



ASSESSMENT OF OBSESSIVE COMPULSIVE DISORDER (OCD) AMONG THE STAFF OF UNIVERSITY OF BENIN

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Cite this article:

Adeosun Praise Kehinde (2023), Assessment of Obsessive Compulsive Disorder (OCD) Among the Staff of University of Benin. British Journal of Education, Learning and Development Psychology 6(1), 27-37. DOI: 10.52589/BJELDP-ZLPV34OF

Manuscript History

Received: 15 Jan 2022

Accepted: 7 Feb 2023

Published: 22 Feb 2023

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ABSTRACT: *This study is an assessment of Obsessive Compulsive Disorder among the staff of the University of Benin using a descriptive survey research design. It was aimed at gathering relevant information on the occurrence of OCD among the academic and non-academic staff of the University of Benin. The population of the study included all the academic (188) and non-academic (84) staff in the Faculty of Education, University of Benin, Nigeria. The sample size for this study was 136 staff in the Faculty of Education. This was done by stratifying the staff into Academic and Non-Academic staff, thereafter simple random sampling was used to select a sample of 50% of the total number of academic and non-academic staff. Data were collected with a structured questionnaire (Questionnaire on Obsessive Compulsive Disorder, QOCD) administered to the sample. Research question 1 was answered using descriptive statistics, such as mean and standard deviation and hypotheses 1 and 2 were tested using a t-test of the Independent sample. The hypotheses were tested at 0.05 level alpha of significance. The findings of the study showed that there is no statistically significant difference in the occurrence of OCD between male and female staff of the University of Benin and also that there is no significant difference in the proportion of academic and non-academic staff with medium to high levels of OCD in the University of Benin, Nigeria.*

KEYWORDS: Obsessive Compulsive Disorder, Academic Staff, Non-academic Staff.



INTRODUCTION

Sometimes people are bothered about one thing or the other, for instance when people think about their past failures or when they feel that they are not meeting up with the standard of life. The feeling can also be that of losing someone close or of a genetic ailment and so on. When these thoughts always occur, they can result in obsession. Obsession could lead to depression. Sometimes people with obsession always act in a funny way because they want to behave as if nothing is wrong which could lead to compulsion. Compulsion is the way people behave in order to reduce depression gotten from obsession.

People engaged in compulsion think it can reduce or minimise the obsession, with such thinking, they continue to repeat their compulsions. For example, they check repeatedly that the door they locked is actually locked, they have felt that the clothing they just washed is dirty and so on. Compulsion can reduce depression for a while but it does not reduce it forever. People with OCD tend to do one thing continually, which can lead to a waste of time because what they are supposed to do for an hour can take them several hours and this in return can have a negative effect on their day-to-day activities, this negative effect can lead to reproach, humility and disgrace.

According to WHO (1992), OCD is common in close to 2.5% of the population or 1 individual in 40 is affected this makes it about twice as common as other conditions such as schizophrenia and bipolar disorder. It is also the fourth most frequent psychiatric disorder; it can be serious and debilitating. WHO regards OCD as one of the top 10 major causes of disability among all medical conditions in the world today.

OCD is an anxiety syndrome that is categorised by irrational thinking and doubts (obsessions) which make someone do things repeatedly (compulsions). Obsession is a situation when someone is always thinking about what can make him worry or be anxious while compulsion is when someone repeatedly does a particular thing in order to minimise worries or anxiety gotten through obsession. This may include checking whether the light is really switched off after one might have actually switched it off or thinking of jumping out of a moving vehicle, cancelling the correct answer provided while writing an examination while thinking it was a wrong one.

OCD is a disorder which involves people having unwanted thoughts, ideas or sensations that occur repeatedly (obsessions) which often makes them feel driven to behave or do something reiteratively (compulsion). It is a mental disorder in which an individual feels the necessity to carry out particular routines repeatedly called compulsions or has particular thoughts repeatedly called obsessions. The individual is incapable of controlling either unwanted thoughts or repetitious activities for a short period of time. OCD is a complicated neurological condition affecting many people.

OCD is a mental illness that involves repeated undesired thoughts or sensations (obsessions) or the urge to do a particular thing over and over again (compulsions). It is not about habits like sneezing or thinking negative thoughts. An obsessive thought may be that a particular number is “good” or “bad”. A compulsive habit might be to clean your hands five times with soap and warm water after touching something that could be dirty. Although it may not be deliberate to do these things the individual, however, finds it difficult to stop it.



