

Internship Training

At

International Institute of Health Management Research

New Delhi

Project Title

**An Assessment of Spirituality and Its Relationship to Stress with Special Reference to Post
Graduation Diploma in Hospital and Health Management Students”**

by

Ayushi Bhatnagar

Enroll No. PG/15/019

Under the guidance of

Dr. Pradeep K Panda

Professor and Dean Research

Post Graduate Diploma in Hospital and Health Management

2015-17



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International Institute of Health Management Research
New Delhi

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The certificate is awarded to

Name: Dr. Avushi Bhatnagar

In recognition of having successfully
Completed her Internship in the department of research of IIHMR, New Delhi

And has successfully completed her Project on
**Title: An Assessment of Spirituality and Its Relationship to Stress with Special
Reference to Post Graduation diploma in hospital and Health Management Students"**

Date: 15/May/2017

Organization: IIHMR, NEW DELHI

She comes across as a committed, sincere & diligent person who has a strong drive & zeal
for learning

We wish her all the best for future endeavors

PK Pande
Training & Development

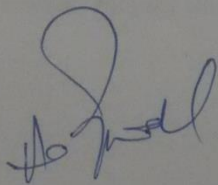


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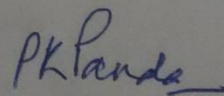
TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Ayushi Bhatnagar** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **IIHMR, New Delhi** from **15Feb to 15 May**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical. The Internship is in fulfillment of the course requirements. I wish him all success in all his future endeavors.



Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi



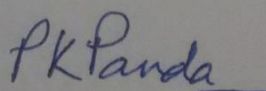
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Professor and Dean Research
IIHMR, New Delhi

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This is to certify that **Dr.Ayushi Bhatnagar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "**An Assessment of Spirituality and Its Relationship to Stress with Special Reference to Post Graduation diploma in hospital and Health Management Students**" at "IIHMR, New DELHI " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr.Sanjiv Kumar
Director
IIHMR, Delhi


Dr. Pradeep K Panda
Professor and Dean Research
IIHMR, Delhi

Dr.Preetha G.S
Associate Professor,
IIHMR, Delhi

Certificate of Approval

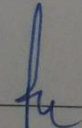
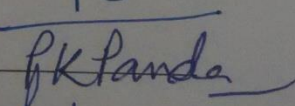
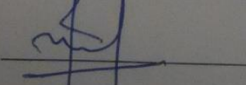
The following dissertation titled **An Assessment of Spirituality and Its Relationship to Stress with Special Reference to** Post Graduation diploma in hospital and Health Management Students at **“IIHMR, New Delhi”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

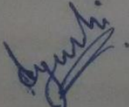
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "An Assessment of Spirituality and Its Relationship to Stress with Special Reference to Post Graduation diploma in hospital and Health Management Students" and submitted by **Dr. Ayushi Bhatnagar** Enrollment No. -PG/15/019 under the supervision of **Dr. Pradeep K Panda** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **15 Feb to 15 May** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


Signature

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly in completion of my dissertation at IIHMR, New Delhi.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Delhi for providing us platform to gain enough knowledge and skills in different aspects of health management, and for believing in my abilities.

I express my gratitude and regards to my Guide, Professor and Dean Research Dr. Pradeep K Panda for his able guidance and useful suggestions which helped me in completing the project work successfully. His guidance was tremendous right from the onset and at each step of the project.

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I would also like to specially thank all of my study participants who have been co operative in participating and responding well.

Dr. AYUSHI BHATNAGAR

IIHMR DELHI

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ORGANIZATION

PROFILE

INTRODUCTION

The International Institute of Health Management Research, New Delhi is part of the Society for Indian Institute of Health Management Research (IIHMR), which was established in October 1984 under the Societies Registration Act 1958. IIHMR Delhi was setup in 2008 with a focus on national and international health to cater to the growing needs of the country and the Asia-Pacific region. Our chief goals are to play a major role in promoting and conducting research in policy analysis and formulation, strategy development and effective implementation of policies, training and capacity development and preparing professionals for the healthcare sector. We undertake capacity building of health professionals in a big way through our executive training programs. The Institute offers a two-year full-time Postgraduate Programme with specialization in Hospital Management, Health Management and Healthcare IT. To meet the educational challenges of the rapidly growing health sector in India, IIHMR Delhi provides students with a managerial and technical foundation for careers in consulting, health care systems, hospital management, public health management, Health IT and health insurance.

