

Examining Workplace Spirituality: Perspectives From Healthcare Professionals in Khyber Pakhtunkhwa, Pakistan

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ABSTRACT

Keywords:

Workplace Spirituality, Individual Spirituality, Group Spirituality, Health Care Centers (HCCs), Least Square Differences.

Workplace spirituality (WPS) has grabbed significant attention in organizational studies research, particularly in addressing the evolving needs of employees during recent challenges, like pandemics, economic instability, and mental health concerns. In-light of these conditions, fostering a work environment that encompasses social connection, personal growth, and a sense of purpose has become increasingly important. In Khyber Pakhtunkhwa (KP), Pakistan, public healthcare center (HCC) employees' perspectives of WPS are investigated in this study. Despite the acknowledged benefits of WPS, there is still a dearth of empirical data on its use in HCC, especially in KP. In order to close this disparity, quantitative approach was used to evaluate nurses' and paramedics' perception of WPS in three tertiary hospitals. The results reveal variations in WPS perceptions at individual, group, and organizational levels within HCCs', which have significant implications for staff well-being, patient care, and organizational effectiveness. This study offers valuable insights of WPS within HCCs' and provides recommendations for creating a more fulfilling work environment that aligns employee values with organizational missions. Further studies may focus on exploring the influence of religious beliefs on individual WPS perceptions and investigating the correlation between WPS and organizational variables, such as employee effectiveness and work motivation.

INTRODUCTION

Workplace spirituality (WPS) has grabbed phenomenal attention in recent years, as organizations confront the evolving needs of their employees (Barik & Nayak, 2024; Dubey & Bedi, 2024). Studies indicate a prevalent occurrence of mental health concerns within the workforce, which can be traced to factors such as pandemics (Tekin, 2023), financial hardships, and economic instability (Saxena & Prasad, 2022; Leigh, 1997). Organizations needs to foster a spiritual culture which will bring an end to the employees mental health

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problems (Jena, 2022; Giacalone & Jurkiewicz, 2003; Adnan et al., 2020). These challenges underscore the need for a shift beyond traditional workplace frameworks, which concentrate solely on task completion.

Presently, employees seek more than just monetary compensation; they desire a work environment that fosters social connections, personal growth, and a sense of purpose (Turner, 2023; Mansor, 2013). This transition towards a knowledge-based economy mandates a supportive environment in which employees feel empowered and engaged in meaningful work (Asian Development Bank, 2007; Lowe, 2000; Leigh, 1997; Caudron, 1997). In response to these evolving demands, organizations are actively exploring innovative management approaches to cultivate a more positive and productive work environment (Ashmos & Duchon, 2000).

The WPS offers a valuable insight to address these concerns. In the context of work, spirituality transcends religious beliefs and emphasizes fostering a sense of meaning, purpose, and connection within individuals. It can equip employees with the intrinsic motivation, communication skills, and inner resilience required to navigate challenging work environments (Kolodinsky & Ritchie, 2018; Jurkiewicz & Giacalone, 2003). By nurturing a culture that embraces these values, organizations can empower employees to achieve their full potential and contribute meaningfully to the organization's goals (Leigh, 1997; Brandt, 1996; Overholt, 1996; Collins & Porras, 1994; Coates et al., 1990). Additionally, fostering flexibility within work structures can further enhance employee well-being and engagement (Harari, 1993). WPS implicates employees innovative work behavior, employee flourishing and workplace satisfaction (Hunsaker & Ding., 2022). WPS integrates spiritual values in organizational culture which promotes meaningful work, honesty, gratitude, authenticity, and community-building practices (Saxena & Prasad., 2023).

In today's competitive landscape, organizations must continuously adapt to thrive. Creating an environment in which employees feel motivated, valued, and empowered to contribute to their ideas is essential for fostering a healthy and innovative workplace (Neal et al., 2000). A growing body of research suggests that employees increasingly seek work that aligns with their personal values and offers a sense of purpose (Mitroff & Denton 1999). Studies by Miller et al. (1998) and Mitroff and Denton (1999) highlight a growing trend of organizations integrating spiritual principles into their cultures.