Everyone has thoughts or habits they repeat occasionally. Individuals suffering from OCD have thoughts or habits that.

- Take up at least an hour a day
- Are beyond one's control
- Are not enjoyable
- Interfere with work, one's social life or other parts of their life.

OCD is a mental health condition characterised by distressing, instructive, unwanted and repetitive thoughts and compulsive physical or mental habits.

Literature has shown that there exists a discourse on the prevalence of OCD in the population. Geller, et al. (2021) stated that the prevalence of OCD in Africa ranges from 13.3% to 43.1%. In line with this finding, Hasanian (2021) presented that the frequency of probable Obsessive Compulsive Disorder among a sample in a university in Iraq was as high as 43%. Although, this appears to be quite high compared to the results of other researchers which range from 3.8% to 35.8% (Assareh et al 2016; Torres et al 2016; Opakunle et al, 2017).

Previous studies have however varied in their stance as to the occurrence of OCD among males and females (Hasanian, 2012; Torres et al, 2006; Jaisoorya, 2017). Jaisoorya (2017) presented that the prevalence of OCD in a sample of individuals in India was about 3.3% with a higher occurrence in males than females. Although a lot of support the claim that there is no statistically significant difference in the prevalence of OCD among females and males (Opakunle et al, 2017; Assareh et al 2016). Hasanian (2021) stated that even though the percentage of females with OCD in his study appeared to be more than the percentage of males (69.4% vs. 30.6%); however, this difference was not found to be significant.

Salina et al (2021) in a study on burnout and how it relates to psychological distress and job satisfaction among academicians and non-academicians investigated the presence of depression, anxiety and stress among academic and non-academic staff in the University of Technology, Malaysia. They found out that academic staff had higher anxiety, depression and stress than non-academic staff. These conditions are major signs of Obsessive Compulsive Disorder in individuals. This would suggest that among these academic staff would be a higher OCD occurrence than among the non-academic staff. However, Ekechukwu and Isiguzo (2016) presented that the mean difference in the prevalence of stress and its related mental health problems between academic and non-academic staff was statistically insignificant. This suggests that the occurrence of OCD among the teaching and non-teaching staff does not significantly differ.

Howbeit the fact although many persons experience insignificant obsessions (such as worrying about leaving the gas on) and compulsions (such as always double-checking if the gas is locked), these do not usually significantly affect their daily lives. However, for individuals with OCD, the obsessions and compulsions are of significantly higher frequency and intensity, hence having a big impact on how they live their lives. OCD affects the daily life and work of people with the disorder. For instance, repeating compulsions takes up a significant amount of time and they tend to avoid certain situations that trigger the OCD. This can mean that they are not able to attend some seminars or workshops, carry out some given responsibilities or



assignments or spend too much time on projects they are given. Obsessive thoughts make concentration difficult and leave them feeling exhausted. OCD can therefore have a profound effect on the life of people with the disorder as their functioning is significantly impaired in about 50% (Piacentini et al, 2003). Poor concentration is usually common due to distractions caused by intrusive and disconcerting thoughts. Compulsive behaviours also affect the individual's life and work. For instance, repetitions of rituals such as re-reading and re-writing take up the person's time considerably and even reduce the quality of his/her work. OCD could also make a person avoid situations at work that may provoke obsessions. For instance, avoiding at all costs areas they assume to be contaminated, such as public toilets or situations they perceive as dangerous, such as avoiding teaching a large class of students for fear of germs and communicable diseases. In dire cases, an individual may be incapable of going to work all together and prefer to work from home for fear of leaving the house. Also, people with OCD frequently engage in long and complicated rituals, and this may mean that they stay awake late into the night until they have completed their compulsions to their satisfaction. In this case, such persons are likely to be exhausted at work and maybe constantly late or even become socially withdrawn.

