

Level of Subjective Happiness and Unhappiness among Physiotherapy Students

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Abstract:

Background: Physiotherapists play an important role in the society. Their role is to help patients to develop, promote, restore and maintain functional ability and movement throughout their lives. Being involved in patient care, it is important to monitor an emotional state of these service providers. It can be assessed using positive emotional indicators such as happiness. They can be more empathetic in patient care if they are happy and have high levels of generalised satisfaction. It can be inculcated from the early phase of ongoing physiotherapy education. Monitoring mental well-being from early stages can be advantageous.

Materials and Methods: All undergraduate and postgraduate physiotherapy students with the age group of 18-27 years were included in this study. The google form link was sent via email. They were directed to fill the Subjective Happiness Scale (SHS) after taking consent. They were also asked to select factors they think affect their happiness in general.

Results: The mean value of SHS score for all students was 4.65. The range of SHS scores was 3.25- 6.25 for male students and 2.25-7 for female students. No significant difference was found in the mean value of SHS scores between male and female students. Out of 211 students, students scored less than 4.5 were 82 (38.86%), students scored between 4.5-5.5 were 96 (45.49%) whereas 33 (15.63%) students scored above 5.5.

Conclusion: This study data reported that 62.55% students were found happy and 38.88% students were found less happy. There was no significant difference in the mean values of SHS scores between male and female students. Happiness is beneficial for our health but extreme bliss is not at all recommended. The sense of proportion is extremely mandatory. It depends on individual characteristics of the person and their perspective toward life.

Key Word: Happiness, subjective happiness, physiotherapy students

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I. INTRODUCTION

In today's world, happiness is highly valued. People aim for happiness in their own life. ¹ Happiness is commonly recognised as how much one likes the life one lives. It is also considered the degree to which one evaluates his/ her life positively as a whole. A key element in this, is a subjective 'evaluation' or 'liking' of life, also referred to as 'satisfaction' with life. ³ Life satisfaction, subjective well-being, quality of life and happiness appear to be theoretically related terms. The extent to which an individual thinks and feels that his/ her life is going well, is considered as a subjective well-being. ⁴

There is an increased awareness of an individual's happiness and their advantages to society. ⁵ Researchers often describe happiness as life satisfaction or a sense of well-being. They also define happiness as positive subjective experiences. ^{6,7} There are various definitions for happiness. However, research ^{5,8} confirms that an increase in individual happiness is beneficial to the individual. It also allows societies to function well. ^{5,8}

Physical therapists as health care professionals help all the age groups to improve quality of life. ⁹ Positive psychological processes play an important role in their lives. At the individual level, it shows following features such as courage, interpersonal skills, capacity for love and vocation, interpersonal skill, originality, forgiveness, future mindedness, spirituality, high talent and wisdom. At the group level, it is about the civic virtues such as responsibility, nurturance, selflessness, courtesy, moderation, tolerance and work ethic. It helps the individual to advance toward better citizenship. At the subjective level, It is about valued subjective experiences. It includes well-being, contentment, and satisfaction; hope and optimism for the future; and flow and happiness in the present. ¹⁰ Physiotherapists starting from a student level and even as a professional help patients to develop, promote, restore and maintain functional ability and movement throughout their lives. They are also involved in promotion, prevention, treatment or intervention. ¹¹ But at the same time, it is important to monitor their emotional state as long-term negative emotions may lessen the immune function. It also affects the

balance of their normal physiological mechanisms.¹² The well being of these service providers would be beneficial to the society. When students are happy and have high levels of generalised satisfaction, they can be more empathetic in patient care. It can be inculcated from the early phase of ongoing physiotherapy education. An emotional state can be monitored through various indicators such as positive and/ or negative emotions. Thus, this study was conducted to find the level of subjective happiness in Physiotherapy students.

