

A study to assess the level of perfectionism and health status among undergraduates of a selected College of Nursing, Ludhiana, Punjab

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ABSTRACT

Introduction: Perfectionism is characterized by striving for flawlessness and setting exceedingly high performance. Perfection not only affect mental health but also physical and social health. Components of perfectionism have been suggested as leading to diverse social outcomes as well. Perfectionists often set excessively high standards for themselves, leading to constant stress and dissatisfaction when these standards are not met. This relentless pursuit can result in feelings of inadequacy and despair. Perfectionism is strongly linked to higher levels of anxiety and depression.

Aim: To assess the level of perfectionism and health status among undergraduates.

Methodology: A quantitative research approach & non-experimental cross sectional descriptive design was used to assess perfectionism and health status among undergraduate students. Data was collected from a sample of 204 undergraduates of DMCH College of Nursing, Malakpur, Ludhiana, Punjab by using total enumerative sampling technique. Responses were collected by self-report method using Positive and Negative perfectionism scale for perfectionism and The RAND 36-Item Health Survey for health status. Data was tabulated and analyzed using descriptive & inferential statistics.

Results: The study revealed that majority (65.2%) of undergraduates were in age group of 19-20 years with mean age 19.20 ± 1.106 in years out of 204 undergraduates, (90.2%) were females, (64.2%) were Sikh, (52.9%) were of 1st birth order, (70.6%) belonged to nuclear family, (78.4%) were staying in hostel, (99.5%) had no personal history of psychiatric illness, (99.0%) had no family history of psychiatric illness, (53.4%) were from upper middle class. There was very weak positive correlation between negative perfectionism and health status which was statistically non-significant. There was weak negative correlation between positive perfectionism and health status which was also statistically non-significant.

Conclusion: The present study concluded that majority of the undergraduates had average level of positive and negative perfectionism as well as the mean score (673.16 ± 185.94) was higher in the physical functioning domain of health status. Hence, it can be said that both high positive and negative perfectionism affects health status of undergraduates.

Keywords: positive perfectionism, negative perfectionism, health status and undergraduates.

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INTRODUCTION

Perfectionism is a personality trait that have been associated with motivational, cognitive, affective, and behavioral aspects which predict a good academic performance and overall growth of individual. There are two aspects of perfectionism completely distinguished from One another, positive perfectionism or adaptative includes perfectionism challenges such as setting high level of personal standards and trying to be the perfect. Another aspect is negative perfectionism or maladaptive that includes prefectural worries such as worrying about making mistakes, uncertainty, and fear of the judgments and disharmony of expectations and results. 1

More specifically, negative perfectionism or maladaptive perfectionism has been associated with anxiety sensitivity, lower self-esteem and higher self-criticism, depression, indices of poor adjustment and general psychopathology in college students which reduces life satisfaction. Additionally, negative perfectionism has been related to hopelessness and suicidal thoughts. 2 Some studies had suggested that people with high perfectionism worry more and experience feelings of helplessness and a lack of control on emotions that can affect academic performance of individual.4 The prevalence of perfectionism has been increasing significantly, particularly among young people. Studies indicate that between 1989 and 2016, the scores for self-oriented perfectionism increased by 10%, while scores for socially prescribed perfectionism raise by 33% among college students in the United States, Canada, and the United Kingdom (ScienceDaily) (American Psychological Association).3

Although the World Health Organization (WHO) does not provide specific global statistics on perfectionism, it recognizes that perfectionism contributes to various mental health issues, including anxiety, depression, and other stress-related conditions. The WHO's comprehensive approach to mental health emphasizes the importance of addressing these underlying factors to improve overall mental well-being.3

Perfectionism with colleagues, friends, and partners usually commingle. Perfectionist typically can't stop thinking of this way for one group of people over another. You're judging the other person as much as you judge yourself, when you bring this thought process into relationships, and that's not healthy for any relationship.4 Another drawback to the perfectionist mindset is that perfectionists often are not attentive or actually present in the moment. Because they are worrying about or critiquing what's going on

around them, or lost in their thoughts, they are living inside their head. they may be worried about a future decision or replaying something that happened today.5 Research studies have extensively documented that the impact of perfectionism on mental health, has revealed generally negative influence. Perfectionism is strongly linked to higher levels of anxiety and depression. Perfectionists often set excessively high standards for themselves and others, leading to constant stress and dissatisfaction when these standards are not met. This relentless pursuit can result in feelings of inadequacy and despair. Individuals with perfectionist tendencies are at an increased risk of developing obsessive-compulsive disorders. Their need for order and control can manifest in repetitive behaviours and obsessive thoughts aimed at achieving flawlessness.6,7

Perfectionists may strive for an ideal body image, leading to unhealthy eating habits and a distorted body image. Their constant need to achieve perfection can lead to overworking, exhaustion, and eventually burnout, affecting both physical and mental health.37,38 Perfectionists tend to be overly critical of themselves, focusing on their flaws and failures rather than their achievements, The unrealistic expectations and critical nature of perfectionists can lead to conflicts and a sense of isolation as they may struggle to connect with others on an authentic level. Overall, while a certain level of perfectionism can drive success and productivity, excessive perfectionism is detrimental to mental health, fostering a range of psychological issues that hinder overall well-being.8,9,

Researches had also suggested that extreme perfectionism can affect overall health status. In conclusion, this study aims to assess the level of perfectionism and its correlation with health status among undergraduate students. Understanding this relationship is crucial, as high levels of perfectionism have been linked to various health issues, including stress, anxiety, and depression. By identifying the prevalence and impact of perfectionism within this population, the study seeks to contribute valuable insights that could inform interventions to promote better mental and physical health among students. This research is expected to provide a foundation for future studies and practical applications in educational and health settings.

