IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Psychological Study On Medical Students To Assess An Impact Of Yoga Module On Autonomic Function And Quality Of Life

Submitted by Aditya Matolia (Research Scholar)

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Dr. Shatrughan Singh Department of Yoga

Jagadguru Ramanandacharya Rajasthan Sanskrit University, Village Madau, Post Bhankrota, Jaipur

KEYWORD

Autonomic Function and Quality of Life, mindfulness attention Awareness, depression-happiness, mental well-being, Mind Sound Resonance technique.

Background

Autonomic Function and Quality of Life refers to inter and intra-individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects dimensions of affect judgments of life satisfaction.

Medical students is the novel profession who are the social leader and whose main duty is to provide good health and take of the patients. Stress is the uncontrolled speed of mind, which response to the emotional level by the cause of chemical reaction. Scientific literature showed that teaching is a highly stressful occupation, more mental illness problems compared to other professions.

Methods and materials

200 Medical Students were participated with age range of 17 to 22 years. They were divided into two group (experiment and control group in equal number of participants. Mindful Attention Awareness scale, Short Depression – Happiness scale, Short Warwick-Edinburg Mental Well-Being scale were assessed at pre and post 30 days of Yoga Module and Spirituality Effect.

Quality-of-life and spirituality

Spiritual wellbeing refers to the feeling of peace and satisfaction originating from the relationship with spiritual aspects of an individual's life. It plays a vital role in psychic adjustment, experiencing, meaning and purpose of life possessing effect on different domains of life enhancing of depriving its quality. Spirituality is achieved by spiritual acts like mediation and prayers. The level to which one is spiritually inclined will describe its spiritual wellbeing. Spirituality or Holy Name is an ancient form of prayer that helps to reduce stress and upsurge relaxation and considered significant. Likewise, Quality of Life is another important factor that influences the life of an individual and its various components including physical, psychological, social, and environmental aspects so that they can fit themselves best into environment.

Spiritual well-being is the mental aspect of health with two dimensions; vertical and horizontal. The vertical dimension reflects the relationship with God, which can be referred to as existential or religious wellbeing and horizontal dimension involves communication with others as well as the environment. Some studies indicated that without spiritual wellbeing other biological, psychological and social aspects do not function properly or do not reach their maximum capacity, thus the highest quality of life will not be available.

Spirituality has been identified as an important dimension of quality-of-life. The objective of this study was to review the literature on quality-of-life and spirituality, their association, and assessment tools. Quality-of-life is a new concept, which encompasses and transcends the concept of health, being composed of multiple domains: physical, psychological, environmental, among others. The missing measure in health has been defined as the individual's perception of their position in life in the context of culture and value system in which they live and in relation to their goals, expectations, standards, and concerns. There is consistent evidence of an association between quality-of-life and religiosity/spirituality (R/S), through studies with reasonable methodological rigour, using several variables to assess R/S (e.g. religious affiliation, religious coping, and prayer/spirituality). There are also several valid and reliable instruments to evaluate quality-of-life and spirituality. Further studies are needed, such studies will provide empirical data to be used in planning health interventions based on spirituality, seeking a better quality-of-life and also in many areas of health research.

Both yoga practice and spirituality are associated with beneficial mental health outcomes. Within yoga research, however, spirituality is still a widely neglected area. The present systematic review aims to explore empirical studies, which do, in fact, investigate the relationship between yoga and spirituality in order to provide an overview and future directions for research on this topic. The review examines whether available empirical research supports an association between yoga practice and spirituality and, if so, which specific aspects of spirituality are associated with yoga practice.

TYPES OF AUTONOMIC FUNCTION AND QUALITY OF LIFE

HEDONIC WELL-BEING

The "hedonic" is used to describe the ones subjective feelings .it comprises of two components, one is related to high positive affect and low negative affect I.E an affective component and also satisfaction with life which is cognitive component. Happiness can be experienced when positive affect and satisfaction with life are both high (Ivan Robertson, 2018.).

EUDAIMONIC WELL-BEING

"Eudaimonic" wellbeing is used to refer to the purposeful aspect of PWB. The psychologist Carol Ryff has break down Eudaimonic wellbeing into six key types of psychological wellbeing.

SELF-ACCEPTANCE

High scores of self-acceptance indicate the person's positive attitude about their self.

NVIRONMENTAL MASTERY

High scores of environmental mastery indicate that the respondent makes best use of the opportunities and can manage environmental factors and activities, including dealing with daily affairs and creating situations to benefit personal needs.

POSITIVE RELATIONS WITH OTHERS

High scores of positive relations with others reflect the person's involvement in relationships with others that include empathy, intimacy, and affection.

PERSONAL GROWTH

High scores of personal growth indicate that the person's willingness to develop, welcoming new experiences, and recognizing remarkable improvement in behavior.

PURPOSE IN LIFE

It reflects the respondent's goal orientation and determination in life.

AUTONOMY

High scores of autonomy indicate that the person is not dependent on anyone and can manage his or her behavior irrespective of social pressures.

DESIGN OF THE STUDY

TWO GROUP PRE-POST DESIGN

The subjects were divided in two group experimental and control group. Experimental group were given intervention of Yoga Module and Spirituality Effect for the period of 30 days of 25 min per day and control were not given any intervention. Data was collected as pre data before starting the intervention and after 30 days of intervention post data was collected from experimental group.

INTERVENTIONS

The following table shows a breakdown of the daily practices.

Practice	Duration
3 AUM and breath Awareness	3 Min
Mahamrityunjay Mantra (3 times)	2 Min
Aasana	
Tadasana	6 Min
Ardha Kati Chakrasana	O IVIIII
Vrikshana	
Pranayama	
Naddi Sodhan (9 Round)	8 Min
Bharamri (9 Round)	
Shanti Mantra	1 Min
Review and Feedback	5 Min

RESULTS

Descriptive Statistics										
VARIABLE	EXPERIMENT			CONTROL			P-	t-test		
	MEAN±SD			MEAN±SD			Value			
	Pre	Post	% Change	Pre	Post	% Change				
WHOQOL - 100	4.21±0.64	4.39±0.57	-4.21	3.56± 0.82	3.7±0.97	-4.02	0.892	0.137		
Spiritual Wellbeing	18.75±3.83	19.4±3.16	-3.47	16.2±3.38	15.6±3.36	3.71	0.191	1.331		
Adolescent Copying Scale	27.95±3.67	28.1±4.27	-0.54	26.5±3.87	26.45±5	0.19	0.877	0.156		
WHOQOL - 100										
Spiritual Wellbeing										
Adolescent Copying Scale										

CONCLUSION

30 days of intervention was too short time. It may require more time to influence the psychological wellbeing. During the intervention, it was extremely hot summer, session and the time of intervention was also midafternoon, because of this they found it difficult to concentrate and practice with awareness. Hectic schedule of the teachers because of exams time and also constant work pressure

As discussed above because of low sample size and various environmental factors, one month intervention of Yoga Module and Spirituality Effects didn't show any changes on psychological well-being of Medical Students.

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