Research Article

Spiritual Health and its relationship with Non-Communicable Diseases and other health related events

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Abstract

Background: WHO has already realized the need of the 4th dimension of health i.e. spiritual health and is proposing to include this in definition of health. In this context, we conducted our study to find relationship between spiritual health and health. **Objective:** To find status of spiritual health and physical health among the participants and to explore if any association exists between the spiritual health scores of the subjects and non-communicable diseases and other health related events. **Methods:** This cross-sectional study was done among the medical faculty of the concerned medical college. Spiritual Health Scale - 2011 by Dhar, *et al*. was used to assess the spiritual level of faculty members. **Result:** Majority (75.95%) of surveyed population had a refined spiritual health level. 73.62% males and 61.19% females were not having any disease. As the spiritual level is increasing the occurrence of disease is decreasing. About 83.33% people having much refined spiritual health score were devoid of any disease.73.33% people having refined spiritual health score were not suffering from any disease and 46.88% people with moderately refined spiritual health score were not suffering from any disease. **Conclusion:** The study suggests that spiritual health is positively associated with general health. Those who had higher spiritual level tended to have higher levels of health.

Key words: Spiritual health, non communicable diseases, health related events, spiritual health scale.

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INTRODUCTION

In the midst of physical comforts provided by the unprecedented developments in all spheres of life, the humanity is at cross roads and looking at something beyond these means. Spirituality has now been identified globally as an important aspect for providing answers to many questions related to health and happiness.

Modern spirituality is centred on the "deepest values and meanings by which people live."[1]

In 1946, WHO has defined health as:

"A state of complete physical, mental and social well-being and not merely the absence of disease".

WHO has already realized the need of 4th dimension of health, i.e. the spiritual health as important element of health. In the words of Derek Yach [2] (World Health Assembly May, 1998): "From the inception, it was felt that the 4th dimension of health was missing from its definition. The special group of WHO Executive Board 1998 has proposed that the Preamble of the Constitution should be amended as follows: ***"Health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity"***

WHO's quest to integrate spiritual health in the development agenda of United Nations and in the core value system of peoples' life can be easily discerned in the words of Stuckelberger:[3] "Addressing the scientific link between religion, spirituality and health has too often

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been a 'forgotten subject' or avoided for irrational, emotional or 'political' reasons. It is time for the scientific community to integrate religious and spiritual factors, which have guided human behaviour over centuries, into health and human sciences."

Similarly Ayurveda, also has the central philosophy that physical health cannot be achieved without emotional, mental and spiritual health [4]. Non-communicable diseases (NCDs) have emerged as a major public health problem in India. It is estimated that in 2005 NCDs accounted for 53% of all deaths in India. [5] According to predictions, by 2030 NCDs will account for almost three quarters of all deaths in India [6]. Since last two decades, modern system of medicine has started realizing the mind-body axis of the disease and health, Dossey.[7] Researches have shown, spiritual health practices have a positive correlation with survival, low blood pressure, less remission time from depression, less severe medical illness, better quality of life, cooperativeness, etc.[8] Improving your spiritual health may not cure an illness, but it may help you feel better, prevent some health problems and help you cope with illness or death [4]. A number of studies are present showing the effect of spiritualism on the survival of terminally ill patients, but there are very few studies to show the spiritual level and its relationship with health among the common population. We are using the Spiritual Health Scale 2011[9] developed in India. In India not much research work is done on spirituality and its health implication. The present study will certainly help us in diving deep in this new dimension of health.

MATERIAL AND METHODS

This cross sectional study was conducted among the Medical faculty of the concerned medical college, dental college and its attached hospitals. We contacted the entire medical faculty (500) of the concerned medical college, dental college and its attached hospitals, Verbal consent was obtained. Those who were not willing to participate were excluded. Only 316 agreed to participate in the study i.e., the response rate was 63.2%. We used a prestructured, pretested questionnaire. Spiritual Health Scale - 2011 by Dhar, *et al.*[9] was used to assess the spiritual level of faculty members. Spiritual Health Scale – 2011 (SHS 2011) [9] , is recommended for use for urban educated adults. This scale is first of its kind in the world to measure the spiritual health of a common worldly person, which is devoid of religious and cultural bias. It has been recently developed by National Institute of Health and Family Welfare. Its items have universal applicability. The set of determinants identified for the spiritual health scale (SHS2011) have been evolved at 3 levels of psychological functioning: cognitive (thinking level), affective (feeling level) and behavioral (action level). Scoring key has been used to assess the spiritual health level. Scoring has been done for each of the items in the scale. There were differential weights for 3 domains (self-evolution, self-actualization and transcedence), hence collation of the weights to the obtained score on SHS 2011 with respect to each domain was also computed. Based on spiritual health score, the respondents have been classified into 5 categories.

