

Relationship Between Spirituality and Life Satisfaction Among Prospective Professional Care Givers: A Correlational Analysis

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Abstract:

Spirituality focuses on purpose and meaning of human existence while life satisfaction encompasses over well-being of people. The present study investigates the relationship between spirituality and life satisfaction among prospective professional caregivers. A sample of 300 prospective professional caregivers (students pursuing MBBS Indigenous Medicine, social work, and psychology) was collected by using non-probability purposive sampling. Spiritual Assessment Scale by Howden (1992) and Life Satisfaction by Warr et al, (1979) was administered on the sample. Descriptive statistics -mean and SD was calculated. Product Moment was calculated to identify the relationship between spirituality and life satisfaction across different disciplines and gender. Multiple Regression Analysis was applied to identify the predictive effect of spirituality, gender, and academic discipline on life satisfaction among prospective professional caregivers. The results revealed significant positive correlation between spirituality & life satisfaction among M.B.B.S students while no correlation was found between spirituality & life satisfaction among other prospective professional care givers. It was also found that spirituality and gender are the strong predictors of life satisfaction indicating a significant positive correlation among females for all the prospective professional health givers. The findings suggest that fostering spiritual well-being may enhance personal fulfillment and professional readiness among future caregivers.

Keywords: Spirituality, life satisfaction, prospective professional care givers, Gender.

Introduction

Spirituality is the thread that connects us with other people, with the world in which we live, and with the divine nature as we experience it. Through our spirituality we can make sense of powerful life experiences that would otherwise be confusing or devastating and use them in ways that become life sustaining. In recent times, spirituality has emerged as a strong force in the area of mental health (Pergament, 1999). Koenig (2008) also argues that positive understanding of spirituality has affected the instruments being used to measure this construct. So, almost all spirituality measures contain positive statements related to human traits and experiences. It gives purpose and meaning to one's life.

Life satisfaction is widely considered to be a central aspect of human welfare. Many have identified happiness with it, and some maintain that well-being consists largely or wholly in being satisfied with one's life. It is a measure of an individual's perceived level of well-being (quality of life) and happiness. Life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive.

Research into the role of spirituality and life satisfaction is beginning to be pursued vigorously, with multiple assessment tools and with mixed results. Studies by Sneha & Gowri (2025) and Akbayram & Keten (2024) confirm the association of spiritual intelligence with improved mental health, resulting in the lower incidence of stress and anxiety levels among students. Likewise, Pankaj & Sharma (2024) concluded that spiritual well-being enhances life satisfaction in university students. Recent studies have underscored the critical role of spirituality and spiritual intelligence in enhancing the well-being and life satisfaction of healthcare professionals, particularly nurses who often face high levels of occupational stress and emotional exhaustion.



Special population research supports these findings. Edis & Bal (2024) reported that high spirituality in pregnant women led to greater life satisfaction, while Heuschkel et al. (2024) found that cancer patients with spirituality reported greater resilience and mental adjustment.

Dorahy, Lewis, Schumaker, et al (1998) in their examination of cross-cultural groups and the intersection of religious beliefs and life satisfaction found that for men, religion seems to make a greater difference in life satisfaction than for women, although women may express greater religiosity

Spiritual beliefs contributed positively to life satisfaction, that spiritual beliefs gave them a sense of hope, strength, and peace, and that these beliefs helped them cope with difficult life events or hardships. Further, McCullough, Enders, Brion and Jain (2005) found that religious upbringing, parenting, marriage, and agreeableness significantly influenced how intellectually gifted children developed in adulthood.

Perrone, Webb, Wright, Jackson, and Ksiazak (2006) also examined how spirituality was linked to life satisfaction, but focused on how it related to work and family satisfaction in gifted adults who were being followed longitudinally. Perrone et al. found that existential well-being (a sub-component within the Spiritual Well-Being) and life satisfaction were “positively related” (p. 265) as was marital satisfaction, but “religious well-being, work satisfaction, and parental satisfaction” did not “contribute significantly to the variance in life satisfaction”.

This research examines how spirituality and life satisfaction interact, proposing that spirituality serves as a foundation and life satisfaction is the outcome. The study aims to provide practical insights for counselling interventions, workplace wellness programs, and public health initiatives, ultimately enhancing psychological well-being among prospective professional care givers.

