gender has positive association with happiness with regression coefficient of 0.282, with 95% CI (0.119, 0.445), P-value is significant (0.001). Males are higher happiness score than females. Race (Indian/Chinese)

Table 4. Simple linear regression analysis of association of age, social support, perceived stress with happiness.

| Independent variable | Happiness Regression Coefficient (b) | Standard error | P Value |
|----------------------|--------------------------------------|----------------|---------|
| Age | 0.01 | 0.03 | 0.712 |
| Social support | | | |
| Appraisal | 0.09 | 0.01 | 0.001 |
| Belonging | 0.08 | 0.02 | 0.001 |
| Tangible | 0.09 | 0.02 | 0.001 |
| Perceived stress | -0.06 | 0.01 | 0.001 |

Table 4 shows the association between age and happiness show a regression coefficient of 0.012 showing positive association. The older the medical students are the more happy they become. However it is not significant with the p value of 0.712. The association between social support and happiness shows Appraisal having regression coefficient of 0.0088 showing positive association. The higher the appraisal score the happier the students become. It is significant with p value of <0.001. Belonging has a regression coefficient of 0.080 showing positive association. The higher the score in Belonging the happier the students become. It is significant with p value of <0.001. Tangible has a regression coefficient of 0.094 which is positive association. The higher the score in Tangible the happier the students become. It significant with the p value of <0.001. This shows for all subscales of social supports are happier. The association between perceived stress score and happiness shows a regression coefficient of -0.059 showing negative association. The higher the stress the lower the happiness. It is significant showing a p value of 0.001.

has negative association with happiness with regression coefficient of -0.006, with 95% CI (-0.208, 0.196), P-value is not significant (0.955). Indians have higher happiness score than Chinese. Race (Malay/Chinese) has negative association with happiness with regression coefficient of -0.042, with 95% CI (-0.264, 0.180), P-value is not significant (0.709). Malays have higher happiness score than Chinese. Race

(Others/Chinese) has positive association with happiness with regression coefficient of 0.089, with 95% CI (0.306, 0.0485), P-value is not significant (0.656). Other Races have higher happiness score than Chinese. Place of current stay has negative association with happiness with regression coefficient of -0.252, with 95% CI (-0.439,-0.066), P-value is significant (0.008). Hostellites have higher happiness score than Non-Hostellites. Social support is further divided into appraisal, belonging and tangible. Appraisal has positive association with happiness with regression coefficient of 0.053, with 95% CI of (0.015, 0.091), P-value is significant (0.007). Participants with social support: appraisal have higher happiness score. Belonging has positive association with happiness with regression coefficient of 0.014, with 95% CI (-0.028, 0.055), P-value is not significant (0.515). Participants with social support: belonging does not have an impact on their happiness. Tangible has positive association with happiness with regression coefficient of 0.037, with 95% CI of (-0.011,-0.085), P-value is not significant (0.127). Participants with social support; tangible have higher happiness score. Personality is further divided into Extrovert/Introvert, Judging/Perceiving, Sensing/Intuition, and Thinking/Feeling. E/I has negative association with happiness with regression coefficient of -0.033, with 95% CI (-0.198, 0.124), P-value is not significant (0.682). Extroverts are happier than Introverts. J/P has negative association with happiness with regression coefficient of -0.154, with 95% CI (-0.324, 0.016), P-value is not significant (0.075). Judging personality have higher happiness score than Perceiving personality. S/N has negative association with happiness with regression coefficient of -0.053, with 95% CI (-0.218, 0.112), P-value is not significant (0.526). Intuition personality have higher happiness score than Sensing personality. T/F has negative association with happiness with regression coefficient of -0.098, with 95% CI (-0.264, 0.067), P-value is not significant (0.243). Feeling personality have higher happiness score than thinking personality. Perceived stress has negative association with happiness with regression coefficient of -0.025, with 95% CI (-0.040,-0.010), P-value is significant (0.001). Participants with lower stress have higher happiness score.

4. Discussion

A cross sectional study was done among medical students of private medical college, Malaysia to determine and quantify the association between socio demographic factors, social supports, personality, and perceived stress level with happiness level. The objective of the study is to define happiness and to determine and quantify the association between sociodemographic factors, social supports, personality, and stress level with happiness level among

medical students in Malaysia.

Happiness being the verdict of quality life portrays meaningful image as an essential of human life. World surveys have shown significant results that Man is claimed to be basically unhappy and real happiness is projected in past paradise and future utopia [14]. Relative unhappiness among the educated is undoubtedly on rise, bearing the fact of modern man concepts that is empowering mankind of this era. Medical students in specific; is subjected to variate cognitions; of which recent studies have significantly proven the unhappiness among medical students in various regions of world [15] [16]. Through this study, it is on the limelight that major proportion of medical students in this study are unhappy and further this unhappiness has significant relevance with sociodemographic factors, social supports, perceived stress and personality.

In this study, sociodemographic factors accounts for age, gender, race and place of current stay. Age in this case plays a significant role in happiness. As the age of students increase, happiness level increases. Our finding is similar to the cross-sectional study done in Shiraz university of medical sciences which showed that significant influence of age with happiness core obtained by the students in Shiraz university. [18] However, another cross-sectional study done in Mazandaran University on medical students shows the opposite, the higher the age range the less happy the students become. This was a significant finding in the related study.