Problem statement

A study to assess the level of perfectionism and health status among undergraduates of a selected College of Nursing, Ludhiana, Punjab.

Aim

To assess the level of perfectionism and health status among undergraduates.

Objectives

- 1.To assess the level of perfectionism and health status among undergraduates.
- 2.To find out the relationship between perfectionism and health status among undergraduates.
- 3.To determine the association of perfectionism and health status among undergraduates with their selected socio– demographic variables.

METHODOLOGY

A quantitative research approach & non-experimental cross sectional descriptive design was used to assess perfectionism and health status among undergraduate students. Data was collected from a sample of 204 undergraduates of selected College of Nursing, Ludhiana, Punjab by using total enumerative sampling technique. Responses were collected by self-report method using Positive and Negative perfectionism scale for perfectionism and The RAND 36-Item Health Survey for health status. In the present study, the reliability of positive and negative perfectionism scale and The RAND 36-Item Health Survey for health status was checked by Cronbach's alpha method. Polit study was conducted in the month of February 2024 on 1/ 10th of total sample and was carried out on 20 students of 5th semester B.Sc. (N) students of selected College of Nursing, Ludhiana, Punjab. Final data was collected in the month of February 2024 from 26.02.2024 to 16.03.2024. The ethical approval was obtained from the ethical committee of DMC & Hospital and also written permission was obtained from the Principal of selected College of Nursing to conduct study.

Selected tools: The tool was selected on the basis of literature review and consultation with experts and guides.

The following tool was used for data collection. It consisted of 3 parts i.e., Socio-Demographic profile of undergraduates, Positive and Negative perfectionism scale (Terry-Short et al., 1995) to assess perfectionism and The RAND 36-Item Health Survey (Hays & Shapiro, 1992; Stewart, Sherbourne, Hays, et al., 1992) to assess health status were found to be appropriate and selected to assess perfectionism and health status among undergraduate students.

Description of Tools

The tool comprised of three parts:

Part A: Socio- demographic Profile of undergraduates.

It consisted of 13 items regarding socio demographic variables i.e age, gender, place of stay, religion, types of family, birth order, type of school during +2, education of father, education of mother, occupation of father, occupation of mother, history of psychiatric illness, family history of psychiatric illness and socio-economic status (according to Kuppaswamy socio economy scale, 2023).

Part B: Positive and negative perfectionism scale

The Positive and Negative Perfectionism Scale was developed by (Terry-short et al., 1995). It is a standardized tool consisting of 40-item self-report inventory to assess the levels of positive and negative perfectionism. It is 5-point response format, indicating for each item either "strongly agree" (scored 5), "agree" (scored 4), "don't know" (scored 3), "disagree" (scored 2), or "strongly disagree" (scored 1). Item responses are summed to give individual subscale scores that can range from minimum 20 to maximum 100. Higher values indicate greater positive and negative perfectionism. Researcher used this standardized tool after obtaining permission from tool developer through e-mail.

Positive perfectionism - items 2, 3, 6, 9, 14, 16, 18, 19, 21, 23, 24, 25, 28, 29, 30, 32, 34, 35, 37, 40.

Negative perfectionism - items 1, 4, 5, 7, 8, 10, 11, 12,

Score	Levels of positive perfectionism
77-100	High
65-76	Average
0-64	Low

13, 15, 17, 20, 22, 26, 27, 31, 33, 36, 38, 39.

Table 1. Criterion measure of positive perfectionism

Score	Levels of positive perfectionism
60-100	High
42-59	Average
0-41	Low

Table 2. Criterion measure of negative perfectionism

Part C: RAND 36 – The RAND 36-Item Health Survey (Hays & Shapiro, 1992; Stewart, Sherbourne, Hays, et al., 1992)

The health status was measured by RAND 36-Item Health Survey. It is an standardized tool. It has eight

domains i.e., physical functioning (item no.3,4,5,6,7,8,9,10,11,12), role limitations due to physical health problems (item no 13,14,15,16), bodily pain (item no.21,22), energy /fatigue(item no 23,27,29,31), general health (item no 1,33,34,35,36), role limitations due to emotional problem(item no 17,18,19), emotional well-being (item no 24,25,26,28,30) and social functioning (item no 20,32). This tool is available on public domain.

Scores of subscales ranging from 0 to 100, with 100 representing the highest level of functioning possible. Aggregate scores were compiled as a percentage of the total points possible, using the RAND scoring table. The scores from those questions that address each specific area of functional health status were then averaged together, for a final score within each of the 8 dimensions measured. (eg pain, physical functioning etc.)