The institute has three main activities:

- Research that have high relevance to health policies and programs of India and Asia Pacific Region
- Post graduate Program (PGDHM) with specialization in Health management, Hospital management and Health care Information Technology
- Management Development Programs to improve management practices in health and related systems and embarked upon developing knowledge and skills of management among health managers, planners, decision-makers, trainers and research scientists at the national and international levels Management Development Programs

IIHMR Delhi is an institution dedicated to the improvement in standards of health through better management of health care and related programs. It seeks to accomplish this through management research, training, consultation and institutional networking in a national and global perspective.

Mission

IIHMR is an institution dedicated to the improvement in standards of health through better managements of health care and related programmes. It seeks to accomplish this through management research, training, consultation and institutional networking in a national and global perspective.

Thrust Areas

IIHMR is engaged in policy issues, program planning and management and capacity building mainly in the health sector. It undertakes research, training and consulting activities in the following areas:

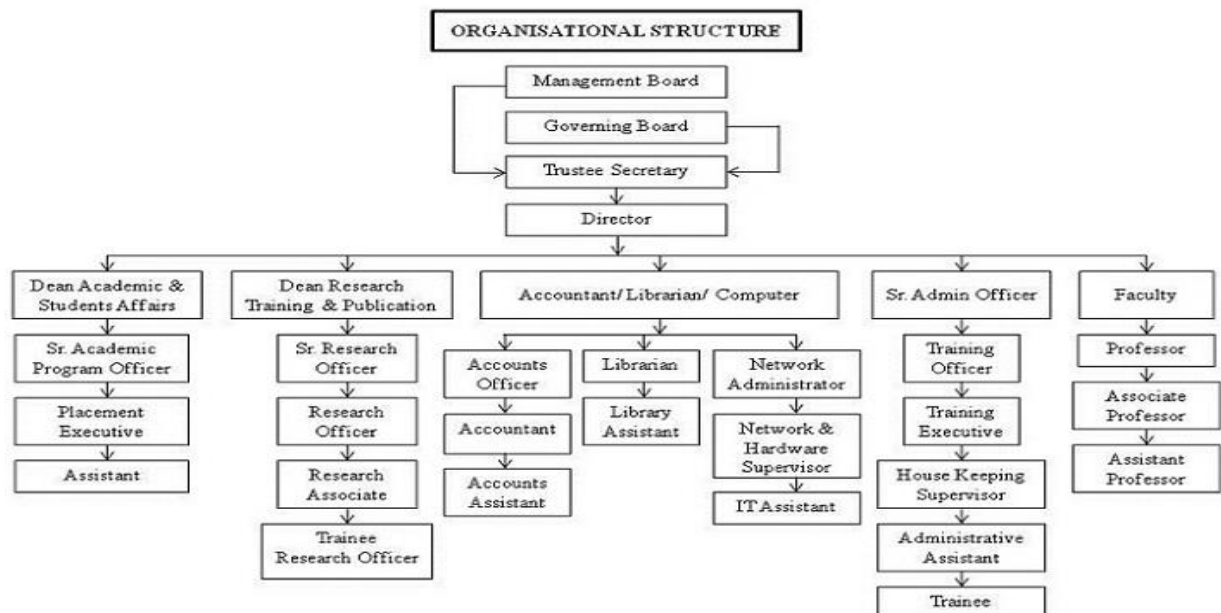
- Primary Health Care
- Health and Hospital Management
- Health Economics and Finance
- Population and Reproductive Health
- NGO Management and Networking
- HIV / AIDS Program Management and Evaluation

