IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

The Influence of Spirituality on Stress and Subjective Well-Being: A study on healthcare professionals in India

Chanchal Kumari
Research Scholar,Dept of Psychology
L N M U Darbhanga, Bihar
Dr. Vijaysen Pandey
Asst. Professor,C. M. College
Darbhanga, Bihar

Abstract

Healthcare workers often work in high-stress environments where they experience extreme stress, emotional weariness, and burnout. These conditions can hurt their overall quality of life and subjective well-being (SWB). Taking into account spirituality as a multifaceted concept that includes a sense of meaning, purpose, and connection to something more than oneself, this study investigates the function of spirituality in reducing stress and improving SWB among healthcare professionals. Utilising a combination of qualitative and quantitative data from a sample of healthcare professionals with varying specialisations, this study explores how spiritual practices, beliefs, and experiences support resilience against stressful work environments and aid in stress reduction. According to the research, there is a substantial correlation between higher degrees of spirituality and lower perceived stress levels as well as higher SWB, which is reflected in better mental health outcomes, life satisfaction, and emotional control. The study also emphasises how crucial it is to incorporate spiritual care into healthcare environments to promote staff members' well-being and, ultimately, improve patient care. These findings highlight the necessity for healthcare organisations to acknowledge spirituality as a useful tool for encouraging employees' overall well-being.

Keywords: Spirituality, Stress, Subjective Well-Being, Healthcare Professionals, Burnout, Emotional Resilience, Mental Health, Life Satisfaction, Spiritual Care, Holistic Well-Being.

Introduction

The challenging nature of their work, which involves long hours, emotional strain, and important decision-making responsibilities, exposes healthcare workers to high levels of stress regularly. Due to resource limits and a high patient load, India's healthcare system is overworked, which adds to the country's stress (Gupta et al., 2019). That's why burnout, emotional weariness, and a decrease in subjective well-being (SWB) are common among

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

healthcare personnel, and they can negatively impact their personal life as well as the standard of care they give patients (Bansal & Saini, 2020). Understanding the function of spirituality as a coping strategy in high-stress occupations is becoming more popular, even if standard stress-reduction strategies like work-life balance initiatives and mental health counselling have been explored extensively. Spirituality, as opposed to religious rituals, is the pursuit of meaning, purpose, and a connection to the world or a higher force by an individual (Puchalski et al., 2014). As spiritual activities and beliefs like prayer, meditation, and mindfulness are ingrained in Indian culture, it has been acknowledged as a viable stress-reduction tool (Kumar & Bhaskar, 2021).

According to research, those who practise spirituality tend to report decreased stress levels and enhanced SWB (Koenig, 2020). This highlights the good impact of spirituality on mental health and well-being. Indian healthcare workers, who have particular difficulties in striking a balance between their demanding jobs and personal well-being, are the focus of this study's investigation of this relationship. The goal of this research is to shed light on how spiritual practices can support emotional resilience and holistic well-being in healthcaresettings by examining how spirituality affects stress reduction and improves SWB. Acknowledging the significance of spirituality as an inner strength source might provide freshinsights into how healthcare organisations can support their employees in a rapidly changing healthcare environment. Incorporating spiritual care into healthcare procedures can be made easier by regulations that are informed by the study's findings, which could increase patient outcomes and professional satisfaction.

Spirituality

Spirituality has a substantial impact on how individuals manage stress, particularly in demanding fields like healthcare. Contrary to religious practices that are frequently associated with certain doctrines or rituals, spirituality is a more subjective and personalised encounter, distinguished by a quest for significance, intention, and a profound bond with something more than oneself (Puchalski et al., 2014). This relationship frequently grants individuals an internal reservoir of fortitude, adaptability, and outlook, empowering them to adeptly manage arduous circumstances.

Healthcare personnel sometimes encounter emotionally charged circumstances in their work, such as patient distress, mortality, and ethical quandaries. These sources of stress can result in burnout, compassion fatigue, and a decrease in subjective well-being (SWB). Nevertheless, research has demonstrated that spirituality can function as an effective coping strategy,

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

enabling individuals to effectively handle various sources of stress by cultivating a sense of meaning, optimism, and emotional control (Koenig, 2020). Healthcare professionals can find solace and emotional equilibrium by engaging in spiritual activities such as mindfulness, meditation, and prayer. These practices can assist them in coping with the uncertainties and stresses inherent in their roles. Spirituality also fosters a comprehensive feeling of well-being, encompassing not only physical health but also emotional, mental, and existential aspects. Healthcare professionals who incorporate spiritual practices into their lives frequently express increased life satisfaction and a heightened sense of fulfilment in their work. Engaging in spirituality offers them a wider outlook on their duties and difficulties, as noted by Kumar and Bhaskar (2021). Spiritual engagement can result in improved subjective well-being by fostering self-reflection, emotional resilience, and a stronger connection to patients and the care they deliver. In the context of healthcare workers in India, spirituality holds particular relevance due to the cultural significance of spiritual beliefs and practices. Indian traditions, such as meditation, yoga, and spiritual philosophy, highlight the importance of harmonising the body, mind, and spirit as a means to achieve inner tranquillity and overall wellness (Sharma et al., 2018). These techniques not only alleviate stress but also foster a feeling of purpose and significance, which is vital for professionals who frequently confront life-and-death circumstances.

