

Impact of Daily Spirituality Experience on Depression Among Medical Science and Non- Medical Science Students

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Spiritually healthy individuals tend to be optimistic and have better coping mechanisms towards stress. The present study compared the Daily Spiritual Experience among medical science and non- medical science using the Daily Spirituality Experience Scale. Furthermore, correlation between daily spiritual experience and its relationship with depression among other sub-groups of medical science and non- medical science students was assessed. The students were selected from medical science (N=25) and non- medical science colleges(N=25). Statistical measure used was independent sample t-test and correlational analysis. The results indicate that there is no significant difference in Daily Spirituality Experience among different sub-groups of medical science and non- medical science students. The results of correlational analysis indicate Daily Spirituality Experience and its relationship with depression (-.210**) and gender (-.300**) were negatively correlated. Location and profession show weak positive correlation with spirituality and depression.

Keywords: Daily Spirituality Experience, Depression, Medical Science and Non-Medical Science Students.

The concept of Spirituality is related to a belief beyond the self. Spirituality explains about the meaning of life, truth about the universe and the way individuals are connected to each other. Humans are essentially spiritual beings and their motivation is to develop spiritual nature. There are various definitions of spirituality. The etymological root of the word spirit came from the Latin root 'spiritus', meaning breath, courage, vigor, the soul, life; or from 'spirare', to blow or to breath (as per Eliason, Hanley and Leventis, 2001). Hodge (2001) directly defined spirituality as a relationship with God, or whatever was held to be the Ultimate, that fostered a sense of meaning, purpose and mission in life. Spirituality means different things to different people. It is often believed that it is fundamentally about a belief in God and

mindful participation in organized religion. For others, it's about non-religious experiences that help them get in touch with their spiritual selves through quiet reflection, time in nature, private prayer, yoga, or meditation (Neck and Milliman, 1994). Many researchers such as Hodge (2001) and Forray et.al (2002) had expressed their views on spirituality explaining that the concept spirituality was not treated as a scientific variable and its relationship with psychological variables have not been extensively studied and statistically analyzed. It is seen that spirituality is often used synonymously with religion. Religion and Spirituality are interconnected concepts and related to each other according to religious scriptures. The definition of Spirituality has changed in modern times indicating that

religion and spirituality are different. Many researchers state that religion and spirituality are related constructs. Spirituality is generally experienced by many individuals in religious settings.

In recent times, due to modernization and rapid change in lifestyle it is seen that life has become more stressful for humans. Traditionally, people lived a less stressful life but in recent decades it has been noticed that individuals have been living a fast paced life which is accelerated and our day to day living is going on in continuous action without rest. Chronic stress in any form being experienced through job, situational pressures or family situations can cause both mental and physical health related problems. Medical profession is considered as more stressful, but mental health issues continue to be a subject of taboo in the medical profession in the Indian context. Stress is considered as one of the precipitating factors related to psychological disorders such as Anxiety, Depression, Mood disturbances and Sleep related Disorders.

Various research studies conducted on Spirituality indicate that Spirituality has a positive correlation with good physical and psychological health (Rippentrop et. al., 2005). A research study conducted on healthcare students found that the students showed a moderate level of spiritual well-being which was positively associated with happiness. (Feizi et al., 2020). A significant relationship was found between spiritual well-being and health-promoting behaviors (Mehri et al., 2016). Casas et al. (2007) conducted a research study on Spanish Adolescents and Young University students to examine the relationship between Satisfaction with Spirituality, Satisfaction with Religion and Personal Well-being. The findings indicated that Spanish students did not consider traditional religion important for their well-being or to give a sense of meaning to their own life. While the findings related to

Spirituality were higher though the concept seemed to have different levels of interpretation among youngsters.

Another research study showed a positive and significant correlation between spiritual well-being and quality of life (Abdel-Khalek, 2010).

Research studies were also conducted on spirituality to study the association between life satisfaction and dimensions of spirituality which included spiritual experiences in our daily life. It was found that Religious practices, frequency of prayer and degree of spirituality increases life satisfaction and good health in adolescence (Openurl, 2007). It was noted that adolescents with higher levels of spiritual well being reported some connection between spiritual concepts and religion. Those experiencing existential well being showed depressive symptoms and fewer risk taking behavior. These concepts will help to enhance adolescents' development and promote resilience (Cotton et.al., 2005).