Capabilities

- Management Research, Education and Training
- Planning, Designing and Conducting Management Training for Health Professionals
- Institutional Capacity Development and Networking
- Project Planning and Management
- Operations Research and Evaluation
- Economic and Financial Analysis
- Survey Research
- Social Assessment
- Quality Assurance
- Health Sector Reforms
- Programme Evaluation
- Health Information Technology

IIHMR Delhi, a part of the IIHMR Society, was founded on 10th November 2007, with a mandate to focus on national and international health, catering to the growing needs of the country as well as those of the Asia-Pacific region. The Institute aims to play a major role in promoting and conducting research in policy analysis and formulation, strategy development and effective implementation of policies, and training and capacity development in preparing professionals for the healthcare sector. It conducts and designs policy analyses and reviews. It also undertakes intervention research, evaluation studies and operations research studies. The Institute offers a two-year full-time Postgraduate Diploma with specialization in Hospital Management, Health Management and Health care Information Technology. The program is approved by the All India Council for Technical Education (AICTE). To meet the educational challenges of the rapidly growing health sector in India, IIHMR Delhi equips its students with a strong managerial and technical foundation for careers in consulting, hospital management, health care systems, healthcare quality management, health insurance and Healthcare Information Technology, business analysis and transformation. The aesthetically designed and magnificently built campus of IIHMR is located in Dwarka , New Delhi. The infrastructure as well as the facilities are at par with international standards and meet all academic and administrative requirements. The well-lit spacious air conditioned classrooms equipped with audio-visual facilities create an atmosphere conducive to learning. The library of the Institute is equipped with the latest books, journals and magazines of national and international standards that are required for academic as well as research activities. The computer centre of the Institute is a state-of-the-art facility and uses technologies to provide a competitive advantage to both its faculty as well as the students in core areas of education and research. Three large air-conditioned conference halls provide adequate space to host national and international conferences, seminars and workshops within the Institute. Other facilities include individual rooms for the faculty, gymnasium, tennis court, mini-amphitheatre, centralized air-conditioning system and a car-parking lot. The Institute also has a spacious and well-equipped cafeteria and a guesthouse for visiting guests and dignitaries.

TEAM OF IHMR:



Institutional networking:

Management and Training International (MTI)

The Institute signed a MoU with Management and Training International (MTI) Ltd., a Bangladesh based organization, to facilitate a relationship between the two organizations for promoting policy making in the areas of health management, health economics, monitoring and evaluation programs and any health related activities in both the countries. The MoU also provides an opportunity to collaborate for capacity building, short and long-term training, study tours, exposure visits, higher study, research and for organizing seminars and workshops.

National Health Systems Resource Centre (NHSRC)

NHSRC and IIMR Delhi signed a MoU to lay the foundation for cooperation and joint action to support health systems development in identified and mutually agreed areas. The MoU will facilitate in developing strategies for collaboration and resource sharing between the two organizations in research, evaluation, teaching, training, capacity building and consultancy.

Universidad de Oviedo, Spain

The Institute signed a MoU with Universidad de Oviedo, Spain and achieved a partner status for the Masters course in Disaster in Public Health, coordinated by the University of Oviedo in collaboration with the Karolinska Institutet and Universite Catholique de Louvain (promoting Universities). As a partner, the Institute will co-tutor internships and Master thesis, participate in teaching activities in the first and second period of the Masters program and participate in other collaborative activities concerning teaching and research in the framework of the Masters program and also activities relating to public health and health services.

The Union South East Asia (USEA)

The Institute signed a MoU with USEA to work jointly for the Call to Action for the TB-Free India Campaign. As a part of this Call, the Institute will support USEA-CTB to identify TB

Champions, advocate for TB prevention, care, and air borne infection control, develop student papers and other research papers on TB disease. .