Validity of Tool

Tools were given to experts from the field of Nursing (Medical Surgical Nursing, Obstetrics and Gynaecology Nursing, Child Health Nursing, Paediatrics and Mental health (Psychiatry) Nursing for content validity. The experts' suggestions and corrections were incorporated and tool was modified and finalized accordingly. Positive and Negative Perfectionism Scale (PNPS) I-CVI =0.80 Indicates good content validity (items clearly represent perfectionism traits) and RAND-36 Health Survey Reported I-CVI = 0.78 Indicated good content validity. The tool was found to be valid for the study.

Reliability of Tool

The reliability of tool was predetermined with Cronbach's alpha for the positive and negative perfectionism scale have been reported as 0.86 and respectively for RAND 36-Item health survey as >0.80. Hence, the tools were considered reliable.

In the present study, the reliability of positive and negative perfectionism scale was checked by Cronbach's alpha method. The calculated reliability of the positive and negative perfectionism scale was 0.71, and for RAND 36-Item health survey the reliability was 0.89 hence the tool was found to be reliable.

Data collection procedure

- Final data was collected in the month of February 2024 from 26.02.2024 to 16.03.2024.
- A written permission was obtained from the Principal of DMCH College of nursing, Malakpur, Ludhiana, Punjab to conduct study.

- Sample was selected by non - probability total enumerative sampling technique.
- Self-introduction was given to the enrolled subjects.
- Subject information sheet was given to the subjects after explaining purpose and benefits of the study.
- Anonymity of subjects and confidentiality of information was maintained during the study.
- Data was collected by self-report (pen and paper method).
- Data was collected regarding students profile including socio-demographic, perfectionism and health status by self-report (pen and paper method).
- During data collection researcher read out the instructions and subjects were asked to read the instructions themselves. Doubts raised by the subjects were clarified which included tough terms of the tools. Complete set of all three parts of tool was given to subjects. It took 40 min to complete all three parts of tool.
- IEC material (pamphlet) on perfectionism was provided to subjects.

Ethical Consideration

- Ethical clearance was undertaken from Ethical Committee Hospital, Ludhiana, Punjab.
- A written permission was obtained from the Principal of DMCH College of nursing, Malakpur, Ludhiana, Punjab to conduct study.

Plan of Data Analysis

- Descriptive and inferential statistics were used for analysis.
- The analysis of data was done in accordance with objectives of the study.
- Calculations were carried out with the help of Microsoft Excel and SPSS version 25.
- The various statistical measures used for analysis were frequency, percentage, distribution, mean, standard deviation, t test and ANOVA test, Cronbach's alpha.

RESULT

Table 1: explains that majority 133(65.2%) of undergraduates were of the age group of 19-20 years followed by 49(24.0%) is the age group of 17-18 years,18(8.8%) in age group of 21-22years and only 4(2.0%) in 23-24years of age with mean age19.20±1.106. Most of them 184(90.2%) were females whereas only 20(9.8%) were male. As per religion majority of them 131(64.2%) of undergraduates were Sikh followed by 62(30.4%) Hindu, 8(3.9%) Christian and only 3(1.5%) were

Muslim. More than half 108(52.9%) were of 1st birth order whereas 83(40.7%) of were of 2nd birth order ,10(4.9%) of 3rd birth order and only 3(1.5%) were of 4th birth order. Most of undergraduates 144(70.6%) were from nuclear family and 60(29.4%) were from joint family. Majority 160 (78.4%) were staying in hostel followed by 33(16.2%) in home whereas only 11(5.4%) were staying in paying guest. Majority 203(99.5%) of undergraduates have no personal history of psychiatric illness followed by only 1(0.5%) have personal history of psychiatric illness. Majority 202(99.0%) of undergraduates have no family history of psychiatric illness followed by 2(1.0%) have family history of psychiatric illness. Majority 109(53.4%) were upper middle class followed by 61(29.9%) lower middle class, 27(13.2%) upper class whereas 7(3.4%) were from upper lower class.

Hence, it can be said that majority of undergraduates were in age group of 19-20 years with mean age 19.20 ± 1.106 , female, Sikh, and of 1st birth order. Majority of them were staying in hostel. Majority of their father were graduated and working whereas majority of the mothers were graduated and not working. Only one undergraduate had personal history of psychiatric illness and 2 undergraduates had family history of psychiatric illness. Half of the undergraduates had upper middle class socio-economic status.

Table 1: Frequency and percentage distribution of undergraduates as per their socio- demographic profile

Socio -demographic variables	f (%)
Age (in years)*	
17-18	49(24.0)
19-20	133(65.2)
21-22	18(8.8)
23-24	4(2.0)
Gender	
Male	20(9.8)
Female	184(90.2)
Religion	
Hindu	62(30.4)
Sikh	131(64.2)
Christian	08(3.9)
Muslim	03(1.5)
Birth Order	
1 st	108 (52.9)
2 nd	83(40.7)
3 rd	10(4.9)
4 th	3(1.5)
Type of family	
Nuclear	144(70.6)
Joint	60(29.4)
Place of stay	
Hostel	160(78.4)
Home	33(16.2)
Paying Guest	11(5.4)

Personal history of psychiatric illness(n=1) Yes** no	01(0.5) 203(99.5)
Family history of psychiatric illness yes no if yes, specify the illness(n=2)*** 1.depression 2.hungtionton	2(1.0) 202(99.0) 1(50.0) 1(50.0)
Socio-economic status Upper Upper middle Lower middle Upper lower	27(13.2) 109(53.4) 61(29.9) 7(3.4)

