An Assessment of Spirituality and its Relationship to Stress with Special Reference to Post Graduation Diploma in Hospital and Health Management Student

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ABSTRACT

A growing number of researchers and organizations have started considering spirituality to be a critical component of effective management to reduce stress. Spiritual people have reduced stress. Health care managers suffer from work-related or occupational stress. Health care people need to be more spiritual, so that their stress level is less and they can easily provide care to the others who are ill and need a treatment. They believe that spirituality is essential for effective operations of an organization. Organizations are looking for the better-educated, new generation of managers who are not only intelligent, but also spiritual by nature. The purpose of the current research is to assess the preparedness of management students from spiritual perspective. Furthermore, it also explores the relationship between management students' perception of their own spirituality and stress. Perceived spirituality and perceived stress is measured in health care managers. Perceived spirituality scale contains 28 items and Perceived stress scale contains 14 items asked from 195 students of IIHMR of post graduate of health care. Females are more than males in this course and most students are Hindus. Spirituality scores of the overall samples the results can be generalized since the significance value (p) was found to be less than 0.05. Independent sample T test on spirituality based on gender and was found not to be significant but batch wise sample is significant as the value was found to be less than 0.05. Stress scores of the overall samples the results can be generalized as the significance value (p) was found to be less than 0.05. Independent T test on stress based on gender and batch wise and were found not to be significant as the value was not found to be less than 0.05.

There is negative relation between perceived spirituality and perceived stress means that as the level of spirituality increases, stress level goes down. However, it is also to be noticed that the strength of relationship is very weak (r=-0.029). The results were also found to be insignificant (p>0.05), which means that the results cannot be generalized. With the changing work demand, it has become essential to have a high level of spiritualism in individuals to perform their best. Therefore, it has become important to focus on the spiritual growth and competence of the management students. It can be inferred from this that an individual who is spiritual can cope up with stress better than the individual who is not spiritual.

Key words: Effective management, Spirituality, Stress

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INTRODUCTION

Spirituality

The World Health Organization (WHO) defined health in 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. "But, in 1983 twenty-two WHO member countries from the Eastern Mediterranean Region proposed a draft resolution to this preamble to include reference to spiritual health, such that it would redefine health as a state of "physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity". Spiritual health is one of four dimensions to well-being as defined by the World Health Organization (WHO), which include physical, social, and mental dimensions. The spiritual dimension is understood to imply a phenomenon, that is not material in nature, but belongs to the realm of ideas, beliefs, values and ethics, that have arisen in the minds and conscience of human beings, particularly ennobling ideas. Ennobling ideas have given rise to health ideals, which have led to a practical strategy for Health for All that aims at attaining a goal that has both a material and non-material component. If the material component

of the strategy can be provided to people, the non-material or spiritual one is something that has to arise within people and communities, in keeping with their social and cultural patterns. The spiritual dimension plays a great role in motivating people's achievement in all aspects of life.

Stress

Stress is defined as "a state of psychological and physiological imbalance resulting from the disparity between situational demand and the individual's ability and motivation to meet those needs. Stress is caused when an individual is subjected to special demands or external pressures and tension as internal pressure. A recent survey shows 46% of the Indian workforce suffers from stress. One of the causes for the burden of non-communicable diseases is stress. Health has physical, mental, and social dimensions, and the growth of behavioral medicine has led to the development of paradigms for assessing the impact of stress on each of these. All of these health dimensions impact on the well-being of the patient, albeit in different ways, and perceived problems in any dimension are often a cause for concern by owners. Managers are affected by stress due to:

1. Time pressures and workload.

2. Emotional strain

3. Role conflict between the demands from the top management and from the employees.

4. Role conflict between work and private life.

Stress and health care students

Stress in healthcare students has been associated with increased levels of depression use of drugs and alcohol and increased anxiety and attrition. Health care students are in stress due to increased range of responsibilities. Moreover, the teaching of healthcare subjects in institutions of higher education must ensure that students not only acquire knowledge, but also post graduate capabilities, including problem solving, research, interpersonal interactions, and lifelong learning skills. All of these require many hours of theoretical and practical study and, consequently, may lead students to perceive themselves as functioning under a great deal of pressure. Healthcare students may contribute not only to impaired academic performance, but also to attrition, cynicism, and lack of empathy when working with patients.