Educational programs

Postgraduate Program

The Institute offers a two-year, All India Council for Technical Education (AICTE) approved, full-time Postgraduate Diploma program with specialization in Hospital Management, Health Management and Healthcare Information Technology Management with a total annual uptake of 120 students. The program aims to develop trained professional managers with requisite skills in planning, implementation, operational management, diagnosing and problem solving, consultancy and entrepreneurship, with a view to empower them with all the skills that will enable them to manage hospitals and healthcare institutions in developing countries, both in the public and the private sectors, as well as to meet the mounting demand for quality healthcare management.

Our students have won accolades in many inter-campus and national competitions for both academic as well as co-curricular activities. They have presented papers in many conferences, their papers have been published in notable journals, and they have succeeded in winning numerous prominent international scholarships. The Institute also encourages and supports entrepreneurship skills. An alumnus of the Institute has founded an NGO that has successfully secured funds through competitive bids from varied sources and is earning laurels for his NGOs outstanding work.

RESEARCH

IIHMR has a pulsating research portfolio that primarily focuses on health systems, with a determination to embrace every component of the system into its research and training. The Institute conducts a diverse range of studies that directly or indirectly have a bearing on different levels of the health system, ranging from programme to community to policy level.

The Institute conducts evaluation studies, operations research studies and programme evaluations on different dimensions of the health system for a range of different clients including national and state government organizations, national and international non-government organizations, as well as UN agencies, such as, WHO, UNICEF. The key areas of research include reproductive and child health, functioning of health care organizations, non communicable diseases, health economics, and population based issues and climate change. The details of the on-going and completed research studies carried out in last one year are presented below:

ONGOING PROJECTS:

1. Review and Evaluation of mTobacco Cessation program in India

Team: Preetha G.S. and Pradeep Panda

The World Health Organization (WHO) and the International Telecommunications Union (ITU) have formed a partnership called the “Be He@lthy, Be Mobile” initiative to use mobile technology, in particular text messaging and apps, to help combat non-communicable diseases (NCDs) such diabetes, cancer, cardiovascular diseases and chronic respiratory diseases. The “Be He@lthy, Be Mobile” initiative launched mTobacco Cessation program in India on the 15th January, 2016 to support tobacco users who want to quit tobacco use. The program works by sending scientifically designed text based messages to persons who are motivated to quit tobacco use and who register into the program. The program is being led by the Ministry of Health in India, and is being implemented in partnership with the Ministry of Telecommunications and Information Technology, and other governmental agencies. The evaluation is being done to determine the current effectiveness of the mCessation programme in India in terms of assisting participants to quit tobacco, and in terms of user satisfaction with the programme. Primary data will be collected to estimate the quit rates in a sample of 4500 subscribers of the programme who have completed six months after registration and to understand the user experiences of a sample of 300 persons who gave missed calls or continued till option of language but not further. Telephonic interviews with a pre tested interview schedule will be the technique of data collection. Secondary data analysis will be carried out on programme data to assess the reach of the programme from the time it was

launched. As of now, tele callers have been recruited and provided training for two days on the m-Cessation programme, evaluation process, tools, ethical considerations and protocols for the study.

2. Assessment of Urban Primary Health Centres in NCT Delhi

Team: Pradeep Panda, Kirti Udayai, Shikha Bassi and PGDHHM Students

Assessment of UPHCs in NCT of Delhi is being carried out by IIHMR team. The project has been awarded by National Health System Resource Centre. The main objective of the study is to assess the selected 135 UPHCs in NCT of Delhi using thematic checklists of UPHCs Centers defined under National Quality Assurance Standards, to generate scorecards based on the assessment, to prepare a baseline assessment reports for assessed facilities and to give the recommendations for improvement in the quality services in Urban Health facilities. The assessment and analysis has been completed by the team in the last month. The report preparation for each UPHCs is being undertaken.

