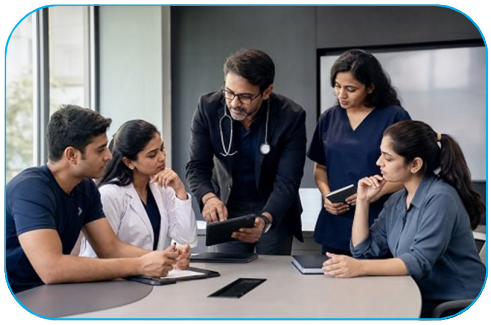
INDIAN STREAMS RESEARCH JOURNAL
ISSN NO : 2230-7850
IMPACT FACTOR : 5.1651 (UIF)
VOLUME - 16 | ISSUE - 9 | OCTOBER – 2026

HOW HAPPY ARE OUR FUTURE HEALTH PROFESSIONALS? SUBJECTIVE HAPPINESS AMONG MEDICAL PROFESSIONAL STUDENTS IN KOZHIKODE DISTRICT, KERALA

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ABSTRACT



Background: *Students of the health professions train under heavy academic and clinical pressure, and earlier studies suggest that only a minority to about half of medical students call themselves happy. No earlier study in Kerala that used the Subjective Happiness Scale (SHS) with this group were found.* ***Objective:*** *To assess the level of subjective happiness among medical professional students in Kozhikode district and to examine its association with gender, age, relationship status, type of course, type of college, hours of sleep and time spent with friends.* ***Methods:*** *A descriptive cross-sectional survey was carried out among 286 MBBS, nursing and allied health science students chosen by convenience sampling. Students completed a socio-demographic form and the four-item SHS (score range 1 to 7; Cronbach's alpha = 0.81). Data were analysed with t-tests, one-way ANOVA and the chi-square test at the 0.05 level.* ***Results:*** *The mean SHS score was 4.13 (SD = 1.27), a moderate level. Happiness differed by course ($p < 0.001$), with MBBS students scoring lowest (3.73) against nursing (4.35) and allied health science students (4.25). Time with friends showed the strongest association: scores rose from 3.71 (under 2 hours a day) to 4.77 (over 6 hours) ($p < 0.001$; eta squared = 0.092). Students in a relationship or married (4.71 vs 4.03; $p < 0.001$) and those sleeping six hours or more (4.34 vs 3.92; $p = 0.005$) also scored higher. Gender, age and type of college were not significantly associated with happiness.* ***Conclusion:*** *Medical professional students in Kozhikode reported moderate happiness. MBBS students and students with little time for friends were the least happy. Colleges should treat student happiness as part of welfare, protect time for sleep and friendship, and offer support aimed first at MBBS students.*

KEYWORDS: *subjective happiness; Subjective Happiness Scale; medical professional students; MBBS; nursing; Kerala.*

1. INTRODUCTION

Ask a group of people what they want from life and many will say, in one way or another, that they want to be happy. Philosophers and religious thinkers have spent centuries on the question, and psychologists now study it under the name of subjective well-being, which Diener (1984) described as a person's own evaluation of life, including life satisfaction and the balance of pleasant and unpleasant feelings. A closely related idea is subjective happiness, a global judgement of whether one is, overall, a

happy or an unhappy person (Lyubomirsky & Lepper, 1999). It does not look for illness. It simply asks how people feel about their own lives, which makes it a useful marker of positive mental health.

Happiness matters for more than its own sake. In a large review, Lyubomirsky, King and Diener (2005) concluded that frequent positive feelings tend to go along with, and often come before, better outcomes in work, relationships and health. Seligman (2011) went further and described flourishing as resting on positive emotion, engagement, relationships, meaning and accomplishment. These ideas have since been applied to students in higher education.