SPIRITUALITY AND STRESS

To the degree those religious beliefs and practice, spirituality, or both provide a sense of meaning and purpose, they might "empower" the person with an enhanced sense of internal control for coping with adversity. Religious belief and practice, spirituality, or both are likely to generate and support such a stress-resistant perspective. Spirituality has been recognized in multiple contexts as a panacea for individuals facing stress and stress-related symptoms. Spirituality is one such tool to cope up with stress-related issues. It is an inner path enabling a person to discover the essence of happiness, salvation of his being. Incorporating spiritual practices into their learning process enables the students to lead an active spiritual life, which helps them to have a better perception of their life skills than students who are not practicing. Empathy, problem solving, critical thinking and decision-making abilities must be well developed in students to achieve success. Coping with stress and emotions gives them strength to adjust in difficult situations and feel more confident to manage their personal issues and outside problems. Spiritual practices including meditation, prayer and contemplation will help students to cultivate his or her inner life and character.

SPIRITUALITY AND MANAGEMENT STUDENTS

The significance of spirituality in management is acquiring considerable international recognition. They consider spirituality to be a critical component of effective management and this integration of spirituality and management offers managers a source of enduring meaning in turbulent times and brings profound meaning to their jobs as managers [1].

Spirituality is a relatively new concept in management, a growing number of organizations and companies have started recognizing the importance of spirituality in management. They are looking for managers who understand themselves as spiritual beings, who experience a sense of purpose and meaning in their work and experience a sense of connectedness to one another and to their workplace community. The current study is an attempt to assess ability of management students to cope with high end organizations and companies.

As management students get more personal development through spiritual practices, they are more effective and responsible. Empathy, problem solving, critical thinking and decision-making abilities must be well developed in management students to achieve success. In a career as a manager, no matter what the industry, there are a wide range of workplace responsibilities such as overseeing employee productivity, goal-setting, and conflict resolution, short and long-term strategic planning. All of these responsibilities present challenges and the potential for a stressful occupation. The current study expands its scope by studying the relationship between perceived spirituality and perceived stress among health management students [2].

HEALTH CARE MANAGER/PROFESSIONALS WITH SPIRITUALITY

Spirituality and spiritual care are not new to nursing and healthcare system. Spiritual well-being is an assertion of life in relationship with God, the self, others, the community, and the environment that nurtures and celebrates wholeness. People who appreciate spiritual well-being tend to feel alive, purposeful, and satisfied.

As the healthcare system becomes increasingly complex, there is a professional prerequisite for healthcare professional to improve their competence in spiritual care delivery, assessment, and meeting the spiritual needs of their patients. If healthcare professional are able to assess spiritual needs and develop interventions to help patients meet their spiritual needs, they will be able to help promote the quality of life and decrease suffering of patients. The positive effects of spirituality on health, well-being, and satisfaction in life. One of the challenges physicians face is to help people find meaning and acceptance in the midst of suffering and chronic illness. Medical ethicists have reminded us that religion and spirituality form the basis of meaning and purpose for many people. Patients struggle with the physical aspects of their disease. Pain related to mental and spiritual suffering, to an inability to engage the deepest questions of life. Cure is not possible for many illnesses, but firmly believes that there is always room for healing. Healing can be experienced as acceptance of illness and peace with one's life. This healing, believe, is at its core spiritual. The understanding of a patient's

spirituality and cultural beliefs and behaviors will help in treating the patient.

Healthcare organizations employing highly trained professionals differ in many respects from most other service, commercial, and industrial organizations. Due to their unique cultural and societal roles, they might be considered organizations, where spirituality would be sanctioned or at least tolerated among healthcare professionals and managers. Could spirituality be a potential, motivating factor for healthcare employees-one that helps them find meaning in their jobs and communicate with and provide the best care for the sick and disabled?

