

Workplace Spirituality and Role Stress among nurses in India

Iyer Ramajanaki Doraiswamy¹, Mahesh Deshmukh²

¹(PhD Scholar, Faculty of Management, Symbiosis International University, Pune, India

²(Director, Maruma Consultancy, India)

Abstract : The aim of the study was to examine relationship between workplace spirituality and role stress among nurses in India. Role stress is one of the important factors leading to unwanted consequences like intention to quit, job dissatisfaction and high turnover among nurses. Creating a workplace characterized by cooperation, sense of joint values, spirituality and meaningfulness at work would help alleviate stress. A questionnaire survey was conducted to collect data on workplace spirituality and role stress. The sample consisted of nurses from municipal and private hospitals in Mumbai (n = 450; response rate 94.7%). Workplace spirituality was found to be negatively correlated with role stress of nurses ($r = -.267$, $p < 0.01$). The results have implications for interventions, to improve workplace spirituality, in reducing perceptions of stress thereby enhancing performance of nurses. Interventions for meaningful work and job rotation to deal with perceptions of stress are suggested.

Keywords:- Nurses, Role stress, Workplace spirituality.

I. Introduction

Nursing shortage has worried the healthcare industry world over. Nursing is a very demanding profession as compared to other professions, especially with the huge volume of physical as well as emotional labour that is involved in patient care. Long working hours, irate patients and their families, dealing with death and bereavement and the danger of contracting communicable diseases, all these indicate how important nurses are in the healthcare system [1]. Nurses are the first point of contact in most patient Medicare system and possibly one of the most trusted elements of any healthcare system. Hence quality of nursing service is of paramount importance [2] and their importance in the smooth functioning of any healthcare system cannot be ignored. The profession has been viewed as unrewarding, disgusting and scary by many [3,4]. Nurses play multiple roles like that of a caregiver, counselor, educator, nurturer and administrator [5]. The nursing environment has become more challenging especially with situations like terrorist attacks, natural calamities like cyclones, earthquakes and mutant varieties of difficult-to-cure diseases. These sudden impact events require an immediate demand for many healthcare workers including nurses to provide for a well coordinated wide spectrum care for a large number of victims at the same time. A work environment that is characterized by excessive work and an increased demand for quality care has caused an increase in the risk of stress among nurses.

II. Literature Review

1. Workplace Spirituality

Workplace spirituality is a concept that is receiving attention in organizational research [6, 7, 8, 9,10]. Workplace spirituality means the nourishment of the souls at work. It does not imply religion or adherence to any religious beliefs. Ashmos and Duchon, (2000) have opined that workplace spirituality is not just exhibiting one's intellect at work but, expressing one's holistic self at the workplace. Workplace spirituality is the act of finding opportunities for self expression, practicing moral values at work and experiencing sacredness in every aspect of life [11]. Workplace spirituality recognizes that when a person comes for work they bring their unique selves to the job in terms of skills, talents, interests and identities. Ashmos and Duchon (2000, p. 137) define spirituality at work as the recognition that employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community. Thus, we see spirituality at work as having three components: the inner life, meaningful work, and community. We want to emphasize that spirituality at work is not about religion, although people may sometimes express their religious beliefs at work.

Meaningful work refers to those activities that are important to the employee. Community refers to working in a milieu of cooperative and interconnected co workers. Inner life refers to the inner spirit and strength that helps employees perform their work. Based on Ashmos and Duchon's (2000) and other literature, there came up another dimension, alignment with organizational values [12]. This refers to the association between one's own values and the mission and vision of the organization. The present study is focused on alignment with organizational values, meaningful work, inner life and sense of community.