3. Geospatial Mapping of Risk Factors of Diabetes, Cardiovascular Disease and Cancer and Identification of Hotspots

Team: Anandhi Ramachandran, Vivek Pathak, Sumant Swain, Ashgar Abbas, Iyyanki Murali Krishna (National Coordinator)

Duration: April 2015 – March 2017

The current project is aimed at exploring the possibility of using Geographic Information System (GIS) to map the risk factors for diabetes, Cardiovascular Diseases (CVD) and cancers and to map hotspots at local levels. The risk factors that will be considered are individual level behavioral and socio-economic factors, environmental factors, geographic locations, based on household survey. Other external factors like availability of free green spaces for exercise, health centers for provision of pre-health preventive check up and presence of fast food places that influences individual's eating habits will also be taken into consideration. The study attempts to map these factors as Non-Communicable Diseases (NCD) preventive and promoting factors and develop a cumulative risk index that will be used to develop thematic GIS maps that can be used for designing better interventions to

address NCDs. The study is designed based on a multi-centric approach covering one district each from the two states of the country, Delhi and Haryana. Both quantitative (household survey) and qualitative data (indepth interviews with health workers) will be collected. Anthropometric measurements of height, weight, BMI, systolic and diastolic BP and random blood glucose measurements will be carried out to assess the risk factors. QGIS will be used for developing the GIS maps. The first phase of the study has recently been completed. Data collection in the North East district of Delhi comprising of 8 villages covering about 420 households and 1600 individuals have been completed. Analysis of the data and development of GIS maps is currently underway.



PROJECT

An Assessment of Spirituality and Its **Relationship to Stress with Special** **Reference to Health Care** **Management Students**

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 65 students of IIHMR of post graduate of health care.

Females are more than males in this course and most students are Hindus. 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 ($r = -.029$). 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.

1. Background:

1.1 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.

1.2 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 and 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.

1.3 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.

1.4 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 (McCormick, 1994). 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, 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.

1.5 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 (Scott, 1982). 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?

2. Review of the Literature

2.1 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 (Heschel, 1955), while others refer to it as the passion that a person has for an ultimate being (Tillich, 1963). Some scholars have defined spirituality as the feeling of being connected to oneself, to others and to the universe (Mitroff & Denton, 1999) or as an individual's relationship with a higher being (Benefiel, 2005). Howden (1992) 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 (Cash et al., 2000). Eastern forms of spirituality, in particular, are experiencing increasing interest by westerners who are seeking alternatives to the current way we work and live (Caioppe, 2000). 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 (Cash, 2000).

"Judith Neal (1997)"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.

"Christina M. Puchalski, (Role of Spirituality in Health Care 2001) 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.

Managed care practitioners in a time constrained setting were spiritual themselves and believed this to be important to patients. Clinician education may overcome these barriers and improve ability to more fully meet their patients' expressed needs regarding spirituality and beliefs. (Tarpley, 2005)

"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 (Caioppe, 2000).

2.2 Stress

Psychological stressors were said also to produce the GAS. Yet in research that has not gotten widespread attention, Mason et. Al. (1976) 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 (see Lazarus 1966; Lazarus & Folkman 1984).

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.

2.3 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” (Farmer,

Monahan & Hekeler, 1987). 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 (2011) and Sigler and Thweatt (1997) found a weak and positive relationship between spirituality and stress among policemen.

According to the result of study conducted by Paton et al. (1999), 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 and Khanna (2014). In this study the strength of relationship was found to be stronger as compared to the study conducted by Paton et al. (1999) on policemen.

According to the result of study conducted by Amy Wachholtz, MaiLan Rogoff (2013) 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. It is critical to understand the impact of adaptive coping strategies on burnout separate from mental health or spirituality.

3. Research Methodology:

3.1. 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 perceived spirituality and perceived stress.

3.2. Specific objective:

1. To assess the level of spirituality and stress as reported amongst Health Management students.
2. To identify if there is a relationship between Health Management students' perceived spirituality and perceived stress

3.3. 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 IIHMR, 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, 1992. 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 14-item questionnaire developed by Cohen (1988). 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). In addition to these Likert-type responses, participants were asked to respond to questions that probed their religious affiliation, their age, gender..