II. MATERIAL AND METHODS

The approval was taken from the Institutional review board of K J Somaiya college of Physiotherapy. Google form link was sent among all physiotherapy students via email. The consent was taken from each participant and they were directed to complete the Subjective Happiness Scale (SHS).¹³ Scores range from 1.0 to 7.0, with higher scores reflecting greater happiness. Two items ask respondents to characterize themselves using both absolute ratings and ratings relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them. Question 4 was “reverse coded” with a descending sequence. (i.e., a 7 into a 1, a 6 into a 2, a 5 into a 3, a 3 into a 5, a 2 into a 6, and a 1 into a 7) Then, the mean of the 4 items were calculated.¹³ Participants were also asked to choose factors from the given list, they think affect their overall happiness. It included following options: academic performance, health related problems, socioeconomic status, security (applicable to students who are staying away from home/ staying in the hostel), harmony in house, relationship with peers, availability of free time other than studies, travelling from home to college/ college to home, other factors if any. Confidentiality was ensured for all participants enrolled in this study. Data collected was analysed using descriptive statistics. Microsoft Excel 2013 was used for the same.

Study Design: Cross - sectional study

Study Location: K J Somaiya College of Physiotherapy

Study Duration: July 2020- September 2020

Sample size: Out of 309 including all undergraduate and postgraduate students 211 students responded for this study

Sampling technique: Convenient sampling method

Method of recruitment of samples: Online

Inclusion criteria:

- Age between 18-27 years
- Students who were willing to participate

Exclusion criteria:

- Students who were not willing to participate in the study

III. RESULT

An online questionnaire was distributed among 309 undergraduate and postgraduate students from K.J. Somaiya College of Physiotherapy. A total of 211 completed questionnaires were received. The response rate was 68.28%. The mean age was 20.6 (range: 18-27 years).

Figure 1:- Age wise distribution

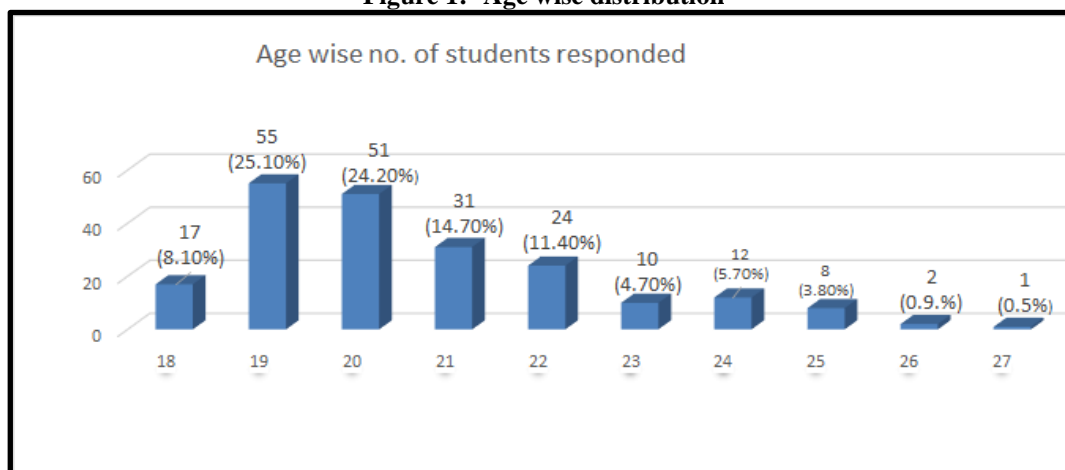


Figure 1 gives age wise distribution of students in percentage

Table 1: Demographic characteristics of participants

Demographic characteristics	Number of students (%)
Gender	
Female	199 (94.3%)
Male	12 (5.7%)
Age (years)	Mean ± SD (range)
All	20.6± 2.01 (18-27)
Female	20.6 ± 2.02
Male	20.6 ± 1.95

Table 1 shows that out of 211 respondents, 199 (94.3%) were females and 12 (5.7%) were males. The mean age of all the students was 20.6 (range: 18-27 years). Mean age for female students was 20.6 ± 2.02 whereas for Male students it was 20.6 ± 1.95.