*Mean age (in years) = 19.20 ± 1.106

**Dissociative disorder

***relation(father)

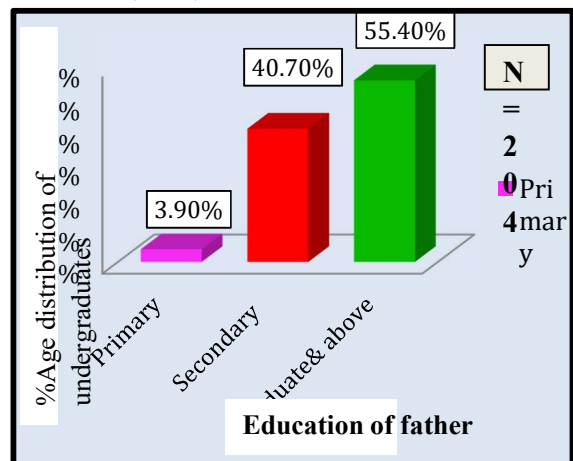


Figure 2: Distribution of undergraduates as per their education of father

Figure2: illustrates that majority 113(55.4%) of the father of undergraduates were graduated and above followed by 83(40.7%) educated up to secondary level and only 8(3.9%) educated up to primary level.

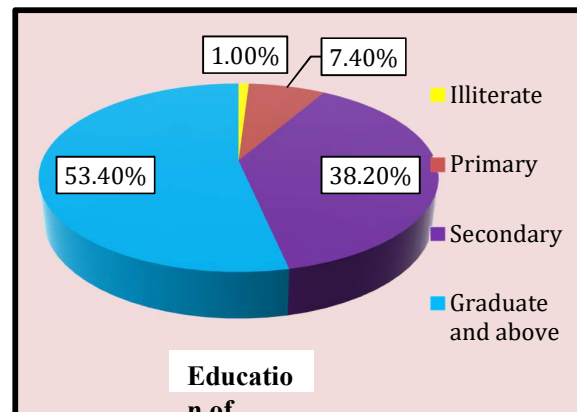


Figure 3: Distribution of undergraduates as per their education of mother

Figure 3: reveals that majority 109(53.4%) of the mother of undergraduates were graduated and above followed by 78(38.2%) educated up to secondary level, 15(7.4%) educated up to primary level and only 2(1.0%) were illiterate

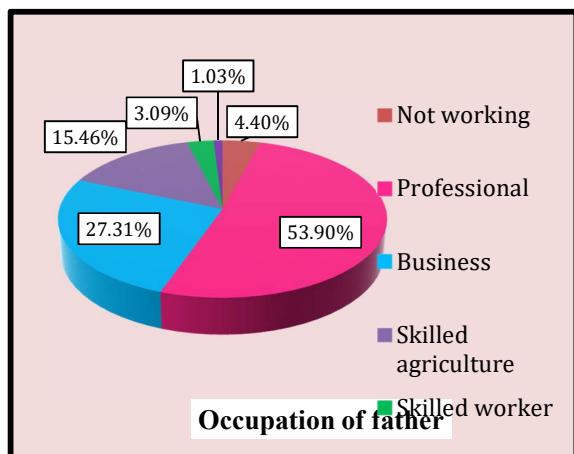


Figure 4: Distribution of undergraduates as per their occupation of father

Figure 4: exhibits that majority 194(95.1%) of the fathers of undergraduates were working whereas 9(4.4%) were not working. Majority 103(53.9%) of the fathers of undergraduates were professionals whereas 53(27.31%) were having their own business, 30(15.46%) were skilled agriculture, 6(3.09) were skilled worker and only 2(1.03%) were labour.

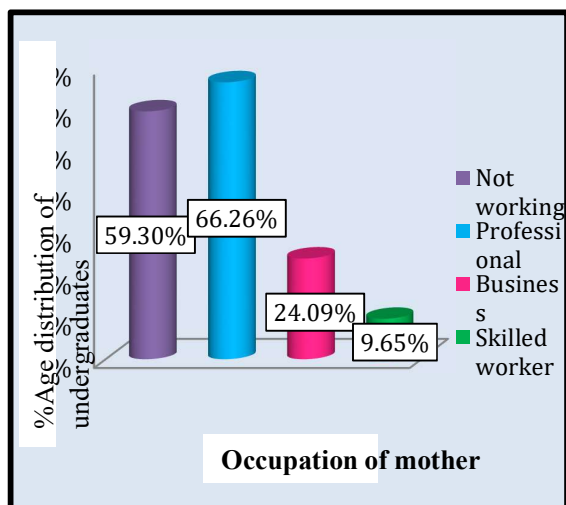


Figure 5: Distribution of undergraduates as per their occupation of mother

Figure 5: depicts that majority 121(59.3%) of mothers of undergraduates were not working whereas

83(40.7%) were working. Majority 55(66.26%) of the mother of undergraduates were professionals whereas 20(24.09%) were having their own business and only 8(9.65%) were skilled workers.