This study looks at students preparing for careers in medicine and the allied health professions. They will become the doctors, nurses and health workers on whom the health system depends, so their well-being counts twice: once for their own learning now, and again for the care they will give patients later. Their training is far from easy. There is a great deal to learn, examinations come often, clinical hours are long, and students meet illness and death early. Dyrbye, Thomas and Shanafelt (2006) found considerable psychological distress among medical students in the United States and Canada, and Rotenstein et al. (2016), in a meta-analysis, estimated that 27.2% of medical students worldwide screened positive for depression or depressive symptoms.

Most of the evidence on how happy such students actually are comes from a handful of settings, uses different instruments, and cannot be compared across studies. In India, the studies found used the Oxford Happiness Questionnaire or PERMA-based items. None used the four-item Subjective Happiness Scale (SHS), which is widely used abroad, among medical professional students in Kozhikode district, Kerala. This study was designed to fill that gap. Its objectives were to assess the level of subjective happiness among these students, to describe their socio-demographic profile, and to find out whether happiness is associated with gender, age, relationship status, type of course, type of college, hours of sleep per day and time spent with friends per day.

2. REVIEW OF LITERATURE

The most widely used tool for global subjective happiness is the four-item SHS of Lyubomirsky and Lepper (1999), scored on a seven-point scale, where higher scores mean greater happiness. It has been used directly with medical and health sciences students (Alshehri et al., 2016; Iqbal et al., 2019; Milić et al., 2024). Other researchers have chosen related but different instruments, such as the Oxford Happiness Questionnaire (Javed et al., 2019; Kumar et al., 2023; Rao et al., 2023; Khurshid et al., 2026), measures of life satisfaction, affect and flourishing (Chattu et al., 2020), and a PERMA-based questionnaire (Dao et al., 2025). Because these tools capture overlapping but not identical ideas, and because studies set their own cut-offs for "happy", prevalence figures cannot be compared too closely.

Across settings, fewer than half of medical students describe themselves as happy, though the exact share depends on the tool and cut-off. Alshehri et al. (2016) surveyed 605 medical students at Taif University in Saudi Arabia, classed 45.6% as happy, and reported a mean SHS score of 5.00, which sits within the 4.63 to 5.07 range reported for American college students. In Lahore, Iqbal et al. (2019) found 46.24% of 173 medical students to be happy. Indian studies point the same way. Kumar et al. (2023) found 42.5% of 315 students in the Andaman and Nicobar Islands to be happy, and Rao et al. (2023) found only 34.6% of 321 students in Bihar to be happy. In a multi-centre study of 2,137 health sciences students in Croatia, Milić et al. (2024) reported a median SHS total of 19 on a scale of 4 to 28, together with high levels of depressive and anxiety symptoms.

Evidence on gender is mixed. Several studies found men happier than women (Iqbal et al., 2019; Rao et al., 2023; Dao et al., 2025), and Vakhariya and Patil (2025) reported that male MBBS students in Maharashtra had a stronger sense of accomplishment. Others found no gender difference (Javed et al., 2019; Chattu et al., 2020), and Alshehri et al. (2016) saw only a non-significant trend favouring men. Findings on age and year of study are just as inconsistent. Dao et al. (2025) found the highest scores in first-year students, a dip through the third year and a slow recovery. Khurshid et al. (2026) found that happiness fell as nursing students moved through their course. Milić et al. (2024) found lower

happiness in the early years, and Alshehri et al. (2016) found no difference between academic years, although younger students tended to be happier.

Relationships come up again and again. In the Andaman and Nicobar study, good friendships were linked with roughly three times the odds of being happy (adjusted OR 3.20), while stress lowered the odds (Kumar et al., 2023). Socialising predicted happiness in Bihar (Rao et al., 2023), and social activities were associated with it in Rawalpindi (Javed et al., 2019). Among Vietnamese medical students the relationships element of PERMA scored highest (Dao et al., 2025), and faculty support went with greater happiness in Pakistani nursing students (Khurshid et al., 2026). Lifestyle matters too. Physical activity, good sleep and satisfaction with the educational programme have each been linked with higher happiness (Javed et al., 2019; Rao et al., 2023; Khurshid et al., 2026).