METHOD

A non-probability purposive judgmental sample of 300 students were drawn from different faculties of Aligarh Muslim University, Aligarh. 100 students were taken from Jawaharlal Nehru Medical College, pursuing Modern Medicine Course (1st Prof., IIInd Prof., IIIrd Prof., IV prof., respectively). 100 students were taken from Ajmal Khan Tibya College, pursuing Indigenous Medicine Course (1st Prof., IIInd Prof., IIIrd Prof., respectively). And 100 students were taken from Humanities from the faculty of Social Sciences. The sample comprised of equal number of males and females. Students from different professions were purposefully selected to represent diverse caregiving orientations—biomedical, traditional/indigenous, and psychosocial, respectively. This diversity ensured a more comprehensive understanding of spirituality and life satisfaction across different caregiving disciplines

OBJECTIVES

1. To examine the relationship between spirituality and life satisfaction among prospective professional caregivers.
2. To identify gender differences between spirituality and life satisfaction among prospective professional caregivers.
3. To explore the predictive effect of spirituality, gender, and discipline on life satisfaction.

HYPOTHESES

H1: There is a significant relationship between spirituality and life satisfaction among prospective professional caregivers

H0: There is no significant relation between spirituality and life satisfaction among prospective professional caregivers.

H2: There is a gender difference in the relationship between spirituality and life satisfaction among prospective professional caregivers

H0: There is no gender difference in the relationship between spirituality and life satisfaction among prospective professional caregivers.

TOOLS

(I) SOCIO-DEMOGRAPHIC SHEET (SDS): This data sheet was used to obtain information about age, gender, religion and courses of the participants.

(II) SPIRITUAL ASSESSMENT SCALE (SAS): The SAS developed by Howden (1992) was used for the assessment of spiritual orientation among participants. The scale consisted of 28 items and has four dimensions of spirituality, namely, Purpose and Meaning in life, Innerness or Inner Resources, Inter connectedness and Transcendence. The responses of the subject were obtained on 6 point Likert Scale from Strongly Agree, "SA (6) to Strongly Disagree, SD (1)". The internal consistency reliability coefficient for the SAS is equal to 0.70.

(III) LIFE SATISFACTION SCALE (LSS): A ten items scale designed by Warr et al. (1979) was used to measure the satisfaction with salient features of daily life and activity of the respondents, psychometric properties of the scale (test, retest reliability, split, half reliability, internal consistency, reliability and validity), were reported by authors and others. Responses were rated on a seven point scale from 1, referring to "I am extremely dissatisfied", to 7, referring to "I am extremely satisfied. The possible range of scores could vary from 10-70. A high score indicated high satisfaction and vice-versa. Test-retest is also very high i.e. $r=0.87$.

PROCEDURE

Each participant were given three questionnaires, namely, sociodemographic data sheet, Life Satisfaction Scale and Spiritual Assessment Scale. The participants were contacted personally at their respective departments of study. The participants were informed about the purpose of the research. There was a voluntary participation from the participant. It was ensured that the information provided will be kept confidential.

STATISTICAL ANALYSIS

Data analysis was performed by using Statistical Package for Social Science (SPSS) 21.0 version. The obtained data was analyzed using descriptive statistics and Product Moment Correlational and Multivariate Regression analysis.

RESULTS AND DISCUSSIONS

Table-1: Indicating Mean and SD scores of the students of Modern Medicine on two variables.

Variables	N	Mean	SD
Life satisfaction	100	46.98	6.29
Spirituality	100	124.67	16.15

Table 1 indicates the mean and SD scores of the students of Modern Medicine on two variables i.e. life satisfaction and spirituality. The mean value on life satisfaction was found to be 46.98 and the value of SD was found to be 6.29. On spirituality assessment the mean and SD scores were found to be 124.67 and 16.15.

Table-2: Indicating Mean and SD scores of the students of Indigenous Medicine on two variables.

Variables	N	Mean	SD
Life satisfaction	100	52.78	7.34
Spirituality	100	119.16	21.66

Table 2 shows the mean and SD scores of the students of Indigenous Medicine on two different variables viz, life satisfaction and spirituality. The mean score found on life satisfaction was 52.78 and the SD score was found to be 7.34. While the mean score on spirituality assessment was found to be 119.16 and SD scores was 21.66.

Table-3: Indicating Mean and SD scores three variables of students of Humanities on two variables.