Plus, Gender; even though males are slightly higher happiness score than females, it was not significant. [19] This correlates with the similar cross sectional study at Tehran University of Medical Sciences where by gender does was not a significant finding. [20] This can also be seen in another cross-sectional web based study among Iranian medical students showing no significance between gender and happiness. [21] Furthermore, medical students, Faculty of Medicine, Prince of Songkla University suggest that gender does not have any significant role in happiness among the medical students. Furthermore, although Indians and Malays are happier than the rest of the races, this proves to be insignificant in our findings.

Next, those who are staying in hostels are happier than those who were not in hostels. [18] However in the same study done in Mazandaran University, there were no association between residential status and happiness among medical students. This finding is not similar to the results we obtained.

As for social support, we have been studying under the subscale of appraisal, belonging and tangible. From our studies, it had shown that students who were being appraised

more by their family member or peers tend to be happier than those who were not being appraised well. As having appraisal support help us to cope up more and able to come out with plans in facing up with any problems. Previous study shows that woman who does not have a close confidant such as husband or boyfriend had developed more cases of depression compare to those who have a close confidant [22]. This study has shown significant difference between appraisal scales in medical students. Furthermore, in term of belonging, it was found out to be significant as students who felt the sense of belonging tend to be happier kind of person. This study correlates with a previous study where they had proven the relationship between sense of belongings are likely to promote that one's life is meaningful thus it brings happiness in their life [23]. Moreover, it was found out that those who felt more tangible with others tends to be happier and it is a significant finding. However, previous study only shows that sense of tangible does hinders the occurrence of depressive episode in a person, but it is little significant that tangible may prevent the depression by lowering the possibilities of doing any physical act of depression [24]

As for personality, Myers Briggs type indicator is used and the participants are broadly categorized into 4 types of personality, with 16 possible distinctive personalities' combinations, based on Carl Jung's theory of psychological types. The indicator measures dimensions of personalities, and it is found out that most of the participants have introvert, sensing, feeling, and judging personalities. Hence, the most common personality type would be ISFJ, and according to the indicator, the personality has qualities of factual, sympathetic, detailed, dependable, organised, thorough, conscientious, systematic, conservative, realistic, caring, practical, stable, and helpful [25]. However, on a study done on medical studies from Norwegian, it is found out that they have more extroverted, more neuroticism, and conscientiousness students (neuroticism indicates temperament level that ranges from calm to nervous, while conscientiousness defines tendency to control impulses and act in socially acceptable ways, goal-directed behaviours) [26]. The scale used was Torgersen and Vollrath's personality typology, which is different from the indicator used in our study. It contradicts with the results of more introverted participants in our study, and on the dimension of the judging and feeling personality, it correlates with the conscientiousness factor complexly, with the same results of more judging behaviour, being more organised, a goal-directed behaviour, but our studies have more feeling personality participants, which means they have lower conscientiousness levels due to their low tendency to control impulsive behaviours. This difference in distribution of personalities could be best explained by the difference of

living conditions, environmental factors and application of syllabus and teaching methods.

From analytical studies in our research topic, extroverted, intuitive, feeling, and judging participants have a higher mean of happiness. On the other hand, a study done on 150 adults of Kermanshah University of Medical Sciences shows that extroverts has positive correlation with happiness while neuroticism and psychoticism has negative correlation with happiness. [27] The latter two findings contradicts the findings of positive correlation of happiness with feeling personality in our study, where people who acts based on their emotions have higher mean of happiness, which is different from the participants from Kermanshah which shows emotional stability has a positive correlation with happiness.

Moreover, as for the association between perceived stress and happiness level among medical student, most of the students suffer from moderate stress which represents 82.29% which is more than the half of the population compared to high and low stress and it indicates the stress level plays a significant role in determining the happiness level. The higher the stress level lower the happiness score. This is similar with the research which was done among the Iranian medical students in 2016. Stress level shows significance with happiness level among Iranian medical students [30]. A previous study done on 2014, indicates happiness varies significantly based on the stress level and those who felt unhappy have higher stress [31]. Another cross sectional study performed in 2015 in Kerman University about "Stress, anxiety and depression among medical university students and its relationship with their level of happiness " shows stress level has an important effect on happiness level among medical students, which reveals the that has a negative association with their level of happiness [32]

Though the results of our study have proven that a higher proportionate of medical students are on the unhappy grounds; it is subjected to variability; bearing in mind the fact that, personal mood of the students have definitely an impact on the reliability of the responses provided. As for limitations, time constraints of 6 weeks for the duration of study, have limited our sample collection and further the different posting schedules of batches have resulted in unavailability of participants during certain sample collection sessions. However, we have extended our questionnaires to almost every batch to obtain the best possible overall judgment. Future researches focusing on the mental health of students, especially those with high suicidal rates such as the medical field, has to be done to tackle the high occurrence of mental illness in students.

5. Conclusion

In a nutshell, Happiness level among medical students of MMMC is leaning more on the unhappy side. It is notable that from our study; age, hostellites, appraisal social support, extrovert personality and perceived stress level has significant influence on happiness level of medical students. Despite the minor limitations of this study, we would highlight the fact that happiness level among medical students is at a worrying demark. World surveys have proven that medical students of majority are unhappy, here; through our study, we would like to propose the fact that this scenario can be altered with certain effective encounters. Medical students can keeps themselves intact with their passions as it fuels their positive emotions and happiness. Plus, medical students are also encouraged to not overload themselves. Happiness is the ultimate purpose of life; happiness is determined by our own minds than our circumstances

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