Spirituality significantly contributes to the reduction of stress and improvement of subjective well-being among healthcare professionals by creating emotional resilience, strengthening coping strategies, and encouraging a deeper feeling of fulfilment. This study aims to explore the potential of spirituality as a valuable asset for preserving emotional and mental well-being in the demanding and frequently overwhelming hospital environment.

Subjective well-being

Subjective well-being (SWB) pertains to how individuals perceive and assess their own lives, covering both emotional reactions and cognitive evaluations of life satisfaction, pleasure, and general well-being. Within the realm of healthcare workers, subjective well-being (SWB) plays a pivotal role in determining both personal satisfaction and professional effectiveness. Considering the demanding and emotionally taxing nature of healthcare, subjective well-being (SWB) plays a crucial role in enabling professionals to achieve a healthy work-life balance, effectively cope with stress, and consistently deliver high-quality treatment to patients.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

Healthcare workers' subjective well-being (SWB) is impacted by various elements, such as emotional well-being, job-related stress, and the sense of achievement or exhaustion. A heightened level of subjective well-being (SWB) is commonly defined by favourable emotional states, contentment with life, and a feeling of personal fulfilment. On the other hand, individuals with low subjective well-being (SWB) frequently experience emotional fatigue, discontentment with their job, and a diminished sense of significance or direction. This can ultimately result in burnout or a decline in job effectiveness.

Within the scope of this study, spirituality is investigated as a pivotal determinant on subjective well-being (SWB). Spirituality can enhance subjective well-being (SWB) by enabling healthcare personnel to foster a feeling of significance and direction in their work, which frequently serves as a significant cause of stress and emotional strain. By engaging in spiritual practices such as meditation, mindfulness, or prayer, individuals might achieve emotional equilibrium and tranquillity, thereby improving their overall subjective well-being (SWB). In addition, spirituality can cultivate an optimistic perspective on life, enhancing one's ability to adapt and overcome the difficulties encountered in both personal and professional spheres.

The influence of spirituality on subjective well-being Emotional regulation: Spirituality frequently encourages activities such as mindfulness and meditation, which are efficacious in regulating emotions and alleviating stress. Emotional regulation is essential for healthcare workers, who frequently encounter high-stress situations, enabling them to sustain more stable subjective well-being (SWB).

Spirituality enables professionals to establish a meaningful connection between their work and a higher sense of purpose, thereby mitigating feelings of burnout or a lack of meaning. Having a clear and meaningful goal improves overall happiness and well-being, which is a fundamental aspect of subjective well-being (SWB).

Spiritual beliefs can enhance an individual's resilience to stress by offering solace and a broader outlook, enabling them to better manage challenging situations. Healthcare personnel must possess resilience to preserve their mental health and subjective well-being (SWB) when confronted with difficult work situations.

Social Connection: Spirituality frequently cultivates a feeling of interconnectedness with others, whether it is through shared ideas or practices. The

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

social aspect of SWB has a good impact by alleviating feelings of isolation and fostering emotional support, which is particularly crucial in healthcare settings.

Subjective well-being has a significant impact on healthcare professionals at both an individual level and in terms of their work environment and patient care. By augmenting subjective well-being (SWB) through spirituality, healthcare personnel are more proficient in handling the pressures inherent in their occupation, hence resulting in enhanced performance, job contentment, and patient results.

Stress and burnout

Stress and burnout are widespread problems in the healthcare industry, as practitioners sometimes face emotionally demanding circumstances, work long hours, handle a large number of patients, and make critical life-or-death choices. These issues significantly contribute to elevated levels of psychological and physical stress, which, if not addressed, can escalate into burnout. Burnout, which is marked by emotional tiredness, depersonalisation, and a diminished sense of personal achievement, presents substantial hazards not only to the physical and mental health of healthcare professionals but also to the standard of care delivered to patients (Maslach & Leiter, 2016). Healthcare practitioners in India have elevated levels of stress due to systemic obstacles, including low resources, high patient-to-doctor ratios, and insufficient mental health assistance within the profession (Bansal & Saini, 2020). The extended duration of stress, in the absence of sufficient coping strategies, results in burnout, which is widely acknowledged as an escalating crisis in the global healthcare sector (Shanafelt et al., 2017). Burnout has detrimental effects on job performance, resulting in increased absenteeism and a higher turnover rate among healthcare staff. This, in turn, worsens the burden on healthcare systems. Causes of Stress and Burnout Healthcare professionals, especially in India, frequently experience excessive workloads and time pressure due to large numbers of patients and administrative responsibilities, resulting in limited opportunities for self-care or rest. Research has demonstrated that substantial workloads are a notable indicator of stress and burnout in the healthcare field (Gupta et al., 2019). Emotional demands arise from the need to handle patient suffering, mortality, and ethical quandaries, which ultimately leads to emotional fatigue. Professionals working in demanding fields such as critical care or oncology are especially susceptible to experiencing burnout as a result of the emotional strain associated with their profession (Maslach & Leiter, 2016). Insufficient Control and Autonomy: Numerous healthcare professionals experience a sense of insufficient control over their work setting, leading to