Therefore, social interaction at work can also suffer due to OCD. A person that has contamination fears would feel reluctant to be physically near others and would hence be unable to participate in many typical activities of work life; for example, team projects, teaching (for academic staff) or even eating in the school cafeteria. Also, many persons suffering from OCD are embarrassed by their compulsions and rituals and may refrain from any social situation that could provoke them (Grant, 2014). They may feel that they have to hide their OCD from other people especially those close to them or their anxieties and doubts about a relationship could make it quite difficult to even start or continue. When they do engage in their compulsions in the company of others, they may be perceived as socially odd and are likely to be teased or altogether avoided by their colleagues (Opakunle et al, 2017). Hence, they may often feel ashamed or lonely. They feel ashamed of their obsessive thoughts and may worry that they cannot be treated. They might decide to conceal this part of themselves from people around them, so it may be difficult for them to be around other people or go outside making them feel lonely and isolated. This is not only problematic at work as OCD can pose a challenge in forming relationships with family members also.

At home obsessions and compulsions may cause people to become quite irritable in the view of other family members, often leading to increased arguments with family members. They tend to constantly question and seek reassurance from their family members concerning their particular obsessions and compulsions (For example, did you lock the door well? Are those plates clean?). This repetitive reassurance seeking even after been showed that these things have been done can lead to tension and disagreement among the family members. Also, family members could become increasingly involved in their compulsions. They may have to wash and rewash dishes, and place the property of the OCD person in the particular order they desire every single time as moving it slightly out of position could lead to distress.

Genetics, temperament, traumatic life experiences, and even modelling parental behaviour have all been considered as potential causes of the disorder. However, the factors that cause OCD have been categorized into three main categories (Jaisoorya et al, 2017)



- **Biological factors:** Research reveals that OCD could be caused by some biological factors that occur in humans. Research suggests that OCD is associated with challenges in communication between the front region of the brain and other deeper structures. These brain structures use a chemical messenger called serotone. A number of biological theories argue that a shortage of the brain's chemical serotonin may play a role in the development of OCD (Feneske & Petersen, 2015). Images of the human brain at work also show that in some individuals, the brain circuits associated with OCD gradually get normal with either serotone medicines or cognitive behaviour therapy (CBT). However, it's unclear whether this is the cause or an effect of the condition. Other researches show that OCD may be hereditary. According to the International OCD Foundation (2019), OCD runs in families and genes are probably involved in the development of the disorder. However, there has not been sufficient evidence to support this suggestion. Hence it is still unclear the validity of biological factors as causes of OCD.
- **Personal Experiences:** Some studies suggest that OCD is developed as a result of personal experience and that this may appear in several ways. Which could be OCD behaviours learned as a technique for coping with stressful or traumatic experiences probably from parents or guardians with similar anxieties and compulsive behaviour, painful childhood experiences, such as trauma, abuse or bullying. In this case, the individual uses Obsessions and compulsive behaviours as coping mechanisms and in the process develops OCD, ongoing anxiety and stress, or experiences a traumatic event like a motor accident or an illness, which could trigger OCD to worsen it. For some women, pregnancy or birth can trigger prenatal OCD.
- **Personality:** Some research postulates that people with certain personality characteristics may be more probable to have OCD. For instance, individuals that are neat, meticulous, and methodical with high standards, could be more likely to develop OCD.

Obsessive-compulsive disorder can start at any age but the typical age of onset is adolescence or early adulthood and tends to be life-long if left untreated (Rasmussen, & Eisen, 1992; Noshirvani et al, 1991). Childhood-onset is not rare, however, based on the tendency for OCD to begin during the period of young adulthood, a lot of studies have committed to investigating its prevalence among university students who are young adults (Hasanian, 2012; Torres et al, 2006). However, few studies have attempted to investigate this disorder among the staff that work in these universities and are expected to assist these students in their academic journeys. This is what this present study intends to investigate. It seeks to provide information on obsessive-compulsive disorder among university staff.

Statement of the Problem

OCD is ranked the fourth most prevalent psychiatric disorder. It can be very severe and debilitating to all aspects of a person's life; work, family, studies and leisure. In the United States of America, it is estimated that 1 in 100 adults currently have OCD while at least 1 in 200, that is, 500,000 children and teens currently have OCD. Therefore, in a medium-to-large corporation, there could be 4-10 people struggling with the challenges caused by high levels of OCD (Lang, 2009). These statistics are not any different in Nigeria, and Africa as a whole. It has been discovered that the prevalence of OCD in Africa ranges from 13.3% to 43.1% and



90% of affected people do not receive any form of pharmacological or psychological treatment, especially those with mild and moderate symptom severity (Geller, et al. 2021).