REVIEW OF THE LITERATURE

Spirituality defined

Health and spirituality definition given by WHO in 1984 health as a state of "physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity". The term "spirituality" lacks a definitive definition, however, when the word spirituality is used, then words such as ultimate, higher being and universe are typically repeated, suggesting that spirituality involves a permanent divine being. This topic has been the subject of considerable scholarly discussions and each of the scholars has defined spirituality in its own way. Some see spirituality as the search for an ultimate being [3], while others refer to it as the passion that a person has for an ultimate being [4]. Some scholars have defined spirituality as the feeling of being connected to oneself, to others and to the universe [5] or as an individual's relationship with a higher being [6]. Howden, et al. [7] provided both a conceptual and operational definition of spirituality. He espoused four dimensions of spirituality: "Meaning and purpose in life", "Innerness", "Transcendence", and a "Spiritual community or Positive interconnectedness"

Meaning and purpose in life is defined as the process of searching for or discovering events or relationships that provide a sense of worth, hope, and/or reason for living/existence.

Innerness or Inner resources is defined as the process of striving for or discovering wholeness, identity, and a sense of empowerment. Innerness or inner resources are manifested in feelings of strength in times of crisis, calmness or serenity in dealing with uncertainty in life, guidance in

living, being at peace with one's self and the world, and feelings of ability.

Transcendence is defined as the ability to reach or go beyond the limits of usual experience; the capacity, willingness, or experience of rising above or overcoming bodily or psychic conditions; or the capacity for achieving wellness.

Spiritual community or Positive interconnectedness is defined as the feeling of relatedness or attachment to others, a sense of relationship to all of life, a feeling of harmony with self and others, and a feeling of oneness with the universe and/or a universal element or Universal Being.

Some authors have defined spirituality using terms such as energy, meaning, and knowing, and have relied heavily on Taoist, Buddhist, Hindu, Zen, and Native American traditions to describe holistic concepts that integrate the various aspects of a person's life, from work to leisure [8]. Eastern forms of spirituality, in particular, are experiencing increasing interest by westerners who are seeking alternatives to the current way we work and live [9]. Moreover, some people view spirituality as individual freedom and responsibility without supernatural authority, embracing concepts such as new age, guided meditation techniques, imaging, visioning, relaxation, and focusing.. Other "individual responsibility–focused" practices in spirituality focus on ecology and avenues for becoming Extracts from "Spirituality in the Workplace" 5 more spiritually attuned to the environment and more concerned for the Earth and its species [8].

Judith, et al. [10] has translated views of spirituality into the workplace and defines it as being: About people seeing their work as a spiritual path, as an opportunity to grow personally and to contribute to society in a meaningful way. It is about learning to be more caring and compassionate with fellow employees, with bosses, with subordinates and customers. It is about integrity, being true to oneself, and telling the truth to others. Workplace spirituality refers to an individual's attempts to live his or her values more fully in the workplace. Or it can refer to the ways in which organizations structure themselves to support the spiritual growth of employees. Needless to say, the multitude of interpretations of spirituality may

seem to make the concept abstract. Nonetheless, whichever framework individuals choose to use as their source for spiritual fulfillment, whether it be derived from religion, philosophy or science, the basic notions and desired outcomes of all these paradigms are all congruent. This, in fact, makes the concept of spirituality more easily attainable to individuals of diverse origins and backgrounds [11]. The effect of spirituality on health is an area of active research right now. Besides being studied by physicians, it is studied by psychologists and other professionals. The studies tend to fall into 3 major areas: mortality, coping, and recovery. Students will be aware that spirituality, and cultural beliefs and practices, are important elements of the health and well-being of many patients. They will be aware of the need to incorporate awareness of spirituality, and culture beliefs and practices, into the care of patients in a variety of clinical contexts. They will recognize that their own spirituality, and cultural beliefs and practices, might affect the ways they relate to, and provide care to, patients. "Tmitroff And Denton," authors of A Spiritual Audit of Corporate America describe the following characteristics of spirituality:

Spirituality is a feeling of interconnectedness with a oneness, higher power or a being. Everything is a part and an expression of this oneness and everything is connected with everything else.

There is a basic harmony or "goodness" in the universe that underlies its design.

Spirituality is inextricably connected with caring, hope, love and optimism.

Science may not be able to prove that these principles exist throughout the universe but it is possible to experience these and to "know intuitively" that these are woven into the fabric of the universe.

