



## Research Article

# A Study of Identity Styles of Medical Science Student in Southeast of Iran: A Cross-Sectional Study

Hadis Mastalizade\*, Hamidreza Shekhie and Alireza Shekhie

### Abstract

**Introduction:** Sustainable Identity plays a key role in self-esteem, self-appraisal, and assessment of others. This researched aimed to study the identity styles of students of Kerman University of Medical Sciences in 2014.

**Materials and Method:** This is a descriptive-correlational study to evaluate identity styles of freshmen students of Kerman University of Medical Sciences. A sample of 413 freshmen was selected. Data were collected by Demographic Questionnaire and Berzonsky Identity Style Inventory. The data were analyzed by descriptive-correlational methods, independent T-test, and ANOVA in SPSS 21.

**Results:** According to the results, midwifery and laboratory medicine students (Bachelor of Science) obtained the greatest ( $45.69 \pm 9.24$ ) and lowest ( $34.91 \pm 5.97$ ) identity style scores, respectively. In normative identity style, the mean scores of Management and Medical students were  $38.90 \pm 4.69$  (maximum) and lowest  $30.08 \pm 5.42$  (minimum), respectively.

**Conclusion:** Lack of commitment to positive goals, membership in anti-social groups, and lack of clear identity can facilitate the tendency of adolescents to social harms. Therefore, training is very essential to reduce these factors.

### Keywords

Identity style; Medical science; Iran

## Introduction

Identity is the distinction made between an individual and others. Erickson believed that identity is a mental and social structure, which includes attitude, personal beliefs, and communication with others [1]. After the Erickson's opinion (1963), various studies were conducted in this regard, which eventually created new opinions on identity. Marsiya's Theory of Identity is one of these new approaches [2,3]. With a focus on personal identity and based on Erickson's opinion, Marsiya believed that commitment and self-exploration are the main components of identity. Exploration refers to decision-making or creation of behaviors for one's problem-solving and data collection [4]. Commitment means a set of beliefs and values.

According to these two dimensions, Marsiya introduced four identity statuses: Achievement, Moratorium, Foreclosure, and Diffusion identities. Numerous studies show that identity statuses are the reason for identity status development [5]. Distinguishing identity styles, which is the main purpose of this research, provides the knowledge for consultants, officials, and families to focus on preventive interventions or treatment for individuals at risk [6,7]. Therefore, inefficient, long-term, and incorrect use of resources is prevented. Appropriate monitoring is applied based on one's identity style [8]. It can also be an intervention solution to strengthen the protective factors and eliminate risk factors [9]. Thus, it is necessary to be aware of personal differences, of which identity style is an important issue in this regard, used for both treatment and prevention. Due to the special geographical and cultural location of Kerman and lack of studies in this field in Kerman University of Medical Sciences, this research aimed to investigate the identity styles of students of Kerman University of Medical Sciences in 2014.

## Methods

This is a descriptive-correlational study on 413 out of 645 students in all affiliated faculties of Kerman University of Medical Sciences from November 3<sup>rd</sup>, 2014 to January 2<sup>nd</sup>, 2015 (60 days). Inclusion Criteria were freshmen students in 2014 and age: 18-19 years old. The statistical population consisted of 645 freshmen in Kerman University of Medical Sciences. A sample of 413 was selected using previous studies. Quota sampling was employed and the questionnaires were forwarded to the students. The freshmen students, aged 18-19, were studying in faculties of Nursing and Midwifery, Management and Information, Health, Paramedics, Pharmacy, Medicine and Dentistry of Kerman University of Medical Sciences. When information was provided for the participants, the questionnaires were left with them to answer the questionnaires in their free time. Then, they were immediately collected. Identity Style Inventory was developed by Berzonsky in 1989 to assess identity orientation and revised in 1992. This is 40-item self-reporting scale which consists of four subscales: Three subscales are dedicated to Identity Styles and one is dedicated to Commitment. The subscales are:

**Information orientation:** has 11 items. Berzonsky claimed that individuals with greater scores in this subscale decide after collecting information and investigating the information.

**Normative orientation:** has 9 items. Berzonsky claimed that individuals with greater scores in this subscale follow rules and regulations imposed by their parents and spouses with their friends without investigation.

**Diffuse/Avoidant:** has 10 items. Berzonsky claimed that individuals with greater scores in this subscale postpone decision-making as much as possible.

**Commitment:** has 10 items, showing that to what extent the subject is committed to religion, politics, and specialized field of study.

The items are scored on a 1 (Not At All Like Me) to 5 (Very Much Like Me)-point Likert Scale, showing the extent of personality characteristics [10]. The validity and reliability were verified by Adams (Cronbach's Alpha=0.79) [11]. The data were analyzed

\*Corresponding author: Hades Mastalizade, Nursing and Midwifery School, Zabol University of Medical Sciences, Zabol, Iran, Tel: +098- 938 188 6101; Fax: +98- 5435223101; E-mail: hadismast@gmail.com

using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson correlation coefficient, independent t-test, and ANOVA for data normality) in SPSS21.

### Results

Out of 413 participants, 60.6% were 19 years old and 39.4% were 18. Most students (60.6%) were aged 19 and female. Most participants were single (93.5%) (Table 1).

Midwifery and laboratory medicine students (Bachelor of Science) obtained the maximum ( $45.69 \pm 9.24$ ) and minimum ( $34.91 \pm 5.97$ ) scores of identity styles, respectively. In normative identity style, the mean scores of Management and Information and Medicine students were  $38.90 \pm 4.69$  (maximum) and lowest  $30.08 \pm 5.42$  (minimum), respectively. In diffuse identity style, Medicine and Midwifery students obtained the maximum ( $31.62 \pm 6.80$ ) and minimum ( $21.35 \pm 6.60$ ) scores, respectively (Table 2).