Table 2: Frequency, percentage and mean & standard deviation distribution of undergraduates as per their level of positive perfectionism

Levels	Score	f%	Mean $\pm$ SD
Low	0-64	28(13.7)	61.57 $\pm$ 3.23
Average	65-76	124(60.8)	70.25 $\pm$ 3.13
High	77-100	52(25.5)	79.67 $\pm$ 2.89

Overall Mean $\pm$ SD= 71.32 $\pm$ 6.33

Table 2 depicts that majority 124(60.8%) of the undergraduates had average level of positive perfectionism followed by 52(25.5%) high level of positive perfectionism whereas only 28(13.7%) had low level of positive perfectionism.

Hence, it can be concluded that majority of undergraduates had average level of positive perfectionism.

Table 2(a): Frequency, percentage and mean & standard deviation distribution of undergraduates as per their level of negative perfectionism.

N=204

Levels	Score	f%	Mean $\pm$ SD
Low	0-41	30(14.7)	36.23 $\pm$ 3.90
Average	42-59	128(62.7)	50.38 $\pm$ 4.97
High	60-100	46(22.5)	64.10 $\pm$ 3.70

Overall Mean $\pm$ SD= 51.39 $\pm$ 9.58

Minimum Score- 20

Maximum Score- 100

Table 2(a) depicts that majority 128(62.7%) of the undergraduates had average level of negative perfectionism followed by 46(22.5%) high negative level of perfectionism whereas 30(14.7%) had low level of negative perfectionism.

Hence, it can be concluded that majority of undergraduates had average level of negative perfectionism.

Table3 : Mean and Standard deviation of undergraduates as per their health status.

Correlation between:	Mean $\pm$ SD	r (p)
Positive perfectionism & Health status	71.32 $\pm$ 6.33	- 0.064(0.366) ^{NS}
	2181.39 $\pm$ 507.35	
Negative & Health status	51.39 $\pm$ 9.58	0.08(0.344) ^{NS}
	2181.39 $\pm$ 507.35	

N=204

Domains of health status	Range of Score	Mean $\pm$ S.D
Physical functioning	0-1000	673.16 $\pm$ 185.94
Role limitation due to physical health	0-400	224.26 $\pm$ 141.63
Role limitation due to emotional problems	0-300	167.15 $\pm$ 115.96
Energy/fatigue	0-400	216.96 $\pm$ 73.52
Emotional well being	0-500	289.77 $\pm$ 93.13
Social functioning	0-200	118.23 $\pm$ 43.84
Pain	0-200	134.11 $\pm$ 42.47
General health	0-500	304.77 $\pm$ 83.25

Overall Mean $\pm$ SD=2181.39 $\pm$ 507.35

Table 3 illustrates that undergraduates obtained highest mean score (673.16 $\pm$ 185.94) in the domain of physical functioning of health status as compared to general health (304.77 $\pm$ 83.25), emotional well-being (289.77 $\pm$ 93.13), role limitation due to physical health (224.26 $\pm$ 141.63), (216.96 $\pm$ 73.52) energy/fatigue, (167.15 $\pm$ 115.96) role limitation due to emotional problems, (134.11 $\pm$ 42.47) pain, and social functioning (118.23 $\pm$ 43.84).

Hence, it can be concluded that physical functioning was high among undergraduates as compared to other domains of health status.

Table 4: Correlation between Perfectionism and Health status among undergraduates

N=204

Domains of health status	Range of Score	Mean $\pm$ S.D
Physical functioning	0-1000	673.16 $\pm$ 185.94
Role limitation due to physical health	0-400	224.26 $\pm$ 141.63
Role limitation due to emotional problems	0-300	167.15 $\pm$ 115.96
Energy/fatigue	0-400	216.96 $\pm$ 73.52
Emotional well being	0-500	289.77 $\pm$ 93.13
Social functioning	0-200	118.23 $\pm$ 43.84
Pain	0-200	134.11 $\pm$ 42.47
General health	0-500	304.77 $\pm$ 83.25

**Highly significant p < 0.01 level

*Significant p < 0.05 level

NS (Non-significant)

Table 4 depicts that positive perfectionism had weak negative correlation with health status which was statistically non-significant. Hence, it can be narrated that as positive perfectionism increases health status decreases. Similarly, findings revealed that negative perfectionism and health status had very weak positive correlation but difference in mean found to be statistically non-significant. Hence, it shows that as negative perfectionism increases health status also increases.

Hence, it can be concluded that positive as well as negative perfectionism affects health status of undergraduates.

Table 5: Association of perfectionism with sociodemographic variables of undergraduates