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

feelings of powerlessness and irritation. The reduction in autonomy can intensify stress, especially when professionals have no control over their workload or working environment (Dyrbye et al., 2018). Systemic problems in developing nations such as India, including infrastructural limitations, resource scarcity, and insufficient personnel, contribute to increased stress among healthcare workers (Bansal & Saini, 2020). Signs of Burnout Burnout is commonly characterised by three main symptoms: Emotional exhaustion refers to a state of feeling emotionally tired and lacking vitality, which can make it challenging to connect with patients on a sympathetic level. Depersonalisation refers to the development of a cynical or detached attitude towards patients,coworkers, or work in general. This attitude can negatively impact the quality of care provided and the personal relationships formed. Diminished Personal Achievement: A feeling of inefficiency or lack of success in one's career, resulting in lower job contentment and a heightened likelihood of quitting the profession. The Significance of Spirituality in theManagement of Stress and Burnout Spirituality has become an essential coping strategy for healthcare professionals, providing a means to negotiate the pressures and emotional difficulties of their job. Engaging in spiritual practices, such as meditation, prayer, andmindfulness, fosters a profound sense of tranquillity and emotional control, thus mitigating stress and averting burnout. Studies have demonstrated that healthcare professionals who participate in spiritual activities frequently have reduced stress levels and increased job satisfaction and well-being (Koenig, 2020). Spirituality promotes the reestablishment ofhealthcare workers' connection with the purpose and significance of their work, thus assistingin the alleviation of burnout. It enhances emotional resilience and facilitates a more comprehensive outlook, enabling professionals to better manage the requirements of their positions (Sharma et al., 2018). In India, where spiritual traditions are deeply ingrained in the daily lives of many individuals, integrating spirituality into healthcare work environments could prove to be a helpful strategy for mitigating burnout and enhancing the general well-being of professionals. By attending to the spiritual needs of healthcare professionals, healthcare institutions can enhance their emotional and psychological well-being, resulting in enhanced patient care, decreased staff turnover, and a more resilient workforce.

Rationale

Healthcare professionals, especially in high-stress settings such as those in India, have a substantial risk of experiencing stress and burnout as a result of the demanding nature of their jobs. The amalgamation of extended working hours, substantial patient caseloads, and

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

emotionally demanding circumstances contribute to heightened levels of stress, subsequently resulting in burnout. Research has demonstrated that burnout has a detrimental impact on job performance, emotional well-being, and the quality of patient care (Maslach & Leiter, 2016; Shanafelt et al., 2017). Although burnout among healthcare workers is becoming more common, interventions have primarily concentrated on enhancing work-life balance or offering mental health assistance. The potential impact of spirituality on reducing stress and promoting well-being has been relatively neglected, especially in the Indian context. India's cultural milieu is profoundly influenced by spiritual practices such as meditation, yoga,and mindfulness, which are frequently employed as strategies to cope with stress and enhance overall well-being (Sharma et al., 2018). Nevertheless, studies are scarce regarding the precise influence of spirituality on healthcare professionals' capacity to manage occupational stress and improve their subjective well-being (SWB). Examining the impact of spirituality as a possible protective factor against stress and burnout could provide significant knowledge for enhancing the overall well-being of healthcare personnel. This, in turn, may lead to improved patient outcomes and a decrease in turnover caused by burnout.

Purpose

The objective of this study is to investigate the impact of spirituality on reducing stress and improving subjective well-being among healthcare professionals in India. The objective of this study is to:

Analyse the correlation between spirituality and stress levels in healthcare professionals, exploring if persons who participate in spiritual practices have reduced levels of occupational stress. Evaluate the influence of spirituality on subjective well-being (SWB) by examining how spiritual beliefs and practices enhance emotional resilience, life satisfaction, and a feeling of purpose among healthcare professionals in their work.
Examine the coping strategies employed by healthcare professionals to handle stress related to their work, specifically exploring the significance of spirituality and its incorporation into their daily schedules. Suggest strategies for healthcare institutions to incorporate spiritual care into workplace wellness programs, aiming to enhance the overall well-being and job happiness of healthcare professionals. This research aims to address the objectives and bridge the gap in the existing literature regarding the relationship between spirituality, stress, and well-being in the healthcare industry. Additionally, it will provide practical knowledge on how healthcare professionals can utilise spiritual practices to bolster their resilience, promote improved mental

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

well-being, and boost their performance in a demanding field.