So many challenges are faced by workers with OCD which include family distress (Calvocoressi et al, 1995), reduced work efficiency due to poor concentration and ineffective use of time (Piacentini et al, 2003), difficulty in building social relationships and social isolation (Opakunle et al, 2017), depression, anxiety and so on. These, in turn, cause challenges to the university system which relies on the efficiency and productivity of these staff. It, therefore, becomes requisite to investigate this disorder among the university staff so as to furnish the universal body of knowledge on the presence of OCD among university staff in Nigerian universities. Therefore, the goal of this study is to investigate the level of Obsessive Compulsive Disorder (OCD) among the staff at the University of Benin, Nigeria.

Research Questions

This study will be guided by the following research questions:

1. What is the level of OCD among faculty of education staff at the University of Benin?
2. Is there a significant difference in the number of male and female staff with levels of OCD at the University of Benin?
3. Is there a significant difference in the levels of OCD of academic and non-academic staff at the University of Benin?

Hypotheses

The following hypotheses were formulated and tested at a 0.05 level of significance.

1. There is no significant difference in the number of male and female staff with levels of OCD at the University of Benin.
2. There is no significant difference in the levels of OCD of academic and non-academic staff at the University of Benin.

METHODOLOGY

The descriptive survey research design is adopted for the study. This study was conducted among University of Benin staff. The population of the study included all the academic (188) and non-academic (84) staff in the Faculty of Education, University of Benin, Nigeria. The sample size of the study was 136 staff in the Faculty of Education. This was done by stratifying the staff into Academic and Non-Academic staff, thereafter simple random sampling was used to select a sample of 50% of the total number of academic and non-academic staff. Data were collected with a structured questionnaire (Questionnaire on Obsessive Compulsive Disorder, QOCD) administered to the sample. The questionnaire consisted of two parts: one part contained socio-demographic features and the other part consisted of 20 items. The response options for each item consisted of the scale (strongly agree, agree, disagree, strongly disagree) which coded from 4-1 respectively. All 20 questionnaire items were used for the assessment of



four aspects of symptoms related to OCD, including checking, contamination, symmetry and ruminations.

All participant staff members were assured of confidentiality as they participated in the questionnaire filling. Research question 1 was answered using descriptive statistics, such as mean and standard deviation and hypotheses 1 and 2 were tested using a t-test of Independent statistics. The hypotheses were tested at 0.05 level alpha of significance.

FINDINGS

Research Question one: What is the level of OCD (checking, contamination, symmetry and order, ruminations and intrusive thoughts) among faculty of education staff at the University of Benin?

Table 1: Descriptive statistics of the levels of OCD among University of Benin Staff

	N	Mean	Std. Deviation
OCD	136	46.41	7.30

Table 1 shows a mean value of 46.41 and a standard deviation of 7.30. Since the calculated value is greater than the table mean of 2.50, then the level of OCD is high.

Table 2: Descriptive statistics for the levels of OCD

	N	Mean	Std. Deviation	Decision
Checking	136	11.5729	3.53254	High
Contamination	136	10.8125	2.18758	High
Symmetry and ordering	136	14.7083	2.19049	High
Ruminations and intrusive thought	136	9.3229	2.15941	High

Table 2 above shows the mean values of the levels of Checking, Contamination, Symmetry and Ordering, Ruminations and Intrusive thoughts as 11.5729, 10.8125, 14.7083 and 9.3229 respectively and corresponding respective standard deviation values of 3.53254, 2.18758, 2.19049 and 2.19049. Since the calculated values are greater than the table mean of 2.50, then the level of OCD is high. The level of symmetry and order has the highest mean of 14.7083, followed by checking, contamination and rumination and intrusive thoughts.

Hypothesis one: There is no significant difference in the number of male and female staff with levels of OCD at the University of Benin.

**Table 3: t-test of independent difference in levels of OCD between male and female staff**

	Sex	N	Mean	Std. Deviation	df	t	Sig. (2-tailed)
OCD	Male	76	46.68	7.05	134	.450	.577
	Female	50	46.00	7.75			

$\alpha = 0.05$

Table 3 shows a calculated t-value of .450 and p-value of .577, testing at an alpha level of 0.05. Since the p-value is greater than the alpha level, the null hypothesis which states that “there is no significant difference in the number of male and female staff with levels of OCD in the University of Benin” is retained. This implies that there is no significant difference in the levels of OCD between male and female faculty of education staff at the University of Benin.