Happiness also appears tied to academic experience and mental health. In Trinidad and Tobago, students with a grade point average of 4.0 or above scored highest on life satisfaction and flourishing (Chattu et al., 2020), and in Croatia failing a year was among the strongest predictors of depression, anxiety and happiness (Milić et al., 2024). Almost all of this work is cross-sectional, so it cannot say whether happiness supports performance, performance supports happiness, or both.

Taken together, the literature shows that only a minority to about half of medical students report being happy, that gender and year of study give inconsistent results, that relationships, sleep and an active lifestyle recur as correlates, and that nearly all the evidence is cross-sectional and comes from single institutions or regions. In India, the available work comes mainly from the Andaman and Nicobar Islands, Bihar and Maharashtra, and relies on tools other than the SHS. There is no found a study that applied the SHS to medical professional students in Kerala, and this study aims to supply that evidence.

3. METHODOLOGY

The present study used a quantitative, descriptive cross-sectional survey. Data were collected at a single point in time with no intervention. The study was carried out in selected institutions offering professional health courses in Kozhikode district, Kerala, including government and private colleges of medicine, nursing and allied health sciences.

The target population was students enrolled in undergraduate medical professional courses such as MBBS, nursing and allied health sciences. Using the single-proportion formula (Cochran, 1977), an expected proportion of happy students of 40% (in line with the 34.6% to 42.5% reported among Indian medical students), 95% confidence and 5% absolute precision, the minimum sample size was 369. Allowing for 10% non-response, the planned sample was 406. Students were approached through convenience sampling, which was practical and economical for a group with demanding timetables. Students who were enrolled in the selected courses, present at the time of data collection and willing to give consent were included. Students on prolonged leave and those who returned incomplete questionnaires were excluded. In all, 286 students took part and were analysed.

The questionnaire had two parts. Part A recorded gender, age, relationship status, type of course, type of college, hours of sleep per day and time spent with friends per day. Part B was the SHS, which has four items rated from 1 to 7. Two items ask respondents to rate themselves in absolute terms and against their peers, and two describe a happy and an unhappy person and ask how far each description fits. The fourth item is reverse scored, and the final score is the mean of the four items, from 1 to 7. Lyubomirsky and Lepper (1999) reported good reliability and validity across several samples. Internal consistency in our sample was good (Cronbach's alpha = 0.81). Because the SHS has no official cut-off for happy and unhappy, students scoring above the sample median were classed as happier and the rest as less happy, as Alshehri et al. (2016) did.

Permission was obtained from the Institutional Ethics Committee. Participation was voluntary, written or electronic informed consent was taken, and students could withdraw at any time without any effect on their studies. Responses were anonymous and used only for research. Students found to be in distress were to be advised to use their college counselling services.

Students were told the purpose of the study and invited to take part. The questionnaire was completed in the classroom or through an online form and took about 10 to 15 minutes. Completed forms were checked, coded and analysed with statistical software. This study used frequencies, percentages, means and standard deviations to describe the sample and the SHS scores. Independent-samples t-tests (Welch's version where variances differed) and one-way ANOVA with Tukey's post hoc test compared mean scores, with non-parametric tests as a check, and the chi-square test examined the association between each variable and the happier or less happy groups. Significance was set at $p < 0.05$.