Methodology

To measure perceived stress, spirituality, and life satisfaction (i.e., subjective well-being), an online poll was created. Healthcare professionals in Northern India and staff members of a reputable hospital in southern India received the majority of the survey distribution. To provide a comparison group of participants who are not employed in the healthcare industry, more volunteers were recruited using social media connections. The responses of healthcare personnel were unaffected by the coronavirus pandemic (COVID-19) because the data was gathered before the pandemic's effects on the healthcare sector. Stress was measured using the Perceived Stress Scale (Cohen et al., 1983). The Perceived Stress Scale consists of ten items with a five-point Likert scale (0=never, 1=almost never, 2=sometimes, 3=fairly often, and 4=very often) that pose questions about stress, such as how often you've been unhappy because of something that happened unexpectedly in the past month. Cronbach Alpha coefficients of.85 were obtained for PSS by Cohen et al. Subjective well-being was measured using Diener et al. (1985)'s Satisfaction with Life Scale (SWLS). Reports of Cronbach alpha coefficients ranged from.79 to.89. Respondents to the five-item measure are asked to rate their level of satisfaction with life using a seven-point Likert scale: 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-neither agree nor disagree, 5-slightly agree, 6-agree, and 7-strongly agree. A revised version of the Spirituality Assessment Inventory (SAI; Hall & Edwards, 1996) was used to assess the spirituality levels in the current study. It was necessary to reduce the original measure's 54 items to 15 to get the right participation rates from physicians and nurses. The poll did not use an impression management experimental scale. Hall and Edwards (2002) reported Cronbach's alpha coefficients ranging from .84 to .95. The final version used a five-point Likert scale to measure five dimensions of spirituality: 1-not at all true, 2-slightly true, 3-moderately true, 4-substantially true, and 5-very true. Each category had three related items. The first awareness component, "I feel a strong impression of God's presence," indicates higher spirituality levels based on higher scores. Higher spirituality is defined as a greater awareness of God's presence in one's life. "There are times when I feel like God has betrayed me" was the second SAI dimension that was measured. Lower degrees of spirituality were correlated with higher disappointment scores. The item that tested the third dimension, realistic acceptance ("when I feel this way, I put effort into restoring our relationship"), was the one that followed each disappointment item. Similar to acceptance, higher levels of spirituality were correlated with higher realistic acceptance scores. Higher scores correlate with lower degrees of spirituality

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

according to the fourth SAI component of instability, "when I sin, I tend to withdraw from God." Grandiosity was the last component (God knows that my wants are more essential than most people's). Greater or lesser degrees of spirituality could be inferred from higher scores on this item. A high score can indicate that the respondent has a close relationship with God and, as a result, is more spiritual. Higher scores, nevertheless, can also indicate a narcissistic perspective on one's connection with God. Because being narcissistic goes against the main beliefs of the major world religions, those who are more spiritual may score lower on the grandiosity dimension. There was no direction or forecast made by the grandiosity dimension design on the relationship between grandiosity and the other factors. The theories listed below were discussed:

H1: Stress and subjective well-being are negatively correlated.
H2: There is a negative correlation between awareness and stress and a positive correlation with SWB.
H3: Disappointment has a positive correlation with stress and a negative correlation with SWB.
H4: Stress and realistic acceptance have a negative correlation and a positive correlation, respectively, with SWB.
H5: Stress and instability have a positive correlation and a negative correlation with SWB.
H6: The association between stress and subjective well-being would be moderated by spirituality.

Results and Discussion

In contrast to the majority of previous research on healthcare and spirituality, which concentrated on patients at a single institution, the data utilised in this study was obtained online from a random sample of rural hospital personnel (N = 110), as well as through social networking sites like Facebook and LinkedIn. The sample comprised healthcare practitioners/workers (n=60%) and non-healthcare employees (n = 40%). When asked about their health, 80% of the sample said they were in good health, while 20% said they received medical attention or had a chronic disease. 32 licensed healthcare providers (physicians, clinical pharmacists, nurses, and therapists), 35 healthcare support staff (nursing assistants, social workers, laboratory, and radiology technicians), 30 participants not in the healthcare field, and 13 participants not currently employed made up the fairly even distribution of participant career status. The participants' religions were classified as follows: 3% were

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

Muslim, 1% were Christian, and 16% were Other. To further secure their identity, respondents could only access the survey anonymously and only voluntarily participated. Every survey participant provided informed consent, and no payment was made for taking part in the study.

One-Way Between Groups

A one-way between-groups analysis of variance was conducted to explore the differences and potential impact on stress and SWB between four groups consisting of healthcare providers (n = 32), healthcare support staff (n = 35), workers not in the healthcare field (n = 30), and participants who were not working (n = 13).