2. Role Stress

Role stress has been conceptualized in different ways. In general, nurses play different roles in response to the expectations of a range of stakeholders like patients, peers, health professionals and society (Brookes et al.2007). Role stress is a result of role expectations exceeding what is being currently achieved. Role stressors can lead to a number of negative consequences that are physiological as well as psychological. Physiological problems include increased heart rate, high blood pressure, increased weight gain, indigestion, gastric disorders and coronary heart diseases (Riahi, 2011). Psychological effects include increased arousal, feeling of uneasiness, exhaustion, fatigue and burnout [13]. Role stressors are predictors of mental health [14]. Cognitive disturbances include difficulty in decision making, confusion, wrong decision making, difficulty in concentrating, inability to stay attentive in one's tasks, forgetfulness and other trivial mistakes (Kelloway and Day, 2005). These errors become exceedingly dangerous in the nursing profession which requires the person to be calm, attentive, alert and precise in delivering treatment. In a study on male nurses ,it was found that role stress was correlated with intention to quit[15]. Different dimensions of role stressors have been proposed by different researchers. Three components of role stressors namely, role ambiguity, role conflict and role overload were identified [16]. Role stressors were associated with the organizational chain of command and principle of unity of command [17], so Rizzo,House & Lirtzman conceptualized two components of role stressors namely, role ambiguity and role conflict. The present study would include role conflict, role overload and role ambiguity as role stressors among nurses.

3. Workplace Spirituality and Organizational outcomes

Workplace spirituality has been catching the attention of researchers and practitioners alike. In a study on the relationship between stress, spirituality and social support in a sample of graduate students in a counselor education program, it suggested that spirituality in non religious terms was associated with lower levels of stress[18]. It was also reported that when students found meaning in life and understood transcendence, it could buffer negative effects of stress and depression[19]. A study on workplace spirituality and psychological wellbeing among Indian managers revealed that employees experiencing spirituality at workplace, also experienced autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance which in turn determined their psychological well-being [20].In another study on hotel employees, it was found that workplace spirituality has positive associations with intrinsic satisfaction, job involvement, commitment and a negative relationship with intention to quit [21]. Researchers have suggested that in a non cooperative environment individuals could be subjected to higher levels of stress[22]. In a study on employees in a mid western psychiatric hospital it was seen that participative decision making process and support from co-workers and supervisors was instrumental in reducing stress of the supporting staff [23]. This study would focus on four dimensions of workplace spirituality viz, community, meaningful work, inner life and organization values. There are very few studies relating workplace spirituality with role stress especially among nurses in India.

III. Research Design

Aim

The aim of the study was to examine relationship between workplace spirituality and role stress among nurses in India.

Design

This study focuses on the relationship of workplace spirituality and role stress among nurses of municipal and private hospitals of Mumbai. The research approach is non-experimental and quantitative. The independent variable is workplace spirituality and dependent variable is role stress.



Sample

The study population comprised of nurses working in municipal and private hospitals in Mumbai. Random sampling strategy was employed (n =450; response rate 94.7%).

Data Collection

Questionnaires were distributed through the matron or the HR manager of the hospitals. Participants were given an envelope and were requested to place their responses in the envelope, seal it and place it in the office of the matron. Around 475 questionnaires were distributed of which 450 were returned.

Demographic and professional data

Data collected included age, gender, educational level, job title, work experience (total as well as in the current hospital where the nurses were working), shifts of work, and the department in which the nurses were working.

Workplace spirituality

Workplace spirituality was measured with the scale developed by Ashmos and Duchon (2000) , Spirituality at work, that consisted of 28 items measured on a 7- point Likert type scale (1=Strongly Disagree,7= Strongly Agree).The possible scores ranged from 28 to 196. The scale has 4 dimensions, viz , Meaningful work (7 items),Inner Life (5 items),Community(9 items) and Organizational values (7 items).The reliability coefficients were reported as follows: Community (0.86), Inner Life (0.80), Meaningful work (0.86) and Organizational Values (0.94) [7]. The reliability coefficients in this study were found to be as follows:

Table(1) : Reliability coefficients for Workplace Spirituality

Variable	Cronbach Alpha	Mean	Standard Deviation
Community	0.835	47.844	8.26
Inner Life	0.740	29.72	4.4
Meaningful work	0.867	39.93	5.87
Organizational Values	0.865	36.58	7.15
Total Workplace spirituality	0.924	154.09	20.89

Role conflict, Role ambiguity and Role overload

Role conflict and role ambiguity were measured using a 5 –point Likert type scale (1= Never, 5= Always) with 12 items [17]. Role overload was measured using 4 adapted items from ENSS [24], 1 item from the organizational Role stress scale [25] and 1 was based on literature review. The possible scores ranged from 18 to 90. Cronbach alphas as reported by Rizzo et al (1970) were 0.81-0.82 for role conflict and 0.78-0.81 for role ambiguity. The reliability coefficients for this study were found to be as in Table 2.

Table (2) : Reliability coefficients for Role Stress

Variable	Cronbach Alpha	Mean	Standard Deviation
Role ambiguity	0.858	10.04	4.46
Role conflict	0.719	18.45	5.58
Role overload	0.818	16.64	3.94
Total role stress	0.788	45.14	9.28

IV. Ethical Considerations

Permission to undertake the study was obtained from the appropriate authorities. Questionnaires were completed anonymously.

V. Data Analysis

Data was analysed using the SPSS English version 16. Frequencies and descriptive statistics were used to describe the sample demographics. Pearson’s correlation coefficient and multiple regression analysis was performed to explore the association between the two continuous variables (workplace spirituality and role stress).

VI. Results

The sample consisted of nurses from both private hospitals (68.7%) as well as municipal hospitals (31.3%). The nurses were mostly females (86%). The mean age of the nurses was 31.73 years, standard deviation 9.92. 14% of the nurses worked exclusively during the day while 86% worked both day and night as per requirement. 61% possessed a diploma in nursing while 34% possessed a graduation in nursing and around 5% possessed a post graduation in nursing. The nurses had a tenure with a mean of 7.3 years of total nursing service and a mean of 5.48 years of nursing service in the current hospital.

Correlation between workplace spirituality dimensions and role stress

There was weak but significant negative correlations between the four dimensions of workplace spirituality and role stress.

Table (3) : Correlations among Role Stress and dimensions of Workplace spirituality(n=450)

		Community	Inner Life	Meaningful Work	Organizational Values
Role Stress	Pearson Correlation	-.251**	-.223**	-.108*	-.262**
	Sig. (2-tailed)	.000	.000	.022	.000
	N	450	450	450	450

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Regression analysis

A multiple regression analysis was performed to examine the contribution of various independent variables (Meaningful work, Inner life, Organization values, Sense of community) as predictors of the dependent variable (Role Stress).

Table (4) : Model Summary

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics				
						R Square Change	F Change	df1	df2	Sig. F Change
1	.353a	.125	.117		8.72213	.125	15.863	4	445	.000

Table (5): Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		t	Sig.
		B	Std. Error	Beta			
1	(Constant)	62.003	3.303			18.774	.000
	Total of meaningful work	.405	.103	.256		3.913	.000
	Total of inner life	-.377	.110	-.179		-3.434	.001
	Total of community	-.194	.068	-.172		-2.867	.004
	Total of organization values	-.343	.080	-.265		-4.305	.000

Dependent Variable: Total stress

The regression model (Table 4) is significant ($p < 0.001$) and workplace spirituality, consisting of organization values, inner life, community and meaningful work, is able to predict 12.5% of the variance in role stress. The low percentage of prediction may be attributed to the fact that there may be many other variables that are not included in the study that could be predictors of the dependent variable. It was seen that although meaningful work had a negative correlation with stress ($r = -.108^*$, $p < 0.05$, Table 3), the beta coefficient showed a positive sign (0.256, Table 5). This was not what was expected because as per literature review meaningful work lowers stress levels in employees. This situation of reversal of sign of beta coefficient could be attributed to a situation similar to Simpson-like paradox [26], where the direction of an association at the population level maybe reversed within sub groups comprising the population. To understand this phenomenon, a correlation analysis was conducted for meaningful work and stress for the two sub groups in the study, municipal and private hospitals (Table 6).