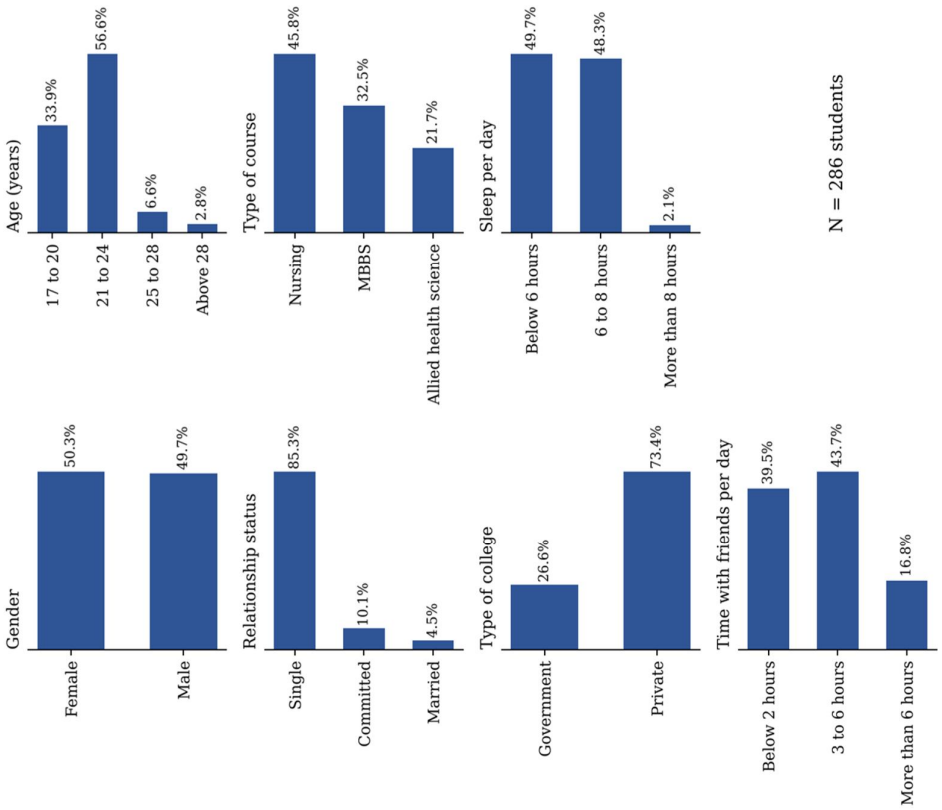
4. RESULTS

Table 1 describes the 286 students. Men and women were almost equally represented (49.7% and 50.3%). Most students were aged 24 years or below (90.6%) and single (85.3%). Nursing students formed the largest group (45.8%), followed by MBBS (32.5%) and allied health science students (21.7%), and nearly three quarters studied in private colleges (73.4%). About half (49.7%) slept less than 6 hours a day, and 39.5% spent less than 2 hours a day with friends.

Table 1. Socio-demographic characteristics of the students (N = 286)

Variable	Category	n	%
Gender	Female	144	50.3
	Male	142	49.7
Age (years)	17 to 20	97	33.9
	21 to 24	162	56.6
	25 and above	27	9.4
Relationship status	Single	244	85.3
	In a relationship or married	42	14.7
Type of course	Nursing	131	45.8
	MBBS	93	32.5
	Allied health science	62	21.7
Type of college	Government	76	26.6
	Private	210	73.4
Sleep per day	Below 6 hours	142	49.7
	6 hours or more	144	50.3
Time with friends per day	Below 2 hours	113	39.5
	3 to 6 hours	125	43.7
	More than 6 hours	48	16.8

Figure1. Socio-demographic characteristics of the students (N = 286)



Level of subjective happiness

The mean SHS score was 4.13 (SD = 1.27; 95% CI 3.98 to 4.28), with a median of 4.13. Since the midpoint of the scale is 4, overall happiness was moderate: a little above the middle and well short of the top. Scores were spread widely, with most students near the middle and a good number at both ends. The four item means were close together (3.95 to 4.38). Students rated themselves highest on the general item ("In general, I consider myself a happy person", mean 4.38) and lowest on the item describing a person who enjoys life whatever is going on (mean 3.98). Splitting at the median placed 143 students in each of the happier and less happy groups by design, so the 50% figure says nothing on its own about how happy the students are. Its use is as a baseline for comparing groups.