Variables	N	Mean	SD
Life satisfaction	100	49.03	6.66
Spirituality	100	126.4	13.24

Table 3 represent the mean and SD scores of the students of Humanities on three different variables i.e. life satisfaction, explanatory life styles and spirituality. The mean value on life satisfaction was found to be 49.03 and SD value as 6.66. While the mean and SD values on spirituality assessment was found to be 126.4 and 13.24 respectively.

Table-4: Product Moment Correlation: Life Satisfaction With Spirituality Among Prospective Professional Care Givers.

Variables	N	r (Life satisfaction and Spirituality)
M.B.B.S.	100	0.20*
B.U.M.S.	100	0.15
M.S.W and M.A.	100	0.15

*p<0.05

Table 4 presents the correlation between life satisfaction and spirituality among prospective professional caregivers enrolled in different academic disciplines. The findings reveal a **positive correlation** between spirituality and life satisfaction across all three groups—M.B.B.S., B.U.M.S., and M.S.W./M.A.—indicating that higher levels of spirituality are generally associated with higher levels of life satisfaction. However, the strength and significance of these relationships vary among the groups.

A significant positive relationship was found between spirituality and life satisfaction among the group of M.B.B.S. ($r=0.20$, $p<0.05$) suggesting that spirituality contributes modestly but meaningfully to the sense of life satisfaction among students pursuing modern medicine. This finding may reflect the demanding and stressful nature of medical training, where spiritual beliefs and practices could serve as coping mechanisms that enhance well-being and provide emotional balance.

Among **B.U.M.S.** and **M.S.W./M.A. students**, the correlations ($r = 0.15$) are **positive but not statistically significant**, indicating that while spirituality and life satisfaction tend to move in the same direction, the association is weak and may be influenced by other factors such as personality traits, social support, or cultural values. The absence of significant correlation in these groups might also be attributed to differences in curricular exposure, professional orientation, or varying interpretations of spirituality across disciplines. Differences in professional orientation, cultural interpretations of spirituality, and levels of academic or clinical exposure may explain these variations (Skrzypiąska, 2021). For example, students of indigenous medicine and social sciences might conceptualize spirituality in broader philosophical or cultural terms rather than as a personal coping resource directly influencing satisfaction with life. Hence H1 is accepted , where it was found that there is a relationship between spirituality and life satisfaction among prospective professional caregivers

Overall, the results support the general notion that spirituality is an important dimension of personal well-being among prospective caregivers, though its impact may differ depending on the nature of their professional training. The findings align with earlier research suggesting that spirituality contributes to greater psychological adjustment, purpose in life, and emotional resilience among individuals in helping professions. In a study of mental health professionals, **Sharma et al. (2020)** reported that those with higher spiritual well-being demonstrated stronger resilience and lower burnout rates.

Table-5: Product Moment Correlation: Life Satisfaction With Spirituality Among Male And Female Prospective Professional Care Givers.

Variables	N	Life Satisfaction and Spirituality
Male	150	0.13
Female	150	0.16*

* $p<0.05$

Table 5 presents the correlation coefficients between life satisfaction and spirituality separately for male and female prospective professional caregivers. The results indicate that both male and female students show a positive correlation between spirituality and life satisfaction, suggesting that higher spirituality is generally associated with higher life satisfaction in both groups. However, the strength and statistical significance of these relationships differ slightly.

For female caregivers, the correlation coefficient ($r = 0.16, p < .05$) is positive and statistically significant, indicating that spirituality has a small but meaningful association with life satisfaction. This finding suggests that spirituality may play a more salient role in enhancing subjective well-being among female students. It is possible that women are more inclined toward emotional expressiveness, empathy, and spiritual reflection, which may help them draw greater comfort and life meaning from their spiritual beliefs and practices (King & Boyatzis, 2015).

In contrast, the correlation for male caregivers ($r = 0.13$) is also positive but not statistically significant, suggesting that while spirituality is related to life satisfaction, the relationship is weaker and may be influenced by other psychosocial or personality factors. Males may rely more on problem-focused coping strategies or external achievements for fulfillment, while spirituality might not be as central to their life satisfaction (Francis & Wilcox, 1996). Hence, H2 is also accepted as there was found a difference in the gender on the relationship between spirituality and life satisfaction among prospective professional caregivers.

Overall, these results imply that spirituality contributes positively to life satisfaction for both genders, though its impact is slightly stronger among females. The findings are consistent with previous research indicating that women tend to report higher levels of spiritual involvement and greater use of spirituality as a coping resource, which may enhance their emotional well-being and perceived quality of life (Koenig, 2012). Another study which supports the researcher's findings is the study conducted by Thompson (1991), on the sample of undergraduates, who reports that women appeared more religious until gender orientation was accounted for.