A study conducted by Amber et al. (2008) reported that African - Americans reported significantly higher Spiritual Well-being than Non- African Americans. This study was conducted with ethnicity being a moderator variable between spiritual well-being (SWB) and psychological and behavioral outcomes. The findings indicated that ethnicity moderates the relationship between SWB and anxiety, child behavior and parenting (Amber et al. 2008). Furthermore, it was found that measures of spirituality had positive effects on health attitudes and behaviours attitudes among adolescents (Rew and Wong, 2006).

In the context of socialization, parents must encourage their children to participate in various spiritual activities. One research study observed that Parenting style dimensions are moderators of relation between individual, family religiousness and spirituality. It was found that family religiousness was significantly associated

with individual religiousness and spirituality. Autonomy and rejection was positively associated with family religiousness and individual religiousness. Further, findings indicated that Authoritative Parenting style predicted religious practices and beliefs to be more accepted by the next generation in the families (Hardy, et al, 2011).

Objectives

- To measure the daily spiritual experience among medical science and non- medical science students.
- To assess the correlation between daily spiritual experience and its relationship with depression among other sub groups of medical science and non- medical science students.

Hypotheses

- Ho1* Male and Female students will have no significant differences in their daily spiritual experiences.
- Ho2* Students belonging to Rural and Urban areas will have no significant differences in their daily spiritual experiences.
- Ho3* Medical science and Non- medical science students will have no significant differences in their daily spiritual experiences.
- Ho4* There will be no significant correlation between daily spiritual experience and its relationship with depression among other sub groups of medical science and non- medical science students.

Method

Sample

The sample included 50 participants from two groups namely medical science course students (N=25) and non-medical science course students (N=25). The sample was collected from various universities of medical colleges and universities of science colleges

across Pune city. The non-medical science course students consist of 8 female and 17 male subjects whereas the medical science course students consist of 13 males and 12 female students. The sampling was done using purposive sampling technique. Individuals were selected from middle-class families belonging to Pune city, age range was 20 to 25 years.

Table 1. Socio-Demographic details of the Sample

| Groups | Sub-Groups | N | % |
|----------|---------------------|----|----|
| Gender | Male | 30 | 60 |
| | Female | 20 | 40 |
| Locality | Rural | 27 | 54 |
| | Urban | 23 | 46 |
| Course | Medical science | 25 | 50 |
| | Non-Medical science | 25 | 50 |

The Socio-Demographic details (Table- 1) of the sample indicates that the sample consists of 60% male and 40% female students. The locality wise data shows 54% belongs to rural and 46% belongs to urban areas and the course wise data indicates that the students are in equal percentage that is 50% each.

Tools

Daily Spiritual Experience Scale (DSES) : This scale was constructed by Lynn G. Underwood. It is a sixteen-item self-report measure together with a brief introduction, designed to measure ordinary spiritual experiences. It measures experiences of relationship with, and awareness of, the divine or transcendent and how beliefs and understandings form part of moment-to-moment features of life from a spiritual or religious perspective. The word ‘spirituality’ in the context of this scale refers to aspects of personal life that include the transcendent, divine or holy, “more than” what we can see

or touch or hear (Underwood 2002, 2011). Reliability of the test is 0.73, with test-retest Pearson correlation of 0.85.

Short Depression Happiness Scale (Joseph, et.al 2004): Depression and Happiness was measured using the Scale. (Joseph, et.al 2004). The scale was designed to measure depression beyond zero point and it also measured the presence of happiness. The scale consisted of 6 items, 3 items measuring happiness (e.g., I felt happy) and 3 reverse coded items that measure depressive states (e.g., I felt my life was meaningless). Participants rated how they feel on a four-point scale (0= never, 1= rarely, 2= sometimes, 3= often). Total scores range from 0 (depressive state) to 9 (neither happy or unhappy) to 18 (very happy).

Method of testing: Data Collection was done by collecting prior consent from medical science course students and non-medical science course students. The selected instruments were administered. After collecting the data the further statistical analysis was done using SPSS software. The statistical tests used were independent samples t-tests and correlational analysis were carried out for further research analysis.