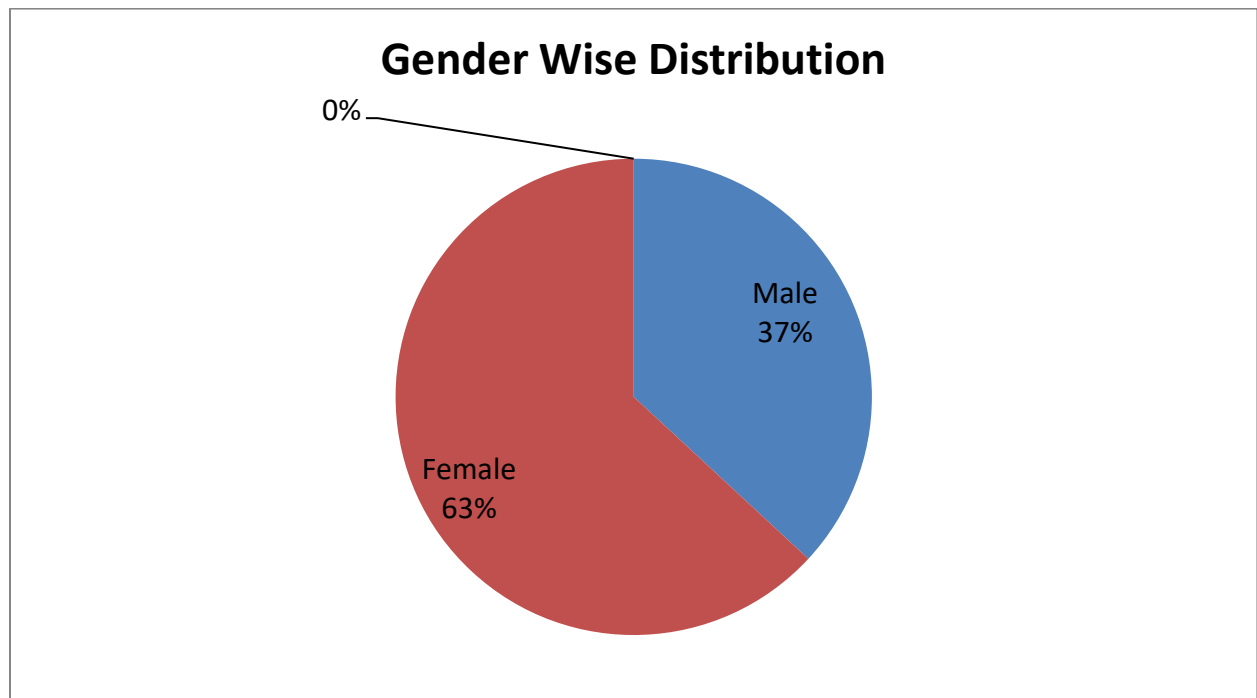
Copies of the questionnaire that were distributed, **65** (100%) were completed and returned.

4. FINDINGS:

4.1 Demographic Information of Samples:

Gender Wise Distribution: Out of 65 Participants 24 (36.9%) were males and 41(63.1%) were females. (**Table 1**)

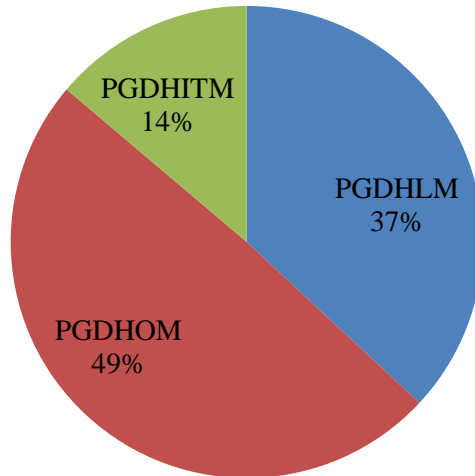
(Table 1) Gender Wise Distribution			
		Frequency	Percent
	Male	24	36.9
	Female	41	63.1
	Total	65	100.0