Sociodemographic Variables	n	Positive perfectionism			Negative perfectionism		
		Mean $\pm$ SD	f/t (p)	df	Mean $\pm$ SD	f/t (p)	df
Age (in years)							
17-18	49	72.71 $\pm$ 4.96	F=1.550 (0.203)NS	203	48.00 $\pm$ 8.49	F=4.118 (0.007)*	203
19-20	133	70.66 $\pm$ 6.74			51.87 $\pm$ 9.44		
21-22	18	71.83 $\pm$ 6.44			56.33 $\pm$ 10.94		
23-24	4	74.00 $\pm$ 4.39			55.00 $\pm$ 9.93		
Gender							
Male	20	70.95 $\pm$ 8.19	t=0.281 (0.779)NS	202	49.80 $\pm$ 9.87	t=0.024 (0.434)NS	202
Female	184	71.36 $\pm$ 6.12			51.57 $\pm$ 9.56		
Religion							
Hindu	62	70.14 $\pm$ 6.10	F=1.210 (0.307)NS	203	52.37 $\pm$ 9.82	F=1.671 (0.175)NS	203
Sikh	8	71.81 $\pm$ 6.42			51.24 $\pm$ 9.21		
Christian	131	71.37 $\pm$ 6.36			50.62 $\pm$ 13.21		
Muslim	3	74.33 $\pm$ 5.77			40.00 $\pm$ 5.29		
Birth Order							
1st	108	71.93 $\pm$ 6.29	F=0.850 (0.468)NS	203	49.82 $\pm$ 9.52	F=2.692 (0.047)*	203
2nd	83	70.48 $\pm$ 6.07			53.59 $\pm$ 9.53		
3rd	10	71.50 $\pm$ 8.77			51.50 $\pm$ 8.12		
4th	3	72.33 $\pm$ 6.42			47.00 $\pm$ 9.84		
Type of family							
Nuclear	144	71.00 $\pm$ 6.60	t=1.124 (0.262)NS	202	52.02 $\pm$ 9.34	t=1.443 (0.151)NS	202
Joint	60	72.25 $\pm$ 5.60			49.90 $\pm$ 10.07		
Place of stay							
Hostel	160	71.41 $\pm$ 5.90	F=2.168 (0.117)NS	203	51.03 $\pm$ 9.267	F=1.448 (0.237)NS	203
Home	33	72.12 $\pm$ 6.80			51.60 $\pm$ 10.94		
Paying Guest	11	67.63 $\pm$ 9.77			56.09 $\pm$ 9.55		
Education of father							
Primary	8	71.25 $\pm$ 6.08	F=1.261 (0.286)NS	203	53.62 $\pm$ 8.15	F= 0.302 (0.740)NS	203
Secondary	83	72.16 $\pm$ 5.93			50.98 $\pm$ 9.23		
Graduate and above graduate	113	70.71 $\pm$ 6.61			51.53 $\pm$ 9.97		
Education of mother							
Illiterate	2	69.00 $\pm$ 8.48	F=1.307 (0.273)NS	203	53.00 $\pm$ 12.72	F=0.265 (0.851)NS	203
Primary	15	69.93 $\pm$ 4.25			52.13 $\pm$ 9.66		
Secondary	78	72.38 $\pm$ 6.52			50.65 $\pm$ 9.02		
Graduate and above graduate	109	70.80 $\pm$ 6.37			51.79 $\pm$ 10.02		
Working status of father							
Working	194	71.11 $\pm$ 6.26	t=2.386 (0.018)*	202	51.39 $\pm$ 9.61	t=0.357 (0.721)NS	202
Not working	9	76.22 $\pm$ 6.53			50.22 $\pm$ 9.20		
Working status of mother							
Working	83	70.42 $\pm$ 6.24	t=1.701	202	51.56 $\pm$ 10.54	t=0.208	202

Not working	121	71.95 ± 6.34	(0.090)NS		51.28 ± 8.99	(0.835)NS	
Family history of psychiatric illness							
No	202	71.31 ± 6.35	t=0.374	202	51.39 ± 9.60	t=0.015	202
yes	2	73.00 ± 5.65	(0.709)NS		51.50±10.60	(0.988)NS	
Socio-economic status (according to Kuppaswamy socioeconomic scale2023)							
Upper	27	71.03 ± 7.31			52.18 ± 9.62		
Upper middle	109	71.12 ± 6.84	F=0.237	203	51.53±10.05	F=0.390	203
Lower middle	61	71.63 ± 4.83	(0.870)NS		51.21 ± 8.48	(0.760)NS	
Upper lower	7	72.85 ± 6.59			47.85±12.23		

**Highly significant p < 0.01 level

*Significant p < 0.05 level

NS (Non-significant)

Minimum Score-20

MaximumScore-100

Table 5 depicts that positive perfectionism scores were highest among students aged 23–24 years, females, Muslims, those in 4th birth order, joint families, and living at home; however, these differences were statistically non-significant in most variables. Negative perfectionism scores were highest among students aged 21–22 years, females, Hindus, and those living in paying guest accommodation, but most differences were also non-significant. A statistically significant association was found between negative perfectionism and birth order (p=0.047). Positive perfectionism showed a significant association with the working

status of fathers (p=0.018), being higher among students with non-working fathers. No significant associations were found with gender, religion, family type, residence, parental education, or socioeconomic status. Hence it can be concluded that positive perfectionism was found to be significantly associated with working status of father similarly negative perfectionism was found to be significantly associated with age and birth order, whereas no other socio demographic variables are associated with either positive or negative perfectionism.

Table 6: Association of health status with sociodemographic variables of undergraduates.