Results and Discussion

The obtained data was analyzed and is mentioned in the table below:

Table 2. Mean, SD and 't' values related to Daily Spiritual experience among Different Sub-groups.

| Groups | Sub-Groups | N | Mean | (SD) | 't' |
|----------|---------------------|----|-------|---------|------|
| Gender | Male | 30 | 62.53 | (10.80) | 1.37 |
| | Female | 20 | 61.00 | (15.00) | |
| Locality | Rural | 27 | 63.96 | (12.28) | 0.34 |
| | Urban | 23 | 65.22 | (13.30) | |
| Course | Medical science | 25 | 66.50 | (12.91) | 1.19 |
| | Non-Medical science | 25 | 66.75 | (12.23) | |

*Significant at 0.01 Level.

Table II. reveals the Means, S.D's and t value of daily spiritual experiences of Male and Female students. It was found that the male group (M= 62.53) did not differ significantly from the female group (M= 61.00) (t= 1.37) . Thus, the null hypothesis *Ho1* stating that Male and Female students will have no significant differences in their daily spiritual experiences was accepted. These results can be consistent with one research study conducted by Rahimi et al. (2014) on spiritual well being among married and single individuals depending on their subject specialization. It was seen that there was no difference between spiritual well-being among married and single students belonging to medical science and non-medical science field specialization (Rahimi et al., 2014).

Table II. reveals the Means, S.D's and t value of daily spiritual experiences of students belonging to Rural and Urban areas. It was found that both the groups did not differ significantly from each other regarding location (t=0.34) though there were significant mean differences between those belonging to rural areas (M= 63.96) and urban areas (M= 65.22). Thus, the null hypothesis, *Ho2* students belonging to Rural and Urban areas will have no significant differences in their daily spiritual experiences was accepted. These results are inconsistent with a research study conducted by Tavan et al. (2015) which indicates that spiritual well-being of nursing students not living in dormitories were higher than those living in dormitories as they were living with their parents and did not experience various difficulties of living away from home and their families promoted spirituality among them (Tavan et al., 2015).

Table II. reveals the Means, S.D's and t value of daily spiritual experiences of medical science and non- medical science students. It was found that profession wise also the same trend was observed, the medical

science student group (M= 66.50) did not differ significantly from the non-medical science student group (M= 66.75) (t=1.19). Thus, the null hypothesis, *Ho3* Medical science and Non- medical science students will have no significant differences in their daily spiritual experiences was accepted. A research study conducted by Al-Qahtani in 2019 stated that spiritual well being is higher among medical students than non-medical students (Al-Qahtani., 2019).

Table 3. Daily Spiritual experience and its relationship with Depression among Different Sub-groups.

| Sub-Groups | Depression | Daily Spiritual Experience |
|------------|------------|----------------------------|
| Gender | -.210** | -.300** |
| Location | .231 | .227 |
| Profession | .137 | .030 |

**Significant at 0.01 Level.

Correlational analysis was carried out to assess the correlation between daily spiritual experience and its relationship with depression among different sub-groups. The hypothesis, *Ho4* There will be no significant correlation between daily spiritual experience and its relationship with depression among other sub groups of medical science and non- medical science students was rejected. Daily Spirituality Experience and its relationship with depression and gender were negatively correlated. Location and profession show weak positive correlation with spirituality and depression. The above results showing correlation between gender and spiritual experience indicate that male and female subjects and their day to day practices may have an impact on their spiritual experience which in a way states that there are other life situations which may in a way affect their daily spirituality experience.

Gender sub-groups reported higher depression as compared to other sub-

groups. It is seen that gender is significantly correlated to daily spiritual experience and depression that is observed in males and females could be because of various situational factors playing an important role in the individual's life.

Implications

This study can have vast implications in the field of education, industry, health care sector and majorly on the youth today. The study can be further enhanced with intervention programs based on training to improve quality of life of individuals and health behaviours where spirituality is considered as an important component. The awareness of daily spirituality experience not only among students but also among the working population can help in the overall development of psychological well-being of the individuals. Considering the working population future research can be conducted using the similar variables to address the vast majority of the population.

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