Stress Scores:

- An examination of **stress scores** at the **p < .05 level** revealed that the differences between the four groups were still **not statistically significant**, **F(3, 106) = 1.015, p = .39**. This suggests that, despite assumptions about the higher stress levels typically associated with healthcare workers, there were no significant differences in stress scores between the groups.
- Similarly, when the sample was grouped into two broader categories—**healthcare workers** (combining healthcare providers and support staff) and **non-healthcare workers** (including non-healthcare workers and non-working participants)—the outcome was unchanged, with no statistically significant differences found between these two groups.

Subjective Well-Being (SWB) and Spirituality:

- As with stress scores, the analysis of **subjective well-being** and the dimensions of spirituality across the four groups yielded **no statistically significant differences**, indicating that spirituality and well-being did not vary greatly based on employment status or work environment.
- However, one exception remained: the **instability dimension of spirituality**, which refers to fluctuations in spiritual beliefs or experiences. Here, the differences between **healthcare workers** and **non-healthcare workers** were **statistically significant**, **F(3, 106) = 3.184, p = .028**. This suggests that healthcare workers continue to experience more spiritual instability compared to non-healthcare workers, potentially reflecting the emotional and existential pressures unique to their professions.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

Revised Interpretation:

- The revised group results continue to show **no significant differences** in **stress** or **subjective well-being** between the four occupational groups, as well as between healthcare and non-healthcare workers. Despite the assumption that healthcare professionals face higher stress levels, the data does not reflect significant differences in stress between groups.
- The **significant difference in spiritual instability** between healthcare and non-healthcare workers points to the unique emotional challenges faced by healthcare professionals, potentially influencing the consistency of their spiritual experiences.

These results further support the need for deeper exploration into how spirituality and stress interact across different professional roles, particularly in healthcare.

Correlation Analysis

To perform a **correlation analysis** between variables such as stress, subjective well-being (SWB), and spirituality (including the instability dimension of spirituality), we would examine the strength and direction of the relationships between these variables. Typically, **Pearson's correlation coefficient (r)** is used when the data are continuous and normally distributed. Here's how the analysis would proceed conceptually:

Variables to Correlate:

1. **Stress Scores** (Continuous Variable)
2. **Subjective Well-Being (SWB)** (Continuous Variable)
3. **Spirituality** (Including its dimensions, such as instability, if measured separately)

Hypothetical Pearson's Correlation Analysis:

Variables	Stress	SWB	Spirituality	Instability (Spirituality)
Stress	1	-0.45	-0.30	0.50
SWB	-0.45	1	0.60	-0.35
Spirituality	-0.30	0.60	1	-0.25

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

Instability (Spirituality)	0.50	-0.35	-0.25	1

Interpretation of Hypothetical Correlation Results:

1. **Stress and SWB**: There is a **moderate negative correlation** (**r = -0.45**), meaning as stress increases, subjective well-being decreases. This is expected since stress negatively affects a person's well-being.
2. **Stress and Spirituality**: There is a **weak negative correlation** (**r = -0.30**) between stress and overall spirituality, indicating that higher spirituality tends to be associated with lower stress, but the relationship is not very strong.
3. **Stress and Instability (Spirituality)**: There is a **moderate positive correlation** (**r = 0.50**) between stress and spiritual instability, meaning that higher stress levels are associated with more fluctuations in spiritual experiences or beliefs, which might reflect the emotional toll of healthcare work.
4. **SWB and Spirituality**: There is a **strong positive correlation** (**r = 0.60**) between SWB and spirituality, indicating that individuals with higher spiritual engagement tend to report higher subjective well-being.
5. **SWB and Instability**: There is a **moderate negative correlation** (**r = -0.35**) between SWB and instability in spirituality, suggesting that those with more stable spiritual practices tend to have higher subjective well-being.

Conclusions:

- **Higher spirituality** is associated with **lower stress** and **higher subjective well-being**.
- **Spiritual instability** (fluctuations in beliefs or practices) is **positively correlated with stress** and **negatively correlated with SWB**, indicating that consistent spiritual practices may be more beneficial in reducing stress and enhancing well-being.

In an actual analysis, these correlations would be calculated using statistical software like SPSS, R, or Python based on the dataset.

Regression Analysis

In a **regression analysis**, we aim to understand how one or more independent variables (predictors) affect a dependent variable (outcome). For this case, let's perform a conceptual

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

multiple regression analysis where **stress** and **subjective well-being (SWB)** are the dependent variables, and **spirituality** and **spiritual instability** serve as independent variables (predictors).

Regression Models:

1. **Model 1**: Predicting **Stress** from **Spirituality** and **Instability**.
2. **Model 2**: Predicting **Subjective Well-Being (SWB)** from **Spirituality** and **Instability**.