Socio-demographic	Health status				
	n	Mean ± SD	F/t value	P value	df
Age (in years)					
17-18	49	2120.00±539.2	F=0.883	0.451 ^{NS}	203
19-20	133	2180.75±489.7			
21-22	18	2347.22±448.2			
23-24	4	2208.75±919.5			
Gender					
Male	20	2102.00±495.4	t=0.736	0.463 ^{NS}	202
Female	184	2190.02±509.2			
Religion					
Hindu	62	2187.90±467.8	F=1.429	0.235 ^{NS}	203
Sikh	131	2194.23±528.7			
Christian	8	2143.75±426.0			

Muslim	3	1586.66±301.8			
Birth Order					
1 st	108	2145.64±514.8	F=2.067	0.106 ^{NS}	203
2 nd	83	2263.79±477.7			
3 rd	10	1886.50±632.1			
4 th	3	2171.66±37.52			
Type of family					
Nuclear	144	2177.18±498.3	t=0.183	0.855 ^{NS}	202
Joint	59	2191.50±532.5			
Place of stay					
Hostel	160	2159.28±513.5	F=1.165	0.314 ^{NS}	203
Home	33	2304.09±455.8			
Paying Guest	11	2135.00±553.9			
Education of father					
Primary	8	2178.75±445.4	F=0.245	0.783 ^{NS}	203
Secondary	83	2211.20±564.0			
Graduate and above graduate	113	2159.69±469.1			
Education of mother					
Illiterate	2	1920.00±417.1	F=0.403	0.751 ^{NS}	203
Primary	15	2081.33±477.3			
Secondary	78	2186.15±580.0			
Graduate and above graduate	109	2196.55±458.1			
Working status of father					
Working	194	2177.03±513.6	t=0.426	0.670 ^{NS}	202
Not working	9	2251.11±392.6			
Working status of mother					
Working	83	2160.60±454.7	t=0.484	0.629 ^{NS}	202
Not working	121	2195.66±541.8			
Family history of psychiatric illness					
no	202	2185.47±508.1	t=1.153	0.250 ^{NS}	202
yes	2	1770.00±56.5			
Socio-economic status (according to Kuppaswamy socioeconomic scale2023)					
Upper			F=1.276	0.284 ^{NS}	203
Upper middle	27	2152.40±476.2			
Lower middle	109	2169.86±489.9			
Upper lower	61	2250.00±538.8			
	7	1875.00±580.9			

***Highly significant $p < 0.01$ level*

**Significant $p < 0.05$ level*

NS (Non-significant)

Table 6: indicates that the highest mean health status score was observed among undergraduates aged 21–22 years, females, Sikhs, and those in 2nd birth order, though these differences were statistically non-significant. Higher scores were also noted among students living in joint families and at home compared to nuclear families, hostels, or paying guest accommodations, but without significant association. Health status was slightly higher among students with secondary educated fathers, graduate mothers, and non-working parents, yet these differences were not statistically significant. Students without a family history of psychiatric illness showed better health status compared to those with such history. Among socioeconomic groups, lower middle-class students had relatively higher scores, but again without significance. Overall, no socio-demographic variable showed a statistically significant association with health status.

DISCUSSION

The analysis of socio demographic profile of undergraduates revealed that majority of undergraduates 133(65.2%) were in age group of 19-20 years, 184(90.2%) were female, 131(64.2%) were Sikh. Majority of undergraduates 144(70.6%) belonged to nuclear family and 108(52.9%) were of 1st birth order. Majority of them 160(78.4%) were staying in hostel and majority 113(55.4%) of their father and majority 109(53.4%) mother were graduate and above graduate and also most of the fathers of undergraduates were working whereas mothers were not working. Only 1(1.5%) undergraduates had personal history of psychiatric illness and 2(1.0%) had family history of psychiatric illness. Majority 109(53.4%) of the undergraduates belonged to upper middle class.

The findings of the following studies support the major findings of the present study

Latif J, Bashir R and Akaram B (2020) assessed the level of perfectionism, psychological distress and procrastination among 380 students of Art and Design. Findings revealed that majority of undergraduates 168(44.2%) were in age group of 21-23 years, 229(60.3%) were females, maximum 226(59.5%) were from nuclear family and majority 292(76.8%) of them belonged to middle class family.4

Hicdurmaz D and Aydin A (2017) a study on 195 nursing students was conducted to determine the relationship between nursing students' self-compassion and multidimensional perfectionism levels and the factors that influence them. Findings revealed that majority 105(53.8%) were from age group 21-23 years, majority 184(94.4%) were females, 108(55.4%) were residing in dormitory, 159(81.5%) were from urban area, and 53(27.2%) were having two siblings.20 Naggar R, Bobryshev Y and Alabsi M (2013) determined the relationship between perfectionism and social anxiety among university students. Sample was 250 students. Results indicated that majority 174(69.6%) were females, 131(52.4%) were from <21 years of age group, 160(64.4%) fathers of university students were secondary educated and 204(81.6%) mothers of students were secondary educated.27

Objective 1: To assess the level of perfectionism and health status among undergraduates.

□ The present study revealed that majority 124(60.8%) undergraduates had an average level of negative perfectionism as compared positive level of perfectionism respectively. Mean score (673.16 ± 185.94) of physical functioning was found higher as compare to other domains of health status among undergraduates.