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**)

(Table 2) Course Wise Distribution			
		Frequency	Percent
	PGDHLM	24	36.9
	PGDHOM	32	49.2
	PGDHITM	9	13.8
	Total	65	100.0

Course Wise Distribution



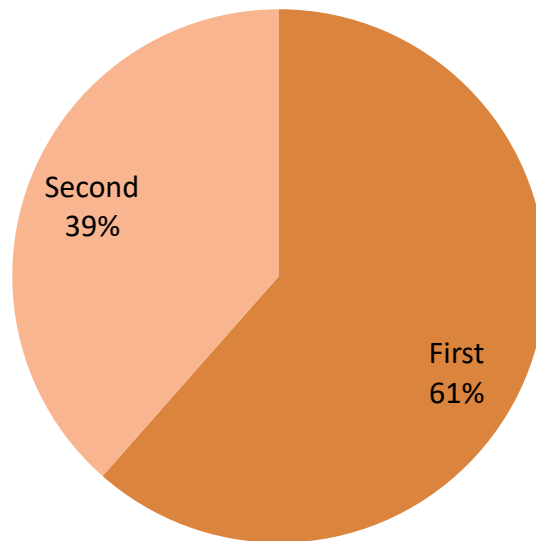
Mean Age of Participants: The average age of the participants was found to be 29.09 years.

(Table 3) Descriptive Statistics					
Mean Age of Participants					
	N	Min	Max.	Mean	Std. Dev.
Age of the Participants	65	20	53	29.09	8.349

Batch Wise Distribution: Out of 65 participants, first year participants were 40 (61.5%) and second year participants were 25 (38.5%) in number.

(Table 4) Batch			
		Frequency	Percent
	First	40	61.5
	Second	25	38.5
	Total	65	100.0

Batch Wise Distribution



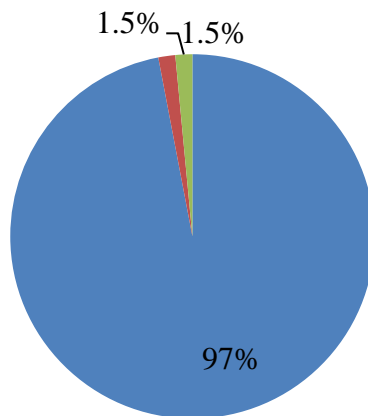
Religion Wise Distribution: Out of 65 participants, there were 63(96.9%) Hindu participants and 1 participant each from Muslim and Sikh community.

(Table5) Religion of the Participants

(Table5) Religion of the Participants			
		Frequency	Percent
	Hindu	63	96.9
	Muslim	1	1.5
	Sikh	1	1.5
	Total	65	100.0

Religion Wise Distribution

■ Hindu ■ Muslim ■ Sikh



4.2 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 (**Refer. 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 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 (**Refer 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. (**Refer 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 (Refer **Table 9**).

(Table 6) Descriptive Statistics (Perceived Spirituality)					
	N	Min	Max.	Mean	Std. Dev.
Overall	65	2.00	4.61	3.66	.591
(Table 7) One Sample T Test					
Test Value = 3					
	t	Mean	Mean Difference	Sig.	
Perceived Spirituality	9.055	3.66	.664	.000	

(Table 8) Gender					
	N	Min.	Max.	Mean	Independent T-Test
Male	24	2.00	4.61	3.62	P=.694
Female	41	2.64	4.43	3.68	

(Table 9) Batch					
	N	Min.	Max.	Mean	Independent T-Test
First	40	2.61	4.61	3.81	P=. 021
Second	25	2.00	4.54	3.42	

4.3 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 (**Refer 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)

Additionally, one sample-t test was performed on the stress scores of the overall samples to determine whether the results can be generalized (**Refer 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. (**Refer 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(Refer **Table 13**).