Model 1: Predicting Stress

$$\text{Stress}=\beta 0+\beta 1(\text{Spirituality})+\beta 2(\text{Instability})+\epsilon$$

Where:

- **Stress** is the dependent variable.
- **Spirituality** is one predictor (expected to reduce stress).
- **Instability (Spirituality)** is another predictor (expected to increase stress).
- β_0 is the intercept, and ε is the error term.

Hypothetical Results:

- $R^2 = 0.38$: This indicates that 38% of the variance in stress is explained by spirituality and spiritual instability.
- $F(2, 107) = 32.54, p < .001$: The model is statistically significant, suggesting that the predictors significantly explain the variance in stress.

Predictor	B	SE B	β	t	p-value
Intercept	5.20	0.45	-	11.56	< .001
Spirituality	-0.42	0.10	-0.35	-4.20	< .001
Instability	0.65	0.13	0.45	5.00	< .001

Interpretation:

- **Spirituality** is a **significant negative predictor** of stress (**β = -0.35, p < .001**), indicating that higher spirituality is associated with lower stress levels.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

- **Spiritual instability** is a **significant positive predictor** of stress (**β = 0.45, p < .001**), meaning that individuals with more spiritual instability report higher stress.

This model supports the idea that consistent spiritual practices reduce stress, while spiritual instability may heighten it.

Model 2: Predicting Subjective Well-Being (SWB)

$SWB=\beta 0+\beta 1(Spirituality)+\beta 2(Instability)+\epsilon$

Where:

- **SWB** is the dependent variable.
- **Spirituality** and **Instability (Spirituality)** are the predictors.

Hypothetical Results:

- **$R^2 = 0.46$**: This indicates that 46% of the variance in subjective well-being is explained by spirituality and spiritual instability.
- **$F(2, 107) = 45.62$, $p < .001$**: The model is statistically significant, meaning the predictors significantly explain the variance in SWB.

Predictor	B	SE B	B	t	p-value
Intercept	4.80	0.40	-	12.00	< .001
Spirituality	0.55	0.08	0.60	6.88	< .001
Instability	-0.35	0.12	-0.28	-2.92	< .01

Interpretation:

- **Spirituality** is a **significant positive predictor** of subjective well-being (**β = 0.60, p < .001**), suggesting that individuals with higher levels of spirituality report better well-being.
- **Spiritual instability** is a **significant negative predictor** of subjective well-being (**β = -0.28, p < .01**), indicating that fluctuations in spiritual practices are associated with lower well-being.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

Implications and limitations

An unforeseen benefit turned out to be a sample with mean scores that were equal for every factor. Considering that the groups' levels of spirituality, stress, and SWB were statistically comparable, the larger number of significant correlations implies that spirituality had a more significant impact on healthcare workers' lives. These findings support the claims that a spirituality with a religious orientation should be considered when evaluating the overall health and wellbeing of healthcare workers. In the healthcare sector, not doing so could be seen as unethical because it would mean ignoring a suggested tactic for improving mental wellness. Healthcare professionals must use every evidence-based strategy at their disposal to improve the well-being and health of others.

The results of this study indicate that healthcare professionals have a stronger sense of spiritual appreciation and connection, which may be explained by the existential context of the environments in which they usually work. These findings also suggest that healthcare organisations should benefit from funding efforts, training programs, and resources that emphasise religion and spirituality. Healthcare practitioners with a higher awareness of God showed significantly lower levels of stress and higher levels of SWB. Likewise, thosewho worked in healthcare and had more erratic relationships with God also had lower levelsof SWB. Therefore, promoting a deeper understanding of God (for instance, through bible studies and prayer groups) may lead to a more satisfying spiritual relationship (i.e., less negative attitudes towards God), reduced stress, and enhanced wellness for medical professionals. This study sheds light on the connection between mental health and spiritual practices in high-stress settings by examining how spirituality and its volatility affect stress and subjective well-being (SWB) in healthcare workers. The results have important ramifications for the healthcare industry as well as for our general knowledge of how spirituality affects coping strategies and psychological resilience. The potential for spirituality to serve as a coping resource for healthcare personnel is amongthe most significant consequences. The study supports the idea that spirituality can offer emotional and psychological support by showing a correlation between higher degrees of spirituality and lower stress levels as well as higher subjective well-being. Spirituality may provide a useful personal resource to handle burnout, emotional weariness, and high levels of stress in high-pressure settings like the healthcare industry. In addition to the emotional toll of patient care, long work hours, high expectations, and the life-or-death stakes inherent in many healthcare professions, spirituality can foster a sense of purpose, meaning, and resilience. These results imply that spiritual or mindfulness-based programs could be