According to the results, only the mean scores of Diffuse Identity Style had a significant difference based on gender ( $P < 0.001$ ). The total score and other identity styles had no significant difference based on gender. Information and Diffuse identity styles accounted for the maximum ( $37.57 \pm 7.58$ ) and minimum ( $28.72 \pm 7.84$ ) mean  $\pm$  standard deviation.

### Discussion

In this study, we investigated the identity styles of students of Kerman University of Medical Sciences in 2014. The results showed that Diffuse Identity Style had a significant relationship with gender. Male students accounted for greater scores of Diffuse Identity Style. The study by Farsi Nejad [12] showed that male students mainly use

Diffuse Identity Style, which is consistent with our study. The study by Hejazi showed that gender had a significant relationship with identity styles: Male students obtained greater scores in Diffuse Identity Styles, while female students in Information Identity Style, which is consistent with our study. Total score of identity styles except for diffuse had no significant relationship with gender, meaning that identity styles are similar among male and female students [13]. The study by Davaji showed that identity styles had no significant relationship with gender, which is consistent with our study [14]. Concerning Commitment Style, Laboratory Medicine students (Associate's Degree) scored the top, while Laboratory Medicine students (Bachelor's Degree) hit the lowest point. The greatest total score of identity styles belonged to Laboratory Medicine students (Associate's Degree) and the lowest was for nursing students. The study by Kazemi et al. [15] on investigation of identity styles of three Iranian ethnic groups (Turkmen, Kurds and Mazeni) showed that Laboratory Medicine students obtained the greatest scores of total score of identity style, which is consistent with our study. In terms of Diffuse Identity Style, medicine and midwifery students obtained the greatest and lowest scores, respectively. The study by Maghsoudi et al. [16] on the relationship between identity styles and academic status of Gilan University, Iran students showed that diffuse identity style scored the top among medicine students, which is consistent with this research. The results also showed that living in private home had no significant relationship with identity styles. The study by Hejazi et al. [13] on gender differences in identity styles showed that living in private home had a significant relationship with identity styles, which is consistent with our study. The results showed that identity styles had a significant relationship with being native. Living in dormitory had no significant relationship with identity styles. The study by Sepahvandi et al. showed that a significant relationship was found between these two variables, inconsistent with the results of our study [17]. This might be associated with dormitory living environment,

Table 1: Demographic characteristics in Students.

Variables		N	%
Age	18	163	4/39
	19	250	6/60
Gender	Female	273	2/66
	Male	140	8/33
marital status	Single	387	5/93
	Married	26	5/6

Table 2: Mean and SD aspects of identity styles and students fields.

Aspects	Information Orientation	Normative Orientation	Diffuse/Avoidant	Commitment
Field				
Management	84/4 $\pm$ 90/38	69/4 $\pm$ 90/38	42/6 $\pm$ 28	14/3 $\pm$ 10/34
Radiology	11/7 $\pm$ 42/36	90/3 $\pm$ 72/30	93/4 $\pm$ 30/29	27/4 $\pm$ 15/30
Dental	05/7 $\pm$ 93/37	00/4 $\pm$ 25/32	50/5 $\pm$ 78/27	98/3 $\pm$ 32/31
Anastasia	61/6 $\pm$ 45/39	15/5 $\pm$ 30/35	41/6 $\pm$ 00/27	31/4 $\pm$ 05/32
Professional health	12/6 $\pm$ 82/40	87/3 $\pm$ 24/32	67/4 $\pm$ 61/26	10/4 $\pm$ 97/30
Medicine	46/5 $\pm$ 24/35	42/5 $\pm$ 08/30	80/6 $\pm$ 62/31	62/4 $\pm$ 79/30
Environmental health	42/5 $\pm$ 68/36	78/5 $\pm$ 85/31	75/5 $\pm$ 30/28	55/3 $\pm$ 70/30
General health	05/4 $\pm$ 20/37	22/6 $\pm$ 00/32	01/6 $\pm$ 06/28	37/4 $\pm$ 25/32
Laboratory science	97/5 $\pm$ 91/34	23/5 $\pm$ 18/30	78/5 $\pm$ 96/26	60/3 $\pm$ 03/29
Nutrition	62/6 $\pm$ 35/37	30/4 $\pm$ 00/33	24/8 $\pm$ 15/30	90/5 $\pm$ 68/32
Pharmacy	38/7 $\pm$ 00/38	79/5 $\pm$ 04/32	75/6 $\pm$ 59/28	49/4 $\pm$ 61/31
Midwifery	24/9 $\pm$ 69/45	46/5 $\pm$ 71/31	60/6 $\pm$ 35/21	13/3 $\pm$ 42/32
Nursing	39/8 $\pm$ 37/37	54/4 $\pm$ 87/30	10/12 $\pm$ 27/27	02/3 $\pm$ 04/29

facilities in dormitories, and participants. Age had no significant relationship with identity styles (information and normative).

### Limitations

Preoccupations of participants during data collection were found to be effective in responding the questions. Appropriate timing was taken into account in this regard.

### Conclusion

Lack of commitment to positive goals, membership in anti-social groups, and lack of clear identity can facilitate the tendency of adolescents to social harms. Therefore, training is very essential to reduce these factors.

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### Author Affiliations

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Nursing and Midwifery School, Zabol University of Medical Sciences, Zabol, Iran