It is universal, applicable to everyone and timeless. Spirituality sees everyone as unique but sees the underlying principles as universal and timeless. These principles are through yet beyond the physical creation of the universe.

Spirituality is in itself meaningful and purposeful and therefore, is an end in itself.

Spirituality is the awe and mystery we feel in the presence of the transcendent, which is at the core of the universe and life itself [9].

Stress

Psychological stressors were said also to produce the GAS. Yet in research that has not gotten widespread attention**,** presented data suggesting that corticosteroid secretion may be more or less specific to psychological stress and not particularly responsive to physiological stresses such as heat, exercise, and hunger. Although there are important overlaps between them, psychological stress and physiological stress require entirely different levels of analysis. PSS (Perceived stress scale) is designed to measure the degree to which situation in one's life is appraised as stressful. PSS showed adequate reliability and predicted was correlated with life–event scores, depressive and physical symptomatology, utilization of health services, social anxiety and smoking–reduction maintenance. PSS having 14 items instruments to measure a different and independently predictive construct.

Spirituality and stress

Stress consists of any event in which environmental demands, internal demands or both, tax or exceed the adaptive resources of the individual, social system or tissue system" [12]. The most basic fact about stress is that, like feelings, stress is experienced. Several scholars in the past have tried to establish a relationship between stress and spirituality. Ursitti, et al. [13] and Sigler, et al. [14] found a weak and positive relationship between spirituality and stress among policemen. According to the result of study conducted by Paton et al. [15], there was a moderate and negative relationship between spirituality and stress. The research samples of this study were also policemen. Similar result was found among engineering students of IIT Roorkee in a study carried out by Yadav, et al. [16]. In this study the strength of relationship was found to be stronger as compared to the study conducted by Paton, et al. [15] on policemen.

According to the result of study conducted by Amy Wachholtz, et al. [17] as depression and anxiety are mental health variables that are strongly associated with burnout in previous studies, we will assess and adjust for these mental health variables as part of our planned analyses. Further, as Adaptive coping strategies may impact burnout and be affected by mental health status, we will include these as a separate step of the planned regression analyses since it is critical to understand the impact of Adaptive coping strategies on burnout separate from mental health or spirituality.

RESEARCH METHODOLOGY

Research objectives

The objective of this study is to examine the extent to which health management students are spiritual and stressed and to further explore the possible relationship between self-reported spirituality and stress.

Specific objective

To assess the level of spirituality and stress as reported amongst Health Management students.

To identify if there is a relationship between Health Management students' perceived spirituality (as measured by the Spiritual Assessment Scale -SAS) and perceived stress (as measured by Perceived Stress Scale- PSS).

Sampling, questionnaire design and data collection

The study is descriptive in nature. The samples were selected using Non-probability Convenience Sampling. The sample for this study consisted of 65 Post Graduate Diploma in Health and Hospital Management students (pursuing PGDHM) enrolled at Faculty of Management Studies IHMR, New Delhi. The educational institution was selected based on researchers' accessible population for this research endeavor. Participation in the study was voluntary.

This research utilized questionnaires as the method to satisfy data collection for the two research questions. The specific variables to be investigated in this study were spirituality and stress. The spirituality of participants was assessed utilizing the Spirituality Assessment Scale (SAC), a 28-item questionnaire developed by Howden, et al. [7]. The response scales for each item was categorized as strongly agree (5) to strongly disagree (1). Stress was measured using Perceived Stress Scale (PSS), a 15-item questionnaire developed by Cohen et al. [18]. The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. The response scales for each item

was categorized as very often (5) to never (1). These two scales have been successfully utilized in previous studies Ursitti, et al. [13], Sigler, et al. [14] and Paton, et al. [15]. The internal consistency for these two instruments was evaluated with a Cronbach's alpha correlation coefficient and yielded a score of [.664] for SAC and [.388] for PSS. In addition to these Likert-type responses, participants were asked to respond to questions that probed their religious affiliation, their age, gender etc. Copies of the questionnaire that were distributed, 195 (65 %) were completed and returned.

RESULTS AND DISCUSSION

Demographic information of samples

Gender wise distribution: Out of 195 Participants 72 (36.9%) was males and 123 (63.1%) were females (Table 1 and Figure 1).