(Table 10) Descriptive Statistics (Perceived Stress)					
	N	Min	Max	Mean	Std. Dev.
Overall	65	2.4	4.31	3.26	.388
One Sample Test					
(Table 11) Test Value = 3					
	t	Mean	Mean Difference	Sig.	
Perceived Stress	5.593	3.26	.269	.000	

(Table 12) Gender Wise					
	N	Min	Max.	Mean	Independent T-Test
Male	24	2.53	4.13	3.27	P = .968
Female	41	2.40	4.07	3.26	

(Table 13) Batch					
	N	Min	Max.	Mean	Independent T-Test
First	40	2.40	4.13	3.24	P =.415
Second	25	2.67	4.00	3.31	

4.4 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 “-.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= -.029) Refer Table 14. Furthermore, the results were also found to be insignificant ($p>0.05$), which means that the results cannot be generalized.

(Table 14) Correlations between Perceived Spirituality and Perceived Stress			
	Pearson Correlation (r)	-.029	
	Sig.	.819	

5. Conclusion:

The purpose of this study was to answer two questions. First, what level of spirituality is reported among management students? And 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 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.

6. 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.

6. 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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ANNEXURE

The questions in this scale ask you about your feelings and thoughts during “THE LAST MONTH”. In each items, you will be asked to indicate your response by placing a “Tick” ☒ in the box representing “HOW OFTEN” you felt or thought a certain way.

Sn	Items	1	2	3	4	5
		Never	Almost Never	Some times	Fairly Often	Very Often
1	In the last month, how often have you been upset because of something that happened unexpectedly?					
2	In the last month, how often have you felt that you were unable to control the important things in your life?					
3	In the last month, how often have you felt nervous and “stressed”?					
4	In the last month, how often have you dealt successfully with day to day problems and annoyances?					
5	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?					
6	In the last month, how often have you felt confident about your ability to handle your personal problems?					
7	In the last month, how often have you felt that things were going your way?					
8	In the last month, how often have you found that you could not cope with all the things that you had to do?					
9	In the last month, how often have you been able to control irritations in your life?					
10	In the last month, how often have you felt that you were on top of things?					
11	In the last month, how often have you been angered because of things that happened that were outside of					

	your control?					
12	In the last month, how often have you found yourself thinking about things that you have to accomplish?					
13	In the last month, how often have you been able to control the way you spend your time?					
14	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					
15	In last month, how often you are thinking about your future?					

The questions in this scale are to assess your spirituality. In each statement, you will be asked to indicate your response by placing a “Tick” ☑ in the box representing “UPTO WHAT EXTENT YOU AGREE/DISAGREE” with the statement.

S n	Statements	1	2	3	4	5
		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1	I have a general sense of belonging.					
2	I am able to forgive people who have done me wrong.					
3	I have the ability to rise above or go beyond a physical or psychological condition.					
4	I am concerned about destruction of the environment.					
5	I have experienced moments of peace in a devastating event.					
6	I feel a kinship to other people.					
7	I feel a connection to all of life.					
8	I rely on an inner strength in hard times.					

9	I enjoy being of service to others.					
10	I can go to a spiritual dimension within myself for guidance.					
11	I have the ability to rise above or go beyond a body change or body loss.					
12	I have a sense of harmony or inner peace.					
13	I have the ability for self-healing.					
14	I have an inner strength.					
15	The boundaries of my universe extend beyond usual ideas of what space and time are thought to be.					
16	I feel good about myself.					
17	I have a sense of balance in my life.					
18	There is fulfillment in my life.					
19	I feel a responsibility to preserve the planet.					
20	The meaning I have found for my life provides a sense of peace.					
21	Even when I feel discouraged, I trust that life is good.					
22	My life has meaning and purpose.					
23	My innerness or an inner resource helps me deal with uncertainty in life.					
24	I have discovered my own strength in times of struggle.					
25	Reconciling relationships is important to me.					
26	I feel a part of the community in which I live.					
27	My inner strength is related to a belief in a Higher Power or Supreme Being.					
28	I have goals and aims for my life.					

