

Spirituality and Happiness of Homeopathic Students

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Abstract:

Background: Spirituality is a process through which students seek to discover, hold on to and transform what they hold sacred in their lives. It helps them feel more happiness to manage every situation with a strong belief.

Design: In the cross sectional survey research design, Spiritual Assessment Inventory (SAI) and Oxford Happiness Questionnaire (OHQ) were used in the study. Sample: Sixty-two male and sixty-two female homeopathic students served as purposive sample of the study. The spiritual assessment inventory and Oxford happiness questionnaire were administered to them. Besides, demographic variables such as age, religion, father's income, education, and occupation were collected from them.

Results: Stepwise multiple regression and t-test were used for analyzing and interpreting the obtained data. The results indicated that the demographic variables together contributed significantly in spirituality such as age, occupation, mother's income and siblings and in happiness such as religion and parents' occupation. In spirituality, the groups differ significantly in the areas of awareness, realistic acceptance and impression management. Moreover, the groups of male and female students had a significant difference in the spirituality and the happiness.

Conclusion: The male and female students had a significant difference in the spirituality and the happiness. Specifically the female students had more spirituality when compared to the male medical students. Demographic variables also contributed to the spirituality and the happiness. Spirituality brings happiness in the homeopathic students and accounts for personal well-being.

Keywords: Spirituality, happiness, homeopathic/medical students

Introduction:

People are searching for something greater or higher than they are, seeking guidance or answers. There has been renewed interest in the links between spirituality, religion and health, reflected in an increasing volume of literature on the relationships between them. It is increasingly recognized and remembered that a patient needs to be treated as a whole person and not just as a condition or disease. A whole person has physical, emotional and spiritual dimensions, which interact with each other and account for personal well-being. Spirituality pertains to an awareness of the ultimate meaning and purpose of life and a belief in a higher power operating the universe. It may or may not be associated with a religious organization. Religion is an expression of spiritual belief through an organized system of rituals and practices. The relationship between spirituality and health may have consequences that are far-reaching and greatly underestimated by many. Religious involvement is associated with not only direct health benefits but also better compliance with treatments and improved attendance at medical appointments (Fetzer Institute, 1999).

Research has confirmed that spiritual well-being is positively associated with quality of life, fighting-spirit, but also fatalism, yet negatively correlated with helplessness / hopelessness, anxious preoccupation, and cognitive avoidance.

Spirituality is increasingly being recognized as an important aspect of the health and well-being of people. It gives meaning to people's lives and may be an important coping resource that enables people to manage their condition (Cronbach & Shavelson 2004; Tse et al, 2005). It is central to find meaning, comfort and inner peace, which helps people transcend their condition and incorporate it into their self-concept.

Currently, spirituality concentrates on religion or higher beings and may only apply to religious people or those whose spirituality encompasses religion (Tuck, McCain & Elswick, 2001) and religion is not synonymous with spirituality. Rather spirituality involves humans' search for meaning in life while religion usually involves rituals and practices and a higher power or 'God' (Tanyi, 2002). Many of them rely on religious beliefs to relieve stress, retain a sense of control, and maintain hope and their sense of meaning and purpose in life, while others may lose faith in their religious beliefs, and seek for alternatives (Koenig, Larson, & Larson, 2001).

The Oxford Happiness Inventory (Argyle, Martin, & Crossland, 1989) was devised as a broad measure of personal happiness, mainly for in-house use in the Department of Experimental Psychology of the University of Oxford in the late 1980s. The scale has had consistently, and other workers have reported its use in various countries like the UK (Joseph & Lewis, 1998), Spain (Sanchez, 1994) and the USA (Valiant, 1993).

Objectives:

They were i) to find out the impact of demographic variables of the students in the spirituality and the happiness, ii) to assess spirituality and happiness of male and female homeopathic students, and iii) to compare the spirituality and the happiness of the male and female homeopathic students

METHOD

Design: In the cross sectional study, spirituality and happiness of male and female homeopathic students were assessed.

Sample: In the purposive sampling, sixty-two male and sixty-two female students studying homeopathy course served a sample of the study. The groups belonged to the age group of 18-23 years, their parents had the income of Rs. 10000 to Rs.50000 and most of the mothers were homemakers, and they had two children

Measures:

1. Spirituality Assessment Inventory (SAI): The inventory developed by Hall, & Edward, (2002) comprised 54 items which stated some virtuous and common spiritual behavior or attitude. The answers what really reflected your experience were on spectrum of not at all true =1 to very true = 4. It covered the areas of awareness, realistic acceptance (healthy ambivalence), and impression management, disappointment and instability aspects of spirituality. The test- retest reliability was 0.83.

2. The Oxford Happiness Questionnaire (OHQ) developed by Hills and Argyle (2002) was a measure of 29 multiple-choice items. The respondents might answer on a six-point Likert scale ranging from "strongly agree" to "strongly disagree". The sum of the score showed the greater happiness with maximum score of 270. The test-retest reliability was 0.89.