Hypothesis Two: There is no significant difference in the levels of OCD of academic and non-academic staff at the University of Benin.

Table 4: t-test of independent difference in levels of OCD between academic and non-academic staff

	Staff	N	Mean	Std. Deviation	Df	t	Sig. (2-tailed)
OCD	Academic	54	44.61	7.05	134	-2.846	.981
	Non-academic	42	48.73	7.75			

$\alpha = 0.05$

Table 4 shows a calculated t value of -2.846 and p-value of .981, testing at an alpha level of 0.05. Since the p-value is greater than the alpha level, the null hypothesis which states that “there is no significant difference in the levels of OCD of academic and non-academic staff in the University of Benin” is retained. This implies that there is no significant difference in the levels of OCD between academic and non-academic Faculty of Education staff at the University of Benin.

DISCUSSION OF FINDINGS

The findings of the study revealed that the level of OCD among the staff of the faculty of education at the university of Benin is high. The study showed that staff shows high levels of checking, contamination, symmetry and ordering and ruminations. The level of symmetry and order was however found to be higher than the others. This finding is in agreement with the findings of Hasanian (2021) which showed that the prevalence of OCD in a university in Iraq was as high as 43%. It is also in concord with the findings of Salina (2021) which showed high levels of anxiety, depression and stress among university staff. However, the study indicated the percentage levels to be 23%, 11% and 5% respectively. These levels are lower than the levels obtained in this study. This could be due to the fact that the current study measures more closely the aspects of OCD rather than the effects such as anxiety.



The findings of the study further revealed that there is no statistically significant difference in the occurrence of OCD between male and female staff of the University of Benin. This is in concordance with the findings of Opakunle et al, 2017; Assareh et al 2016 Noshirvani et al (1991) Hasanian (2021) stated that even though the percentage of females with OCD in his study was obviously higher than the percentage of males (69.4% vs. 30.6%); however, this difference was not found to be significant. The finding, however, stands in disagreement with the findings of Jaisoorya (2017) who found that the prevalence of OCD among a sample of individuals in India was about 3.3% with a higher prevalence in males than females.

The findings of the study also revealed that there is no significant difference in the levels of OCD of academic and non-academic staff with medium to high levels of OCD at the University of Benin. This is in agreement with the findings of Ekechukwu and Isiguzo (2016) whose study showed that the mean difference in the prevalence of stress and its associated mental health problems between academic and non-academic staff was too negligible to be significant. It is, however, in disagreement with the findings of Salina et al (2021) whose findings showed that academic staff had higher anxiety, depression and stress than non-academic staff. This would suggest that they would be more likely to have OCD than their non-academic counterparts. However, the finding of this current study does not support that suggestion. This disparity could be because the previous study focused more on anxiety and stress, while the present study focuses wholly on OCD whose symptoms may include anxiety and stress.

CONCLUSION

OCD is a relatively common anxiety disorder experienced by as many as 3% of individuals at any particular point in time. The disorder is characterized by obsessions and compulsions which cause significant distress, are time-consuming and impact the individual's day-to-day life at work and at home. It is often left undetected and treated as many people are usually embarrassed about their obsessions and compulsions. Notwithstanding, early detection and diagnoses are important for effective treatment. If left untreated, OCD typically persists and can seriously disrupt a person's functioning, and social and family life and negatively impact relationships with peers and future development. School administration can play an important role in a person's adaptation to life with OCD.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Staff especially Counselors can reinforce the message that OCD is a known and treatable problem and in turn encourage staff members of universities to seek professional assessment and treatment. There are also a number of pragmatic ways in which universities can help to minimize the impact of OCD on its workers.
2. It can be helpful to give extra time for the completion of projects as it is well established that compulsions such as ensuring symmetry and order and intrusive thoughts can slow individuals down or impair their concentration. Alternative rooms in which to work or use as convenience could be arranged if particular offices or restrooms trigger obsessions or rituals.



3. Head of Departments and university counsellors to establish ways in which they can support individuals with high levels of OCD in implementing treatment strategies in the classroom. For instance, a person with obsession worries about being contaminated by others may be given the task of coordinating a small group of students on a particular product and being in contact with them, as part of their treatment with permission from the Head of the Department.
4. More sensitization about OCD among staff should be carried out. It is of significant importance that everyone in the university setting, academic, and non-academic staff and students alike, have credible knowledge of what OCD is all about.

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