Association with socio-demographic variables

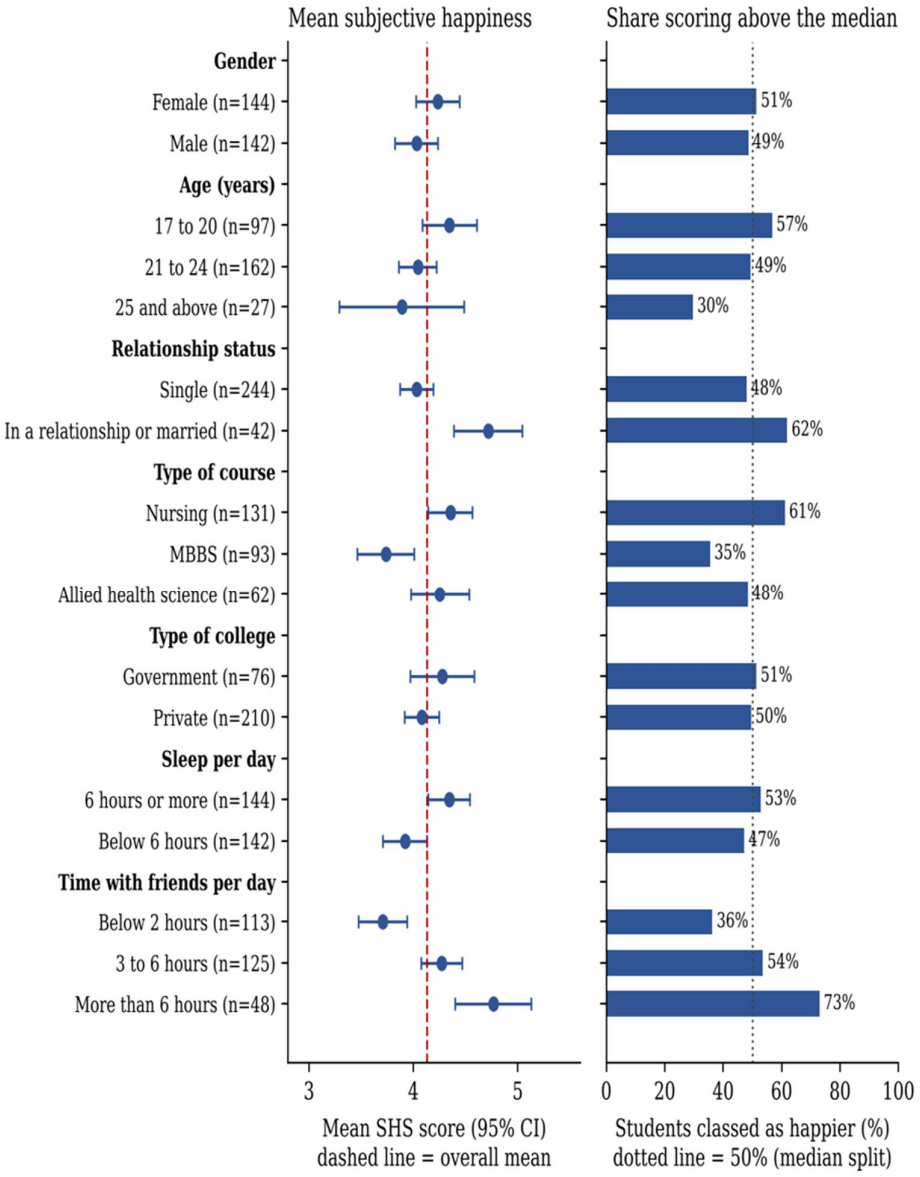
Table 2 compares mean scores across the seven variables. Type of course, time spent with friends, relationship status and sleep were significantly associated with happiness, while gender, age and type of college were not.