Table 2: Subjective Happiness Scale Score

SHS Score	No of students (%)
Less than 4.5 (less happy)	82 (38.86%)
4.5 - 5.5 (average)	96 (45.49%)
Above 5.5 (Very happy)	33 (15.63%)

Table 2 shows that out of 211 students, 82 (38.86%) students scored less than 4.5. 96 (45.49%) students scored between 4.5-5.5 and 33 (15.63%) students scored above 5.5.

Table 3: Subjective Happiness Scale Mean score

Parameter	All students (n=211) Mean value	Female students (n=199) Mean value	Male students (n=12) Mean lvalue
SHS score	4.65	4.66	4.67

Table 3 shows the mean score of SHS for all students was 4.65. The range of SHS score for male students was 3.25- 6.25 and the mean value was 4.67. The range of SHS score for female students was 2.25-7 and the mean value was 4.66. No significant difference was found in the mean value of SHS scores between male and female students.

Table 4: Happy and Less happy students

Parameter	All students n=211 (%)	Female students n=199 (%)	Male students n=12 (%)
Happy students	129 (62.55%)	122 (61.30%)	7(58.33%)
Less happy Students	82 (38.88%)	77 (38.69%)	5(41.66%)

Table 4 shows, out of 211 students, 129 (62.55%) students were found happy as reflected by their high SHS score. 82 (38.88%) students were found less happy according to their low SHS score. Based on the SHS scores, 122 (61.30%) female students and 7 (58.33%) male students were found to be happy. 77 (38.69%) of the 199 female students and 5 (41.66%) of the 12 male students were found to be less happy.

Table 5: Factors affecting happiness of students

Factors affecting happiness	No of students responded	% of students responded
Academic performance	138	65.40%
Health	114	54.00%
Socioeconomic status	51	24.20%
Security	13	6.20%
Harmony in house	80	37.90%
Availability of free time	66	31.00%
peer relationship	78	37.00%
Travelling	45	21.30%
Others	07	3.31%

Table 5 shows factors affecting student's happiness and how many students responded for each factor. 138 (65.40%) students selected an option of academic performance. 114 (54%) students responded that health related issues are affecting their happiness. 51 (24.2%) students selected the socio-economic status whereas 13 (6.20%) students who are staying away from their homes responded for security. 80 (37.90%) students picked out harmony in house and 66 (31%) students chose the option of availability of free time other than studies. 78 (37%) students had chosen the relationship with peer whereas 45 (21.30%) students responded for travelling. 7 (3.31%) students picked up others and mentioned other factors such as loneliness, laziness, feelings of incompetence, overthinking, health issues of family members as an option.

IV. DISCUSSION

This study was conducted to find out subjective happiness among undergraduate and postgraduate physiotherapy students in general. Data collection form was sent via email among 309 students. 211 (68.28%) students responded. Out of 211 respondents, 199 (94.3%) were females and 12 (5.7%) were males. The mean age of all the students was Mean \pm SD, 20.6 \pm 2.01 (18-27 years).

Subjective Happiness Scale (SHS) ¹³ Scores range from 1.0 to 7.0. Higher scores reflect greater happiness. Most people score between 4.5 and 5.5. If the score is less than 4.0, it would be advisable to direct that individual to seek the advice from the mental health professional or to undergo a depression test. ¹⁴

In this study, the mean score of SHS for all students was 4.65. The range of SHS score for male students was 3.25- 6.25 and the mean value was 4.67 whereas for female students, the range was 2.25-7 with the mean value was 4.66. There was no significant difference found in the mean value of SHS scores between male and female students.