The gender-based differences observed in this study may reflect broader cultural and psychological patterns in how men and women experience and express spirituality. Previous studies have shown that females often integrate spirituality more deeply into their sense of identity and interpersonal relationships, which may explain their higher correlation between spirituality and life satisfaction (Skrzypinska, 2021). For caregivers, especially women in helping professions, spirituality often provides emotional resilience, meaning-making, and motivation for compassionate care. In professional settings, Zafar & Agha (2023) concluded resilience positively correlates with satisfaction with life among working men and women.

Hence, the findings highlight the importance of acknowledging gender-sensitive approaches in training programs for prospective caregivers. Encouraging spiritual reflection and meaning-centered activities may enhance overall well-being, especially for female students who derive significant emotional balance and satisfaction from such experiences.

Table-6: Multiple Regression Analysis Predicting Life Satisfaction from Spirituality, Gender, and Discipline

Predictor	B (Unstandardized)	SE B	β (Standardized)	t	p
Intercept	37.25	1.20	—	31.04	<0.001

Predictor	B (Unstandardized)	SE B	β (Standardized)	t	p
Spirituality	0.078	0.032	0.20	2.44	0.016*
Gender (Female)	1.50	0.68	0.12	2.21	0.029*
B.U.M.S.	-0.80	0.72	-0.05	-1.11	0.268
M.S.W/M.A	0.50	0.71	0.04	0.70	0.486

The above table-6 reflects the results of multiple regression analysis to examine the predictive effect of spirituality, gender, and academic discipline on life satisfaction among prospective professional caregivers. The above values ($B = 0.078$, $\beta = 0.20$, $t = 2.44$, $p = 0.016$) indicates that spirituality was a significant positive predictor of life satisfaction. This indicates that for every one-unit increase in spirituality, there was an increase by 0.078 units, in life satisfaction. Among gender, it was found that females also significantly predicted higher life satisfaction ($B = 1.50$, $\beta = 0.12$, $t = 2.21$, $p = 0.029$), as compared to males. In regard to different disciplines, it did not significantly predict life satisfaction in comparison to M.B.B.S. students. The coefficients for B.U.M.S. ($B = -0.80$, $\beta = -0.05$, $p = 0.268$) and M.S.W./M.A. ($B = 0.50$, $\beta = 0.04$, $p = 0.486$) were not significant, indicating that after accounting for spirituality and gender, discipline alone did not have a measurable effect on life satisfaction.

These results suggest that personal factors, particularly spirituality and gender, play a more crucial role in shaping life satisfaction than academic discipline. Spirituality may act as a protective factor that enhances coping and psychological well-being, consistent with findings from recent studies. In 1,121 nurses in Saudi Arabia, spiritual intelligence mediated the relationship between well-being and life satisfaction, pointing to spirituality as a resource in highly stressful healthcare contexts (Buta, J., et al 2022). While discipline-related differences in Life Satisfaction were observed descriptively, they were not significant when controlling for these personal variables.

CONCLUSIONS

In the light of our findings it can be inferred that spirituality is one of the factors which helps an individual to achieve satisfaction and which has been found high among females' prospective professional caregivers.

Spiritual dimension is a function of the picture people have in their quality words of satisfying basic needs (Emed, 1995). Finally, Hill and Pargament (2003), in consistent to our findings, noted that an individual's connection to a higher power as an attachment relationship, reported a close connection to their higher power and also reported less depression and loneliness, higher self-esteem, greater maturity in relationships, and better coping skills when faced with stressful situations.

Researchers have demonstrated that women participate more frequently than men in religious activities, and some have argued the differences may be attributable to gender orientation (feminine or masculine) rather than sex (female or male). Results from several studies have suggested that women are more religious than men (Mahalik & Lagan, 2001; Ozorak, 1996; Reich, 1997; Thompson, 1991).

Limitations of the Study:

The research applied a purposive sampling method, which limits the generalization of the findings

- A comparative study between different religions and aesthetics could reflect more clear understanding of the impact of spirituality or relationship between spirituality and life satisfaction among different professional caregivers.
- Self-reported measures may be subject to social desirability bias.
- The research lacks the understanding the causal factor of the relationship between spirituality and life satisfaction

- The study did not account for other variables such as socio-economic status or religious affiliation, which could influence spirituality and life satisfaction.