Table 2. Subjective Happiness Scale scores by socio-demographic variables

Variable and group	N	Mean ± SD	Test (t-test / ANOVA)	Chi-square p
Gender			t = 1.35, p = 0.177	0.723
Female	144	4.23 ± 1.27		
Male	142	4.03 ± 1.26		
Age (years)			F = 2.29, p = 0.103	0.044
17 to 20	97	4.35 ± 1.32		
21 to 24	162	4.04 ± 1.17		
25 and above	27	3.89 ± 1.58		
Relationship status			t = -3.70, p < 0.001	0.133
Single	244	4.03 ± 1.28		
In a relationship or married	42	4.71 ± 1.08		
Type of course			F = 7.14, p < 0.001	< 0.001
Nursing	131	4.35 ± 1.22		
MBBS	93	3.73 ± 1.35		
Allied health science	62	4.25 ± 1.11		
Type of college			t = 1.09, p = 0.277	0.894
Government	76	4.27 ± 1.36		
Private	210	4.08 ± 1.23		
Sleep per day			t = 2.85, p = 0.005	0.408
6 hours or more	144	4.34 ± 1.23		
Below 6 hours	142	3.92 ± 1.28		
Time with friends per day			F = 14.30, p < 0.001	< 0.001
Below 2 hours	113	3.71 ± 1.28		
3 to 6 hours	125	4.27 ± 1.12		
More than 6 hours	48	4.77 ± 1.29		

F = one-way ANOVA with degrees of freedom (2, 283); Welch's t-test used for relationship status and type of college. Chi-square p tests association with the happier and less happy groups.

Figure 4.2 Comparison of SHS scores by socio-demographic variables



Happiness differed significantly across the three courses ($F(2, 283) = 7.14$, $p < 0.001$; eta squared = 0.048). Nursing students had the highest mean (4.35), then allied health science students (4.25), then MBBS students (3.73). Tukey's test showed that MBBS students scored lower than nursing students (difference 0.62, 95% CI 0.22 to 1.02, $p < 0.001$) and allied health science students (difference 0.52, 95% CI 0.04 to 1.00, $p = 0.030$), while nursing and allied health science students did not differ ($p = 0.863$). Only 35.5% of MBBS students scored above the median, against 61.1% of nursing students and 48.4% of allied health science students.

Time with friends was the strongest association. Mean scores climbed from 3.71 in students who spent under 2 hours a day with friends, to 4.27 for 3 to 6 hours, to 4.77 for more than 6 hours ($F(2, 283) = 14.30$, $p < 0.001$; eta squared = 0.092; Spearman rho = 0.30). Every pair of groups differed

significantly. The share of happier students rose in step, from 36.3% to 53.6% to 72.9% (chi-square $p < 0.001$).

Students who were in a relationship or married scored higher than single students (4.71 against 4.03; Welch $t(62.6) = -3.70$, $p < 0.001$; Cohen's $d = 0.55$), a medium effect, though only 42 students were in this group. Students who slept six hours or more also scored higher than those who slept less (4.34 against 3.92; $p = 0.005$; $d = 0.34$), a small effect.

Women scored slightly higher than men (4.23 against 4.03), but the difference was not significant ($p = 0.177$). Mean scores fell with age, from 4.35 at 17 to 20 years to 3.89 at 25 and above, but the difference was not significant on ANOVA ($p = 0.103$). The chi-square test did reach significance ($p = 0.044$), because only 29.6% of the oldest group ($n = 27$) scored above the median, against 56.7% of the youngest, so the evidence for an age effect is weak. Government and private college students did not differ (4.27 and 4.08; $p = 0.277$).

5. DISCUSSION

The 286 students in this study reported a moderate level of subjective happiness, with a mean SHS score of 4.13. That is lower than the mean of 5.00 found by Alshehri et al. (2016) in Saudi Arabia, and lower than the roughly 4.75 on a 1 to 7 scale that the Croatian median of 19 works out to (Milić et al., 2024). Other studies report the share of students who were happy, such as 46.24% in Lahore (Iqbal et al., 2019), 42.5% in the Andaman and Nicobar Islands (Kumar et al., 2023) and 34.6% in Bihar (Rao et al., 2023). Because this study split students at the median, half were "happier" by design and the shares cannot be compared directly. Even so, the studies agree that only a minority to about half of medical students describe themselves as happy, and a moderate score in Kozhikode fits that picture.