Course wise distribution: IIHMR runs three different specialization courses, namely hospital, health and health IT. There were 24 participants from health and 32 from hospital and 9 from health IT (Table 2 and Figure 2).

Mean age of participants: The average age of the participants was found to be 29.09 years (Table 3).

Batch wise distribution: Out of 195 participants, first year participants were 120 (61.5%) and second year participants were 75 (38.5%) in number (Table 4 and Figure 3).

Religion wise distribution: Out of 195 participants, there were 189 (96.9%) Hindu participants and 3 participant each from Muslim and Sikh community (Table 5 and Figure 4).

Spirituality level of participants

Responses of the Spirituality assessment scale (SAC) were analyzed using descriptive statistics. The mean for overall sample (3.66) and standard deviation (0.591) obtained from participant responses on the SAC provided the level of spirituality (Table 6). Since the mean value was greater than 3 (mid value of the scale), we can say that the level of spirituality is satisfactory among the participants. While analyzing the level of spirituality based on gender, not much of a difference was found (male mean=3.62 and female mean=3.68). Similarly when the data was

Table 1: Gender wise distribution.

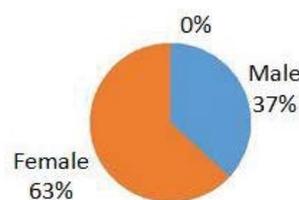| Gender	Frequency	Percent
Male	72	36.9
Female	123	63.1

Figure 1: Gender wise distribution.

Table 2: Course wise distribution.

Course	Frequency	Percent
PGDHLM	72	36.9
PGDHOM	96	49.2
PGDHITM	27	13.8
Total	195	100
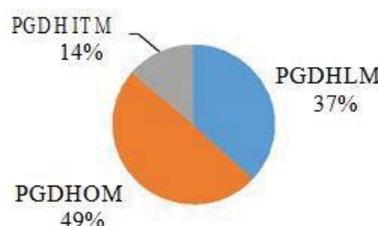
Figure 2: Course wise distribution.

Table 3: Descriptive Statistics.

Mean Age of Participants				
	N	Min	Max	Mean	Std. Dev.
Age of the Participants	195	20	53	29.09	8.349

Table 4: Batch wise distribution.

	Frequency	Percent
First	120	61.5
Second	75	38.5
Total	195	100
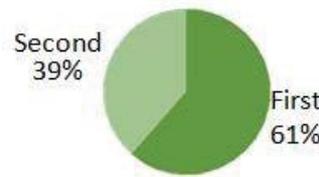
Figure 3: Batch wise distribution.

Table 5: Religion of the Participants.

	Frequency	Percent
Hindu	189	96.9
Muslim	3	1.5
Sikh	3	1.5
Total	195	100
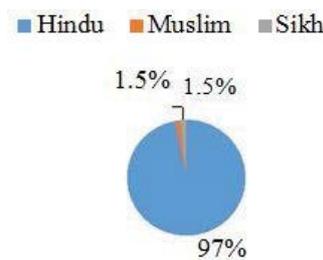
Figure 4: Religion wise distribution.

Table 6: Descriptive statistics (Perceived spirituality).

	N	Min	Max	Mean	Std. Dev.
Overall	195	2	4.61	3.66	0.591

analyzed batch –wise, similar result is found (first year batch= 3.81 and second year batch=3.42)

Additionally, one sample-t test was performed on the spirituality scores of the overall samples to determine whether the results can be generalized (Table 7). The results can be generalized since the significance value (p) was found to be less than 0.05.

Additionally, Independent sample T test was performed on spirituality based on gender and was found not to be significant (Table 8).

Additionally, Independent T Test was performed on spirituality of batch wise sample is significant as the value was found to be less than 0.05 (Table 9).

Stress level of participants

Responses of the Perceived Stress Scale (PSS) were analyzed using descriptive statistics. The mean for overall sample (3.26) and standard deviation (0.388) obtained from participant responses on the PSS provided the level of stress (Table 10). Since the mean value was greater than 3 (mid value of the scale), we can say that the level of stress is a bit high among the participants. While analyzing the level of stress based on gender, not much of a difference was found (male mean=3.27 and female mean=3.26). Similarly when the data was analyzed batch –wise, similar result is found (first year batch= 3.24 and second year batch=3.31)

Table 7: Test values=3.

	t	Mean	Mean Difference	Sig.
Perceived Spirituality	9.055	3.66	0.664	0

Table 8: Gender.