The findings of the following studies are congruent to the findings of the present study

Butt F.M (2024) investigated the role of perfectionism in psychological health among adolescents in Pakistan. The sample size was 323 students. Findings revealed that overall perfectionism had a significant positive relationship with psychological distress and non-significant negative relationship with psychological well-being.22

Latif J, Bashir R and Akaram B (2020) investigated the level of perfectionism, psychological distress and procrastination among 380 students of Art and Design. Results revealed that female students had higher perfectionism and there was a significant positive relationship of perfectionism with psychological distress at ($p < .005$) level and also it was seen that there was a significant positive relationship of perfectionism with psychological distress and procrastination in students of each department. 4

Fillpkowski B, Nordstrom A, Pham T, Floren M and Massey S (2021) performed a longitudinal study to determine the impact of perfectionism on mental, social and physical health of graduate students in the health sciences. Total 92 students participated. Findings stated that adaptive perfectionism was related to better mental health, quality of life, and social functioning; maladaptive perfectionism was related to worse

outcomes. However, did not statistically differ in general physical health. ANOVA revealed that adaptive perfectionists were significantly higher in quality of life than maladaptive perfectionists at ($p<.003$) level and higher than marginal non-perfectionists at ($p<.069$) level. There was marginal difference between the three groups in regards to social functioning but there was no significant difference in general physical health between three groups of perfectionists.²

Koutra K, Mouatsou C and Psoma S (2023) conducted a study to assess the influence of positive and negative aspects of perfectionism on psychological distress in emerging adulthood. The sample consisted of 410 university students (47.6% males and 52.4% females) with mean age of 20.61 ± 1.88 years. Results indicated that self-compassion mediated the association between positive and negative aspects of perfectionism and different dimensions of psychological distress (i.e., somatic symptoms, anxiety/ insomnia, social dysfunction, and severe depression). Major finding was mean scores (27.38 ± 3.89) of APS-R subscales, suggesting a significant presence of perfectionism.¹⁸

Objective 2: To find out the relationship between perfectionism and health status among undergraduates.

□ Findings of the present study revealed that positive perfectionism and health status had ($r= -0.064$) weak negative correlation and it was statistically non-significant. Similarly, negative perfectionism and health status had very ($r= 0.08$) weak positive correlation and was also statistically non-significant.

The findings of the following studies were similar to the findings of the present study

Shekhawat V and Chaturvedi R (2023) conducted a study to assess the effect of perfectionism on the mental health of university students. Sample consisted 110 students. The findings showed that there was a positive correlation between mental health and Perfectionism of University students.²⁴

Swathi. G and Upadhyay Dubey A (2023) carried out a correlational study to assess Perfectionism and Psychological Well-being among emerging adults. The sample included 62 emerging adults (31men and 31 women). Results showed that there was a low negative correlation ($r=-.237$) between Perfectionism and Psychological Well-being among emerging adults which was statistically significant at ($p>0.01$) level.²³

Fallahchai R, Fallahi M, JAMI A (2019) evaluated the effect of adaptive and maladaptive perfectionism on psychological well-being in undergraduate and graduate university students. Findings revealed that adaptative perfectionist mean score (97.84 ± 11.34) was higher than the maladaptive perfectionist (81.50 ± 12.11) and (81.60 ± 13.61) non-perfectionist. The statistically

significant difference was found at ($p<0.001$) level. Hence, it can be said that adaptive perfectionist was accompanied by better and higher performance and consequently lead to a higher psychological well-being.²⁶

Objective 3: To determine the association of perfectionism and health status among undergraduates with their selected socio– demographic variables.

□ The study revealed that positive perfectionism was found to be statistically significantly associated with working status of father at ($p<0.018$) level, whereas negative perfectionism was found to be statistically significantly associated with age at ($p<0.007$) level and birth order at ($p < 0.047$) level. But no association was found between health status and socio-demographic variables of the subjects.

The findings of the following studies are congruent to the findings of the present study

Livazovic G and Kuzmanovic (2022) carried out a study predicting adolescent perfectionism: the role of socio-demographic traits, personal relationship, and media on 203 students. Results showed that age and gender were significant predictor of perfectionism, age and gender were associated with perfectionism and was statistically significant at ($p<0.001$) level.³⁵

Wardani R, Adelina I, and Santoso J (2021) carried out research on Predicting Academic Procrastination in Students: Perfectionism, general self-efficacy, and sociodemographic factors, 208 participants using the snowball sampling technique. Result showed that sociodemographic profile only gender affected academic procrastination. However, it was not yet unknown whether male or female showed a significant effect. male participants tended to procrastinate more frequently than female participants at ($p<.000$) male (3.01 ± 0.51) and in female mean score was (2.72 ± 0.52).³⁶

Gil T, Obando D, Martin G and Reyes J (2023) executed a study on perfectionism, academic stress, rumination and worry associated with increased levels of anxiety and depressive symptoms. Sample size was of 403 students between age 18-29 years with mean age (20.6 ± 2.42) among 61% females. Findings reported that there was positive association between perfectionism and academic stress.²⁹

Juwono L, Kun B, Demetrovics Z and Urban R (2022) conducted a study to assess the healthy and unhealthy dimensions of perfectionism: perfectionism and mental health in Hungarian 4,340 adults. Finding concluded that different domains of perfectionism were associated to mental health indices differently with level of significance ($p<0.001$), indicating that socially

prescribed perfectionism may be the harmful component of perfectionism.³⁰

Conclusion

The present study concluded that majority of the undergraduates had average level of negative perfectionism as compare to positive perfectionism and the mean score of physical functioning was higher of health status. It was also concluded that there was weak negative correlation between positive perfectionism and health status, similarly there was very weak positive correlation between negative perfectionism and health status. It can be said that both positive as well as negative perfectionism affects health status of undergraduates.

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