Table 6. Correlation between total meaningful work and stress for full sample, Municipal and Private hospitals

		Total stress		
		Full sample	Municipal Hospitals	Private Hospitals
Total of meaningful work	Pearson Correlation	-.108*	.202*	-.315**
	Sig. (2-tailed)	.022	.016	.000
	N	450	141	309

*. Correlation is significant at the 0.05 level (2-tailed).

**Correlation significant at the 0.01 level(2-tailed)

As seen in Table 6, correlation between meaningful work and stress in the total population is negative ($r = -0.108, p < 0.05$), but, correlation between meaningful work and stress is different across the sub groups. The correlation is negative in case of private hospitals ($r = -0.315, p < 0.01$) but positive in case of municipal hospitals ($r = 0.202, p < 0.05$). It was also seen that mean meaningful work for municipal nurses was higher than that for private nurses (Table 7)

Table 7. Mean and standard deviation of meaningful work in municipal and private hospitals

	Type of hospital	N	Mean	Std. Deviation	Std. Error Mean
Total of meaningful work	Private	309	38.7087	6.42484	.36550
	Municipal	141	42.6312	3.05523	.25730

The difference in correlations could be explained as follows. Municipal hospitals are one of the major providers of public healthcare. Most of the patients who visit the hospitals are slum dwellers and poor for whom, timely and cost effective treatment is available in municipal hospitals. Nurses of the municipal hospital reported a higher level of perception of meaningful work as compared to private hospital nurses. Also an independent samples t-test (Table 8) was conducted to compare the meaningful work scores for private and municipal hospitals. Results showed a significant difference in the scores for private hospitals ($M = 38.70, SD = 6.42$) and municipal hospitals ($M = 42.63, SD = 3.05; t(447.26) = -8.776, p = 0.000$). The magnitude of the differences in the means was large ($\eta^2 = 0.146$).

Table 8. Independent Samples Test (Meaningful Work for municipal and private hospitals)

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
Tot of meaningful work	Equal variances assumed	49.278	.000	-6.899	448	.000	-3.92247	.56854	-5.03981	-2.80513
	Equal variances not assumed			-8.776	447.260	.000	-3.92247	.44698	-4.80091	-3.04403

A calling usually is a strong inner voice pulling one towards a higher purpose, serves the interests of society at large and provides a deep sense of purpose, meaning and fulfillment at work [27]. It has also been suggested that many times, individuals in response to the callings alter their set of responsibilities prescribed by their formal job descriptions by adding or deleting tasks, altering the nature of tasks or changing the time

allocation to particular tasks[28]. Nursing has been seen as a calling wherein the nurses found their work enriching, were highly motivated, worked in a close relationship with peers and doctors and aimed to serve patients in a truly altruistic manner [29]. There may be a possibility that , in answering the calling ,the municipal nurse may be finding herself juggling multiple tasks much more beyond her normal tasks and responsibilities (in addition to their already existing tasks) and thus may be susceptible to overload and stress and thus the positive correlation of meaningful work with stress in municipal nurses and this is possibly what is causing the change of sign in beta coefficient of meaningful work in the regression model (Table 5) .

It may also be noted that when an independent samples t-test was conducted to compare the organization values scores for private and municipal hospitals, there was a significant difference in the scores for private hospitals (M= 36.09, SD= 7.96) and municipal hospitals (M = 37.65, SD= 4.79; $t(415.40) = -2.574$, $p = 0.01$).The magnitude of the differences in the means was small (eta squared = 0.014). Hence this variable did not show a change in its beta coefficient sign in the regression model.For the dimensions of inner life and community the difference in values for the hospitals was not significant.