Sr. No	SPIRITUAL HEALTH CATEGORY	SCORE
1	Unrefined spiritual health	</=1
2	Slightly refined spiritual health	</=2.9
3	Moderately refined spiritual health	</=3.9
4	Refined spiritual health	</=4.9
5	Much refined spiritual health	>/=5

Then the relationship of the spiritual health score with non-communicable diseases and other health related events has been assessed. Statistical analysis was done using Excel & analysis was done in the form of percentage, contingency tables and tests of significance. Consent was taken from The Medical Ethics Committee of the concerned Medical College and Hospital, at the time of survey conduction. In-depth case studies were analyzed by reading and re-reading the transcripts. Statistical analysis was done using Excel & analysis was done in the form of percentage, contingency tables and tests of significance. Consent was taken from The Medical Ethics Committee of the concerned Medical College and Hospital, at the time of survey conduction.

OBSERVATIONS AND RESULTS

There were 57.59 % males as compared to 42.4 % females in the study. The surveyed faculty included more of post graduate doctors (54.43%) as compared to 45.57% of those who were undergoing Post Graduation. Majority (78.48%) of faculty were not having any social affilations.5.69% were affiliated to religious organisations while 15.82% were related to some voluntary organisations. More of females were affiliated to religious organisations and more of males were attached to voluntary social organisations. Apart from the medical treatment while sick , about 24% used adjustment responses like sleeping, praying, meditating, doing yoga, resting , keeping themselves occupied, watching T.V. or using ayurvedic medicines. About 42% of the faculty using some adjustment responses were resting or 18% each were using praying or keeping themselves occupied as an adjustment response. About 5% were meditating. 73.62% males and 61.19% females were not having any disease. This difference was not found to be statistically significant (χ^2 = 2.213, df =1, p = 0.137). If we compare the three main non communicable diseases that are

hypertension, diabetes and heart disease, we observe males have about 13.18 % while occurrence is only 2.98 % among females for these diseases. And this difference was found to be statistically significant. ($\chi 2$ =3.790, df=2, p=0.052) None of the sample had an unrefined or slightly refined spiritual level. Majority (75.95%) had a refined spiritual health level, about one fifth of them had a moderately refined level (20.25%), and only 3.8% had a much refined level. Females had higher percent of refined (82.09%) and much refined level (4.48%) as compared to males (71.43%and 3.3% respectively) who had higher percent of moderately refined spiritual level (25.27%) as compared to females (13.43%). About 83.33% people having much refined spiritual health score were devoid of any disease.73.33% people having refined spiritual health score were not suffering from any disease and 46.88% people with moderately refined spiritual health score were not suffering from any disease. As the spiritual level is increasing the occurrence of disease is decreasing. This difference between absence of health problem or disease in relation to the spiritual health level was found to be statistically significant ($\chi 2$=8.823, 2df, p=0.012).