	N	Min	Max	Mean	Independent T-Test
First	120	2.61	4.61	3.81	P=. 021
Second	75	2	4.54	3.42	

Table 9: Batch.

	N	Min	Max	Mean	Independent T-Test
First	120	2.61	4.61	3.81	P=. 021
Second	75	2	4.54	3.42	

Table 10: Descriptive Statistics (Perceived Stress).

	N	Min	Max.	Mean	Std. Dev.
Overall	195	2.4	4.31	3.26	0.388
One Sample Test					

Additionally, one sample-t test was performed on the stress scores of the overall samples to determine whether the results can be generalized (Table 11). The results can be generalized since the significance value (p) was found to be less than 0.05. Additionally, Independent T test was performed on stress based on gender and was found not to be significant (Table 12).

Additionally, Independent T Test was performed on stress of batch wise sample was not significant as the value was not found to be less than 0.05 (Table 13).

Relationship between perceived spirituality and perceived stress

To assess the relationship between perceived spirituality and perceived stress, correlation analysis was done. The value of Karl-Pearson correlation coefficient (r) was found to be "-0.029". The negative sign of "r" indicates that there is a negative relationship between spirituality and stress which means that as the level of spirituality increases, stress level goes down. However, it is also to be noticed that the strength of relationship is very- very weak (r=-0.029) (Table 14). Furthermore, the results were also found to be insignificant (p>0.05), which means that the results cannot be generalized.

CONCLUSION

The purpose of this study was to answer two questions.

First, what level of spirituality is reported among management students?

Second, is there a statistically significant relationship between health management students' perceived spirituality and perceived stress?

There were 24 participants from health and 32 from hospital and 9 from health IT. The average age of the participants was found to be 29.09 year.

The mean score derived from spirituality scale was found to be 3.66, and mean score derived from stress scale was found to be 3.26 showing a high level of spirituality and stress among the health management students. One sample-t test was performed as the both spirituality and stress as it not generalized because the significance value (p) was found to be less than 0.05 for both the variables.

Independent T test was performed on spirituality and stress based on gender and was found not to be significant. Independent T test was performed on spirituality based on batch sample is significant but stress based on batch sample is not significant. The research results also indicated a negative relationship of moderate strength between perceived spirituality and perceived stress among the health management students. It can be inferred from this that an individual who is spiritual can cope up with stress better than the individual who is not spiritual. Today's managerial job is stressful and managers are fighting to deal with stress, as they battle to juggle demands of their own bosses and also manage their staffs. This result of our study further emphasizes on the inclusion

Table 11: Test Value=3.

	t	Mean	Mean Difference	Sig.
Perceived Stress	5.593	3.26	0.269	0

Table 12: Gender wise.

	N	Min	Max.	Mean	Independent T-Test
Male	72	2.53	4.13	3.27	P = .968
Female	123	2.4	4.07	3.26	

Table 13: Batch.

	N	Min	Max.	Mean	Independent T-Test
First	120	2.4	4.13	3.24	P =.415
Second	75	2.67	4	3.31	

Table 14: Correlations between perceived spirituality and perceived stress.

Pearson correlation (r)	-0.029
Sig.	0.819

of spiritual components in contemporary management education so that management students are well prepared in advance to cope up with the occupational stress that managerial jobs demand.

RECOMMENDATIONS

With the changing work demand it has become essential to have a high level of spiritualism in individuals to perform their best. Therefore it has become important to focus on the spiritual growth and competence of the management students. The high level of spirituality among management students, as per the results of the study, demands the inclusion of spiritual components in management education. Such an inclusion will be capable of developing spiritually intelligent managers capable of handling paradoxes and conflicts.

LIMITATION

Sample was taken only from IIHMR, New Delhi students.

A small sample size was taken for the convenience.

Hindu participants are more than any other religion.

Females' participants are more than male participants.

The methodology used could also be seen as a limitation, only quantitative research is done.

Response bias is always a possibility; we feel that the sample adequately reflects the population being studied.

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