Results: SPSS package was used for analyzing the data of the two groups for stepwise multiple regression, and t values.

Table 1 shows stepwise multiple regression analyses of the factors significantly contributing to spirituality of the homeopathic students

Over all adjusted R2=0.057

Over all F-ratio= 2.65*

S. No	Demographics	Beta coefficient	Std error	Contributed to R2	t-value
1	Religion	0.26	1.52	0.45	2.48**
2	Father occupation	0.21	1.36		1.40**
3	Mother occupation	.214	1.35		1.39**

It is observed that contribution of the demographic variables such as sex, mother education, income, religion, education, sibling, and age to the spirituality of the homeopathic students was assessed. The contribution of the variables together was significantly high in religion and parents' occupation.

Table 2 shows stepwise multiple regression analyses of the factors significantly contributing to happiness of the homeopathic students

Over all adjusted R2= 0.067

Over all F-ratio= 2.65*

S. No	Demographics	Beta coefficient	Std error	Contributed to R2	t-value
1	Age	0.33	.60	0.156	3.14*
2	Occupation	0.16	1.11		1.54**
3	Mother income	0.23	5.59		1.44**
4	Siblings	0.15	3.61		1.47**

It is observed that contribution of the demographic variables such as sex, mother education, income, religion, education, sibling, and age to the spirituality of the homeopathic students was measured. The contribution of the variables together was significantly high in age, occupation, mother's income and siblings.

Table 3: shows mean S.D. and t-value of the spirituality of the male and the female homeopathic students

Spirituality Inventory	N	Male students		N	Female students		t-value
		X	SD		X	SD	
Awareness	62	42.79	3.63	62	50.01	3.94	8.34*
Realistic acceptance	62	24.11	2.35	62	22.28	3.20	2.18**
Disappointment	62	22.68	2.47	62	23.16	2.39	0.89
Instability	62	27.82	3.59	62	27.55	3.68	0.32
Impression management	62	12.71	1.78	62	13.97	1.90	2.99*
Total	62	132.11	2.76	62	137.97	3.02	6.58*

*p < 0.01; **p < 0.05;

Mean and standard deviation were calculated for each of the group of male and female students to facilitate the comparison of spirituality and the significance of mean difference by using t- test between the male and the female students.

The males and females had significant differences in awareness, realistic acceptance, and impression management as well as the total score of spirituality inventory but they did not differ in disappointment and instability aspects of spirituality.

Table 4: shows mean S.D. and t-value of the spirituality Inventory and happiness questionnaire of the male and the female homeopathic students

*p < 0.01;

Scale	Male students			Female students			
	N	X	SD	n	X	SD	
Spirituality	62	132.11	2.76	62	137.97	3.02	6.58*
Happiness	62	50.25	9.78	62	68.82	3.83	13.35*

Mean and standard deviation were calculated for the groups of the male and the female students to facilitate the comparison of spirituality and happiness/psychological well-being and the significance of mean difference was found between the groups of the students in spirituality and happiness.

Discussion:

Argyle (2001) conducted a meta-analysis of 56 studies with adults in the United States and found an average correlation of 0.16 between overall spirituality or religiousness and happiness. Several studies have reported similar positive relations including that spirituality or religiousness is associated with life satisfaction (Kelley & Miller 2007), happiness (Abdel-Khalek 2006; Argyle 2001; Francis et al. 2000, 2003a; French & Joseph 1999), and well-being (Ciarrocchi & Deneke 2006; Cohen 2002). Ciarrocchi & Deneke (2005) reported that spirituality contributed to well-being when age, gender, personality, and religious support and practices were controlled for in an adult sample. Cohen (2002) reported that when well-being was assessed with a single-item such as asking participants to rate their life in general on how happy they were, no relation was found between spirituality and well-being. However, when well-being was assessed with multiple items, a relation was found between spirituality and well-being. The present study measured happiness with multiple item questionnaires. The use of happiness ratings by knowledgeable others (parents) has been reported to be valid (Lepper, 1998) and the use of multiple measures of well-being has been advocated by other researchers (Diener, et al. 1999). Though the measures of happiness were all correlated and all showed a positive relation with spirituality, the measures were not correlated at a level that indicated singularity.

Research reports that the relation between spirituality and happiness and subjective well-being, increased with age for adults (Ellison 1991; Ferris 2002). The relation between happiness and spirituality reported in the present study with students was stronger than that typically reported in adults (Hackney & Sanders 2003). In addition to a strong relation between happiness and spirituality, high levels of sociability and low levels of shyness are associated with high levels of happiness. The results suggest that a gender difference between spirituality and happiness might exist across different religious groups of students.

Conclusion:

The demographic variables such as religion and parents' occupation contributed to significantly in spirituality and age, occupation, mother's income and siblings contributed significantly in happiness. In spirituality, the groups differ significantly in the areas of awareness, realistic acceptance and impression management. The groups of male and female students had a significant difference in the spirituality and the happiness. Specifically the female students had more spirituality when compared to the male medical students. Spirituality brings happiness in the homeopathic students and accounts for personal well-being.

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