The clearest difference was between courses. MBBS students scored lowest, significantly below both nursing and allied health science students. Few of the studies reviewed compared courses directly. The nearest is Chattu et al. (2020), who found that life satisfaction and flourishing differed between schools of medicine, dentistry and other health professions in Trinidad and Tobago, which supports the idea that happiness is not the same in every professional course. This study did not measure why MBBS students were less happy, so any explanation is only a suggestion. A longer course, heavier examinations and the pressures of clinical training are plausible reasons, and the wider evidence of distress among medical students points the same way (Dyrbye et al., 2006; Rotenstein et al., 2016). Academic performance may matter as well, since higher grades went with higher well-being in Trinidad and Tobago (Chattu et al., 2020) and failing a year strongly predicted unhappiness in Croatia (Milić et al., 2024). This study did not collect academic results.

The strongest finding was that happiness rose with time spent with friends, from 3.71 to 4.77 across the three groups. Students in a relationship or married also scored higher than single students. This fits closely with earlier work. Good friendships were linked with about three times the odds of happiness in the Andaman and Nicobar Islands (Kumar et al., 2023), frequent socialising predicted happiness in Bihar (Rao et al., 2023), and social activities were associated with it in Rawalpindi (Javed et al., 2019). Relationships also scored highest among the PERMA elements in Vietnam (Dao et al., 2025). These results are in line with Seligman's (2011) view that relationships are a building block of well-being, and with the broader conclusion that positive feelings and good relationships go together (Lyubomirsky et al., 2005).This study measured only the hours students spent with friends, not how good those friendships were, and cannot say which way the link runs. Happier students may seek out friends, and friends may make students happier.

Students who slept six hours or more were somewhat happier than those who slept less. Good sleep was likewise associated with higher happiness among nursing students in Pakistan (Khurshid et al., 2026), and the present result adds modest support. The effect was small, and the half of our students who slept under six hours deserve attention on this account.

Gender made no significant difference. Women scored slightly higher than men, and the sample was balanced (144 women and 142 men), which gives a fair test. Our result agrees with studies that found no gender difference (Javed et al., 2019; Chattu et al., 2020; Alshehri et al., 2016) and differs from those that found men happier (Iqbal et al., 2019; Rao et al., 2023; Dao et al., 2025). Age showed a weak downward trend, significant only on the chi-square test, in line with Alshehri et al. (2016) but opposite to the Croatian finding that older students were happier (Milić et al., 2024). Study did not record year of study, so it cannot compare directly with studies that tracked happiness through the years of training, and the small group aged 25 and above (n = 27) calls for caution. Government and private college students did not differ. Earlier studies linked financial circumstances with happiness (Alshehri et al., 2016; Milić et al., 2024), but study did not measure family income, so cannot tell whether college type reflects money.

Overall, happiness among these students was tied less to gender or the kind of college than to the social and personal conditions of student life: friends, a partner, enough sleep and the particular course. The effects were small to medium in size, so most of the variation between individual students lies in factors outside this study. The results should be read with the study's limits in mind. The design was cross-sectional, participants were chosen by convenience and the survey was partly online, so the findings describe these 286 students and may not apply to all medical professional students in Kerala. The final sample was smaller than the 406 planned. Nursing students formed the largest group and most students came from private colleges, which may affect comparisons by course and college. Happiness was self-reported, and academic stress, workload, family support, physical activity and health were not measured.

6. CONCLUSION

Medical professional students in Kozhikode district reported a moderate level of subjective happiness, with wide differences between individuals. MBBS students were less happy than nursing and allied health science students. Students who spent more time with friends, who were in a relationship or married, or who slept at least six hours a day were happier. Gender, age and type of college made no significant difference on their own.

These findings suggest that colleges can treat student happiness as part of student welfare. Protecting time for sleep, rest and friendship within the timetable, reviewing the workload and assessment schedule of the MBBS course, and making counselling, mentoring and peer support easy to reach would be sensible steps, with the MBBS students and those who spend little time with friends first in line. A short measure such as the SHS can be used from time to time to check how students are doing. Future work should use larger, randomly selected samples from more districts, include measures of academic stress, workload, family support and mental health, follow the same students over time, and test whether support programmes raise students' happiness.

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