VII. Discussion

This study aims to add on to the existing empirical knowledge about workplace spirituality and various work outcomes. The results show that workplace spirituality is negatively correlated with stress among nurses ($r = -.267$, $p < 0.01$). Further the results show that the four dimensions of workplace spirituality [meaningful work ($r = -.108$, $p < 0.05$), inner life ($r = -.223$, $p < 0.01$), community ($r = -.251$, $p < 0.01$) and organizational values ($r = -.262$, $p < 0.01$)] were negatively correlated to role stress. The results coincide with a study conducted by on managers and supervisors from oil government and textile industries in USA and Mexico with regards relationship between meaningful work and stress [($r = -.257$, $p < 0.01$,USA), ($r = -.199$, $p < 0.05$, Mexico) and sense of community and stress ($r = -.170$, $p < 0.05$,USA)[30]. Daniel (2015) also found that stress was not correlated to inner life ($r = -.014$, Mexico and $r = -.007$, USA) This is possibly because the study was in a very different sector (oil and textile) as opposed to the nursing profession that was explored in the present study.Organizations with high levels of spirituality characterized by climate of hope, altruism, social support, non-threatening environment and trust enables employees to be more adaptable and less prone to stress [31]. Nurses derive their social identity from their workplaces and hence their experiences in the workplace are important for their physical and mental well being [32]. This study suggests that higher the sense of community ,lower are stress levels and this is similar to the suggestions, that to alleviate stressful situations, people reach out to their friends and family for help and reassurance[33]. The findings of this study suggest that when person-organization values are in harmony there are lower stress levels and this is similar to suggestions ,that companies whose management practices ensured that employee-organization values are in harmony, performed well [34]. In a study on adult residents it was found that most believed in prayer and a higher power that supported them and guided them thus enabling enhanced physical and mental health and well being [35].The present study also suggests that higher the levels of inner life (prayer, spiritual health and hope)lower are the stress levels. It has also been reported that a workplace low in spirituality suffers from low morale, high turnover, burnout and stress[36]. The findings of this study are on similar lines as that of Karakas, 2010, in suggesting that workplace spirituality lowers stress. The results of this study are in tune with the above theoretical as well as empirical findings in suggesting that an organization high on workplace spirituality results in perception of lower stress by the employees.

VIII. Implications For Academia And Industry

The results can provide important insights into the various interventions designed by human resource managers as well as business leaders to prevent stress among employees. Meaningful work, community, inner life and organizational values have been shown to be negatively associated with stress. Therefore activities can be designed for employees for more involvement and control at work. Nurses specifically could be put into different activities through job rotation that aids in reduction of boredom and also makes nurses aware and sensitive to other departments' activities. Also hospital authorities can consider designing jobs of nurses as individuals as well as team members in such a way that it ensures autonomy, task identity and thus organizational identity [38].Few methods of improving engagement of nurses is by discouraging them from working late employees from working late. Providing flextime working patterns, and providing vacations to nurses.

IX. Conclusion

The study has its share of limitations. The sampling was done mainly in Mumbai and was geographically limited hence results may not be generalisable across samples. Our study is also limited in its range of dependent variables and does not include moderating or mediating variables like trust, positive emotions and leadership styles. Future research could focus on sampling from different locations (for example

rural areas). Future research could also include other dependent variables like variables like work family conflict, absenteeism, intention to quit, organization citizenship behavior and organization culture. It may also be useful to understand and compare the relationship of workplace spirituality and job satisfaction of people who experience a good amount of emotional labour in their jobs like policemen, doctors and bereavement counselors. It may also be useful to study the antecedents of workplace spirituality in Indian conditions and perceptions of spirituality among employees of other sectors too.

Despite its limitations, the study contributes to the already existing knowledge on workplace spirituality and suggests that a workplace that encourages one's individual spirituality and helps an employee perceive his job as meaningful, supportive and harmonious with his/her personal values would enhance the job satisfaction of nurses.

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