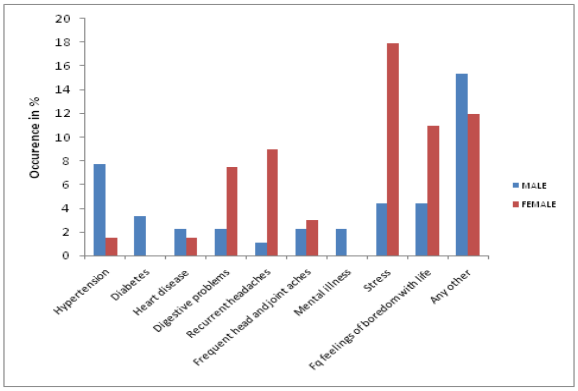

Figure 1: Distribution according to health related events

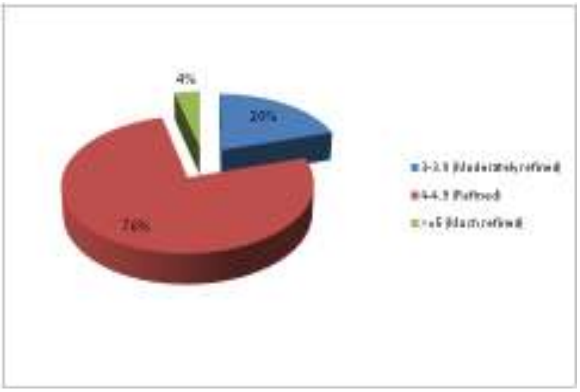

Figure 2: Distribution according to spiritual health level

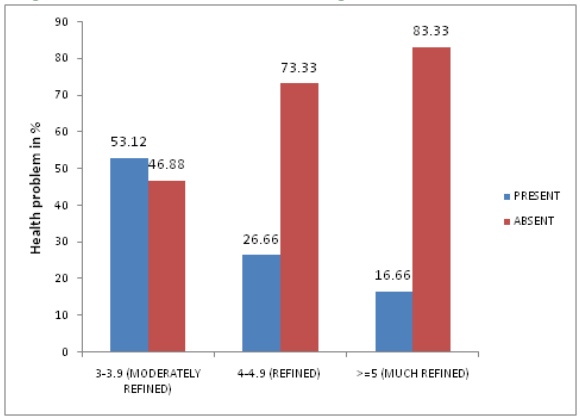

Figure 3: Relation between health problem and spiritual level

DISCUSSION

WHO has already realized the need of the 4th dimension of health i.e. spiritual health and is proposing to include this in definition of health. In this context, we conducted our study among faculty members of Medical and Dental College and attached Hospital to find relationship between spiritual health and health. This topic is an under researched one. Till today not much work has been done in this field. There are studies revealing role of spiritualism in terminally ill patients but not among the normal population. We are using Spiritual Health Scale 2011[9] which is devised for urban educated people, so we are conducting our study among faculty of Medical and Dental College and attached Hospital. In our study 316 faculty members participated. There were 57.59 % males as compared to 42.4 % females in the study. Only 22% had social affiliations but more of females were related to religious organizations as compared to males who were more associated to voluntary social organizations indicating more inclination of females towards religion. About 24.05% of the surveyed population were using some adjustment response. Out of those using, 42% were resting, 18% each were praying or keeping themselves occupied while 5% were benefitting from meditation. Similarly James D Lane *et al* [10] in his study suggested that even brief instruction in a simple meditation

technique can improve negative mood and perceived stress in healthy adults. A. Elizabeth Rippentrop *et al* [11] in his study found private religious practice (e.g. prayer, meditation, consumption of religious media) was inversely related to physical health outcomes, indicating that those who were experiencing worse physical health were more likely to engage in private religious activities, perhaps as a way to cope with their poor health. Majority (75.95%) of the surveyed population had a refined level, about one fifth of them had a moderately refined level (20.25%), and only 3.8% had a much refined level. None of the sample had an unrefined or slightly refined spiritual level. Females had higher percent of refined (82.09%) and much refined level (4.48%) as compared to males (71.43%and 3.3% respectively) who had higher percent of moderately refined spiritual level as compared to females. The health status of the surveyed population was found to be good. 68.35% were healthy. The reason being, all of them were doctors so aware of their health and all had good spiritual level. If we compare the three main non communicable diseases that are hypertension, diabetes and heart disease we observe males have about 13.18 % while occurrence is only 2.98 % among females for these diseases. And this difference was found to be statistically significant. This can be ascribed to higher spiritual level among females as compared to males. Zarina *et al* [12] in their study showed that the majority of respondents were in good health, and had excellent spiritual intelligence. It also suggested that spiritual intelligence was positively associated with general health. About 83.33% people having much refined spiritual health score were devoid of any disease.73.33% people having refined spiritual health score were not suffering from any disease and 46.88% people with moderately refined spiritual health score were not suffering from any disease. As the spiritual level is increasing the occurrence of disease is decreasing. This difference between absence of health problem or disease in relation to the spiritual health level was found to be statistically significant. Similar findings have been shown by Bansal AK *et al* [13] that positive values, attitudes, beliefs and strength that one acquires through spiritual practices contribute to health and happiness. Rahul *et al* [14] in their study among doctors found that 93.48% of the doctors believe that a spiritual person deals better with stress. Zarina *et al* [12] in study on elderly, suggested that spiritual intelligence was positively associated with general health. Those who had higher levels of spiritual intelligence tended to have higher levels of health. Larson DB *et al* [15] also suggested positive relation between spiritual health and physical health. Also according to www.speaking tree [4], improving your spiritual health may not cure an illness, but it may help you feel better, prevent some health problems and help you cope with illness or death.

CONCLUSION

The findings showed that the majority of participants were in good health, and had good spiritual health. It also suggested that spiritual health was positively associated with general health. Those who had higher spiritual level tended to have higher levels of health. The study suggested that spirituality is related to health and has a positive effect on participants overall health. As the spiritual level is increasing, occurrence of health problems and non communicable diseases is decreasing. So if we further make efforts to improve the spiritual level, we can further decrease the occurrence of the health problems especially the non communicable diseases as these are on an increasing trend these days leading to high morbidity and mortality in all phases of life. This study thus authenticates the need of 4th dimension of health, i.e. the spiritual health as important element of health. As the Spiritual Health Scale 2011, which we used to assess the spiritual level is a newly devised scale and one of its kind, we further need continued research related to this scale to better understand the inherent complexities between spirituality and health.

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