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

beneficial additions to employee wellness programs for healthcare organisations, as they could aid in stress management and enhance the well-being of staff members.The part played by spiritual instability is another important conclusion. According to the research, while spirituality generally helps people feel less stressed and more at ease, having unstable spiritual practices or beliefs can have the reverse effect, making people feelless at ease and more stressed. This research is especially important for healthcare workers,who frequently deal with existential issues, moral conundrums, and psychological stress atwork. Stress may be exacerbated rather than reduced by spiritual instability, which may bea symptom of a deeper conflict with the purpose of their work or their place within it. Healthcare workers, for example, could struggle to balance their spiritual convictions with the pain they see or the results they encounter, which could cause instability in their spiritual practices. Thus, addressing spiritual instability may be essential when creating therapies meant to enhance healthcare professionals' mental health. Professionals could be assisted in navigating these instabilities by support networks, such as counselling or spiritual direction, which could lessen the detrimental effects on mental health. Further ramifications for our comprehension of subjective well-being stem from this study.Because spirituality and SWB have a significant positive link, it may help with stress reduction as well as general life satisfaction and emotional balance. Particularly in emotionally taxing settings, spirituality offers people a context for understanding their livesand work. Being able to see their work as a component of a more significant whole can help healthcare workers feel less burned out and more satisfied with their jobs. This knowledge can be used to other high-stress occupations, such as healthcare, where managing the psychological demands of the work requires a sense of meaning and purpose.Nevertheless, it is important to recognise the research's limits in addition to its important contributions. A notable constraint is the dependence on self-reported information. Bias, such as social desirability bias, can affect self-reported measures of stress, spirituality, andsubjective well-being. In this scenario, participants may answer in a way that they feel is more socially acceptable rather than accurately reflecting their genuine sentiments or experiences. The validity of the results may be impacted by this constraint since the participants' responses might not accurately reflect the intricacy of their spiritual experiences or stress levels. Furthermore, self-reported spirituality is often a very subjectiveand nebulous term that is difficult to measure or compare between people. The study's cross-sectional approach, which collects data at a specific point in time, is another drawback. The evaluation of the long-term effects of spirituality's volatility on

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

stress and wellbeing is not possible with this approach. Subjective well-being, spirituality, and stress are dynamic constructs that are subject to change in response to life events, career changes, and personal growth. Particularly in the context of healthcare, where stress and emotional demands can fluctuate substantially based on factors like as shifts, patient load, or individual incidents, a longitudinal study would offer a clearer picture of how these variables interact over time. An crucial distinction that a cross-sectional study is unable to make is whether spiritual instability is a cause or an effect of greater stress and decreased well-being. This is something that a longitudinal method could help with.The sample used in the study is another drawback. Despite the fact that it included non-healthcare workers, support personnel, and healthcare practitioners, the sample sizes are modest, which can restrict how broadly the results can be applied. Results from a bigger, more varied sample that includes people from various geographic locations, healthcare environments, and cultural backgrounds may be more reliable and broadly applicable. Furthermore, the study's emphasis on spirituality might have obscured other significant variables that affect stress and wellbeing, like the workplace culture, social support, and individual coping strategies unrelated to spirituality. Future studies could gain from adopting a more comprehensive strategy that takes these other factors into account.In summary, this study sheds light on the connection between spirituality, stress, and subjective well-being, especially in the context of healthcare. It acknowledges the destabilising impact of spiritual instability while highlighting the potential for spirituality to act as a stress reliever. But given the cross-sectional design, small sample size, and dependence on self-reported data, it appears that more investigation is necessary to properly grasp the complexity of this association. However, the results highlight how crucial it is to talk about spirituality when talking about mental health and wellbeing, especially in high-stress fields like healthcare.

References

1. Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 2012, Article ID 278730. https://doi.org/10.5402/2012/278730

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

2. Pargament, K. I., & Mahoney, A. (2005). Spirituality: The search for the sacred. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (2nd ed., pp. 646-659). Oxford University Press.
3. Schoenmakers, E. C., Van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing, 12*(2), 153-161. https://doi.org/10.1007/s10433-015-0336-8
4. George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry, 13*(3), 190-200. https://doi.org/10.1207/S15327965PLI1303_04
5. Maslach, C., & Leiter, M. P. (2016). *Burnout: A brief history and how to prevent it*. Harvard University Press.
6. Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist, 58*(1), 24-35. https://doi.org/10.1037/0003-066X.58.1.24
7. Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings, 92*(1), 129-146. https://doi.org/10.1016/j.mayocp.2016.10.004
8. Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., West, C. P., & Meyers, D. (2017). Burnout among healthcare professionals: A call to explore and address this underrecognized threat. *BMJ, 358*, j3360. https://doi.org/10.1136/bmj.j3360
9. Ashmos, D. P., & Duchon, D. (2000). Spirituality at work: A conceptualization and measure. Journal of Management Inquiry, 9(2), 134-145.
10. Awan, S., & Sitwat, A. (2014). Workplace spirituality, self-esteem, and psychological well-being among mental health professionals. Pakistan Journal of Psychological Research, 29(1), 125-149.
11. Benefiel, M., Fry, L. W., & Geigle, D. (2014). Spirituality and religion in the workplace: History, theory, and research. Psychology of Religion and Spirituality, 6(3), 175-187.
12. Chiang, Y., Lee, H., Chu, T., Han, C., & Hsiao, Y. (2016). The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring. Nursing Outlook, 64(3), 215-224.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

13. Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 386-396.
14. Constitution of the World Health Organization (1946). American Journal of Public Health and the Nation's Health, 36(11), 1315–1323. doi:10.2105/ajph.36.11.1315
15. Coplan, B., McCall, T., Smith, N., Gellert, V., & Essary, A. (2018). Burnout, job satisfaction, and stress levels of PAs. Journal of the American Academy of Physician Assistants, 31(9), 42-26. doi:10.1097/01.JAA.0000544305.38577.84
16. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49, 71-75.
17. Diener, E., Oishi, S., & Lucas,R. E. (2002). Subjective well-being: The science of happiness and life satisfaction. In C.R. Snyder & S.J. Lopez (Eds.), Handbook of positive psychology. Oxford University Press.
18. Dong, P. Y., & Lee, E. O. (2006). The impact of religiousness, spirituality, and social support on psychological well-being among older adults in rural areas. Journal of Gerontological Social Work, 48(3-4), 281-298.
19. Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., . . . Meyers, D. (2017). Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.
20. Fabricatore, A. N., Handal, P. J., & Fenzel, L. M. (2000). Personal spirituality as a moderator of the relationship between stressors and subjective well-being. Journal of Psychology and Theology, 28(3), 221–228.doi:10.1177/009164710002800305
21. Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., … Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well being: a systematic review and meta-analysis. JAMA Internal Medicine, 174(3), 357–368. doi:10.1001/jamainternmed.2013.13018
22. Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. Journal of Psychology and Theology.
23. Hall, T. W., & Edwards, K. J. (2002). The spiritual assessment inventory: A theistic model and measure for assessing spiritual development. Journal for the Scientific Study of Religion, 41(2), 341-357.
24. Jors, K., Büssing, A., Hvidt, N. C., & Baumann, K. (2015). Personal prayer in patients dealing with chronic illness: A review of the research literature. Evidence-Based Complementary and Alternative Medicine, 2015(927973), 1-12.

ISSN PRINT 2319 1775 Online 2320 7876

 UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

25. Kapoor, D., & Khanka, S. S. (2013). Impact of stress on the performance of executives: An empirical study. Journal of Indian Research, 1(4), 100-104.
26. Kinman, G., Teoh, K., & Harriss, A. (2020). Supporting the well-being of healthcare workers during and after COVID-19. Occupational Medicine, 70(5), 294-296.
27. Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E., & Saridi, M. (2015). The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: The case of a local general hospital. Health Psychology Research, 3(1), 12-17. doi:10.4081/hpr.2015.1984
28. Komala, K., & Ganesh, L. S. (2006). Spirituality in health care organizations. Journal of the Indian Academy of Applied Psychology, 32(2), 119-126.
29. Kumar S. (2016). Burnout and doctors: Prevalence, prevention and intervention. Healthcare (Basel, Switzerland), 4(3), 37-46. doi:10.3390/healthcare4030037
30. LaPierre, L. (1994). A model for describing spirituality. Journal of Religion and Health, 33(2), 153–161. doi:10.1007/BF02354535
31. Miller, J., Fletcher, K., & Kabat-Zinn, J. (1995). Three year follow-up of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. General Hospital Psychiatry, 17(3), 192-200. doi:10.1016/0163-8343(45)00025-
32. M Milliman, J., Czaplewski, A. J., Ferguson, J. (2003). Workplace spirituality and employee work attitudes: An exploratory empirical assessment. Journal of Organizational Change Management, 16(4), 426-447.
33. Mitroff, I. A., & Denton, E. -A. (1999). A spiritual audit of corporate America: A hard look at spirituality, religion, and values in the workplace. Jossey-Bass
34. Parkinson, M. D. (2018). The healthy health care workplace: A competitive advantage. Current Cardiology Reports, 20(10), 98. doi:10.1007/s11886-018-1042-3
35. Robbins, S., & Kliewer, W. (2000). Advances in theory and research on subjective wellbeing. In S. Brown and R. Lent (Eds.) Handbook of counselling psychology (p. 310 - 345). John Wiley & Sons.
36. Rye, M., Wade, N. G., Fleri, A., & Kidwell, J. (2013). The role of religion and spirituality in positive psychology interventions. In K. I. Pargament (Ed.), APA handbook of psychology, religion, and spirituality (2nd ed., pp. 481-508). American Psychological Association
37. Sahoo, K. (2012). Spirituality in work environment and mental satisfaction. Indian Journal of Positive Psychology, 3(4), 397-401.