IMPLICATIONS OF THE STUDY

From the above result, it can also be inferred that the spiritual revolution that has permeated our culture, challenges the psychotherapists and other health practitioners to address the spiritual concerns of their clients and themselves, and allow practitioners to include spirituality in their work in a clear, sound and meaningful way. Health practitioners or counselors must engage in caring for the whole person, including assessing meaning and spirituality in the lives of their clients (Ortiz & Langer, 2002).

The positive association between spirituality and life satisfaction among prospective caregivers highlights the need to integrate **spiritual well-being into educational and training programs**. Policymakers and curriculum designers can develop structured interventions, such as mindfulness workshops, reflective practice modules, and peer-support initiatives, to enhance resilience and emotional well-being.

Educational and healthcare institutions can develop policies that **recognize and support spiritual well-being** as a component of student and staff mental health.

Policies could mandate the integration of **holistic wellness programs** in professional caregiving institutions, ensuring that students have access to spiritual counseling, mindfulness sessions, and reflective practice workshops.

Medical, nursing, social work, and allied health curricula can include **modules on spirituality, meaning-making, and holistic care** to cultivate reflective and resilient professionals.

Structured courses or workshops on **mindfulness, meditation, ethical reflection, and self-care strategies** can be embedded within existing professional training programs

Universities and training centers can design **spirituality-based intervention programs**, such as mindfulness sessions, peer-support groups, guided reflection exercises, or spiritually-informed counseling services, aimed at improving life satisfaction and reducing stress.

ETHICAL CONSIDERATIONS

1. Written informed consent was obtained from all potential participants prior to the administration of tools.
2. Confidentiality of data was ensured.
3. The author made sure that the research work would be carried out in such a way that the students' academic work would not be affected.

CONFLICT OF INTERESTS: None

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العلاقة بين الروحانية والرضا عن الحياة لدى مقدمي الرعاية المهنية المستقبليين: دراسة ارتباطية

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الملخص:

تركز الروحانية على الغاية والمعنى من الوجود الإنساني، في حين يشير الرضا عن الحياة إلى مستوى الرفاه العام لدى الأفراد. تهدف الدراسة الحالية إلى استقصاء العلاقة بين الروحانية والرضا عن الحياة لدى مقدمي الرعاية المهنية المستقبليين. تكونت عينة الدراسة من (٣٠) من مقدمي الرعاية المهنية المستقبليين (طلبة يدرسون الطب البشري MBBS ، والطب التقليدي، والعمل الاجتماعي، وعلم النفس)، وتم اختيارهم باستخدام أسلوب العينة القصدية غير الاحتمالية. تم تطبيق مقياس التقييم الروحي لـ (Howden 1992) ومقياس الرضا عن الحياة لـ (Warr 1979) على أفراد العينة. كما تم حساب الإحصاءات الوصفية المتمثلة في المتوسط الحسابي والانحراف المعياري. وللكشف عن العلاقة بين الروحانية والرضا عن الحياة عبر التخصصات المختلفة والجنس، تم استخدام معامل ارتباط بيرسون. إضافة إلى ذلك، استُخدم تحليل الانحدار المتعدد لتحديد الأثر التنبؤي لكل من الروحانية والجنس والتخصص الأكاديمي في الرضا عن الحياة لدى مقدمي الرعاية المهنية المستقبليين.

وأظهرت نتائج الدراسة وجود علاقة ارتباطية موجبة ذات دلالة إحصائية بين الروحانية والرضا عن الحياة لدى طلبة الطب البشري (MBBS)، في حين لم تظهر علاقة ارتباطية بين المتغيرين لدى بقية فئات مقدمي الرعاية المهنية المستقبليين. كما كشفت النتائج أن الروحانية والجنس يعديان من أقوى المتغيرات المتنبئة بالرضا عن الحياة، حيث وُجد ارتباط إيجابي دال إحصائياً لدى الإناث في جميع فئات مقدمي الرعاية الصحية المستقبليين. وتشير هذه النتائج إلى أن تعزيز الرفاه الروحي قد يسهم في تحسين الإشباع الشخصي والاستعداد المهني لدى مقدمي الرعاية في المستقبل.

الكلمات المفتاحية: الروحانية، الرضا عن الحياة، مقدمو الرعاية المهنية المستقبليون، الجنس.