The average score on the SHS ¹³ was found to be from 4.5 to 5.5. College students tend to score lower (below 5) whereas working adults and elderly had an average score of 5.6. Therefore when the score of an adult of working age is less than 5.6, they can be considered as less happy than the average person. If the score is greater than 5.6, the adult can be considered happier than the average person. ¹³

Study conducted by Graham et al ¹⁵ has shown that there is a positive relationship between happiness and health. It has shown stronger relationship towards psychological health than for physical health. ¹⁵

Physiotherapy education is a demanding field. Students come across various kinds of stressors such as problems in the family, lack of leisure time, peer relationship, academic demands, financial concerns and uncertainty of future. In this study, 114 (54%) students chose that the health related issues were affecting their happiness whereas 138 (65.40%) students selected an option of academic performance. Descriptive study ¹⁶ was

conducted to find out mental health of physiotherapy students appearing for internal exams. Their mental health was assessed using a general health questionnaire (GHQ-12). It focuses on two major areas, inability to carry out normal function and appearance of new and distressing experiences. It was found that 22% students were not able to concentrate, 37% who lost their sleep tend to worry. 26% were unhappy or depressed, 14% found losing confidence and 5% thinking of themselves as a worthless person.¹⁶ It was also found that mental health was positively associated with leisure time as well as transport physical activity.¹⁷ At the same time, association between subjective well-being and diet have also been explored and concluded that poor diets are associated with future depression.^{18,19,20} Greater subjective well-being has also been associated with better self-reported sleep.²¹

Travelling also shows both positive and negative emotions. In this current study, 45 (21.30%) students responded that travelling is affecting their happiness. It depends on the mode, duration, companionship, purpose and the characteristics of a trip.²² Travel purposes have shown the strong correlation with both negative and positive emotions. Travel for exercise, community ventures, and leisure are associated with less negative and more positive emotions than the travel for work or for household maintenance. It was found that biking is the happiest whereas public transportation is the least happy, least meaningful and most tiresome mode.²² Travels duration ≥ 45 Minutes were found to be the least happy, stressful and most tiresome. Travel time <15 mins was found to be the least tiresome and stressful. Companionship during travelling has shown significant associations with positive emotions. Travel with family members and/or with friends was found to be the happiest. Health conditions and residential locations also play a significant role in speculating travel-related emotions.²²

The relationship between happiness and socio-demographic variables such as age, sex, socioeconomic status, educational level were studied by Pablo et al.²³ 300 women and 220 men participated in this study and had age between 18 and 29. It concluded that people were happier at a higher socioeconomic level and higher age predicted the lower levels of happiness. In addition, they found no differences between genders.²³ 51 (24.2%) students in this study selected socio-economic status as an option affecting their happiness. Study conducted by Lam et al.²⁴ examined the contributors to family harmony. They suggested that communication, shared family time, mutual respect and lack of conflict are required for family harmony. They also proposed that communication and respect are the core components while conflict was found to be the detrimental variable to the family harmony.²⁴

In this study, Feedbacks taken from the participants showed that 80 (37.90%) of them picked out harmony in house, 13 (6.20%) who are staying away from their homes responded for security, 78 (37%) students had chosen the relationship with peers. Better social networks and social support are associated with lower mortality rates and it also protects chronically ill individuals against recurrent illness.^{25,26} Greater social support is found to be associated with higher levels of happiness and better mental health.²⁶ A study conducted in the university of British Columbia reported that negative peer interactions may reduce happiness and social interactions.²⁷

Happiness is beneficial for our health but at the same time extreme levels are not advisable. The sense of proportion is mandatory. Negative emotions are also fine in appropriate conditions. It also depends on individual characteristics and how they perceive to look at their life.²⁸

Coming to limitations, the results might not be generalized to the population since non-probability sampling was used. Thus, the future study should use the probability sampling technique. Other factors were not studied in detail such as both positive and negative indicators.

V. CONCLUSION

Therefore, this study reported that 129 (62.55%) students were found happy whereas 82 (38.88%) students were found less happy. There was no significant difference in the mean values of SHS scores between male and female students.

VI. RECOMMENDATION

Medical education institutions should run screening programs for assessing various factors affecting student's overall health. Student counselling should be incorporated by professionals if required and students should be trained to overcome their problems.

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