Public sector hospitals are the main contributing HCCs of every country on which a huge population relies for their health care services. This study aims to grasp an insight into

healthcare organizations staff perception of spirituality due to their major role in providing health care services. WPS develops faith, personal values, belief systems, personal & spiritual growth, wellbeing, resilience, and positive work attitude in health care staff (Lalani, 2020). While the potential benefits of WPS in the workplace are recognized (Konz & Ryan, 1999), implementing such practices can be complex (Fry et al., 2005). Despite the growing interest in WPS, empirical research on its application within HCCs, particularly in Peshawar, KP, Pakistan, remains scarce. In KP most of the HCCs doesn't offer a fixed career progression path, proper grading system, promotions and job rotation to their staff which might result in mental health concerns. WPS brings positive emotional states, meaning, purpose, wholeness, and general well-being which reduces stress elements, mental health issues and enhances the workability of healthcare staff (Reinert., & Koenig., 2013). The purpose of working on this area is to find out the perception of these employees about WPS and that how it shapes the behavior and attitude of employees towards their work. This study addresses this gap by investigating employee perceptions of WPS at the individual, group, and organizational levels within the HCCs of KP. Apart from that we will examine how these perceptions vary based on factors such as qualification, work experience, department, and work shifts.

Objectives of the Study

The main objective of the study is to offer a better understanding of WPS within HCCs at individual, group and organizational level, and how this perception shapes the behavior and attitude of employees towards their work. The sub-objectives of this research are,

- I. To measure the perception of HCCs employees at individual, group and organizational level of WPS?
- II. To find out the association between demographics and employee perceptions of WPS at the individual, group, and organizational levels.
- III. To find out the significance and variances of the HCCs employee on each item of spirituality.

Research Questions

The primary objectives of this study were as follows WPS:

1. What is the perception of employees about WPS within HCCs?
2. Are there any potential variations in WPS perceptions across different staff demographics?
3. Is there any association between demographics and staff perceptions of WPS at the individual, group, and organizational levels?

WORKPLACE SPIRITUALITY

The concept of workplace spirituality (WPS) has blossomed in recent years, capturing the attention of organizations grappling with the evolving needs of their employees. WPS transcends religious beliefs to focus on fostering a sense of purpose, connection, and meaning within individuals (Mitroff & Denton, 1999). Imagine healthcare workers who do not just see patients, but who connect with them on a deeper level, finding a purpose in alleviating suffering and fostering well-being. This is the potential of the WPS in action.

Research suggests a growing prevalence of mental health concerns among healthcare staff, often linked to factors like pandemic stress, financial strain, and job insecurity (Saxena & Prasad, 2022; Leigh, 1997). These challenges underscore the need to move beyond traditional task-oriented workplaces. Today's employees, especially those in demanding fields, such as healthcare, crave more than just a paycheck. They seek an environment that fosters social connections, personal growth, and a sense of purpose in their work (Mansor et al., 2013).

The WPS offers a framework to address these concerns. It equips employees with the inner strength, communication skills, and intrinsic motivation needed to navigate the complexities of healthcare (Jurkiewicz & Giacalone, 2016; Kolodinsky & Ritchie, 2018). By nurturing a culture that embraces these values, healthcare organizations can empower staff to reach their full potential and contribute meaningfully to patient care (Leigh, 1997). Studies suggest that fostering flexibility within work structures can further enhance staff well-being and engagement (Harari 1993).

The Three Pillars of Workplace Spirituality

Now, let us delve deeper into the three key dimensions of WPS: individual, group, and organizational. Individual spirituality refers to an employee's personal sense of meaning and purpose in their work, such as a nurse who finds fulfillment in caring deeply for patients. Group spirituality focuses on a sense of community and shared values among colleagues, envisioning healthcare teams that unite during challenges. Finally, organizational spirituality explores how an organization's values and mission align with the purpose employees seek in their work. Consider a healthcare center that prioritizes not just clinical excellence but also staff well-being and the patient's experience.

The Relevance of WPS for Public Healthcare Organizations

Public healthcare centers (HCCs) play a vital role in delivering healthcare services to a vast population. The demanding nature of this work coupled with resource constraints can create a challenging environment for staff. Research suggests that WPS can be a powerful tool for

enhancing staff well-being by fostering connection and purpose (Lalani & Nasreen, 2020), improving patient care through staff who feel valued and connected (Pesut, 2008), and boosting innovation and engagement by creating a culture that embraces spiritual values (Saxena & Prasad, 2023).

While the potential benefits of WPS in healthcare settings are promising, further research is needed to explore its implementation within HCCs, particularly in regions such as Pakistan (Peshawar, KP). This study aimed to bridge this gap by investigating how HCC staff perceive WPS at the individual, group, and organizational levels.

This literature review provides a foundation for understanding WPS and its potential benefits in HCCs. In the following sections, we delve deeper into the research methodology employed in this study and present the findings that illuminate how HCC staff perceive WPS within their work environment.

METHODOLOGY

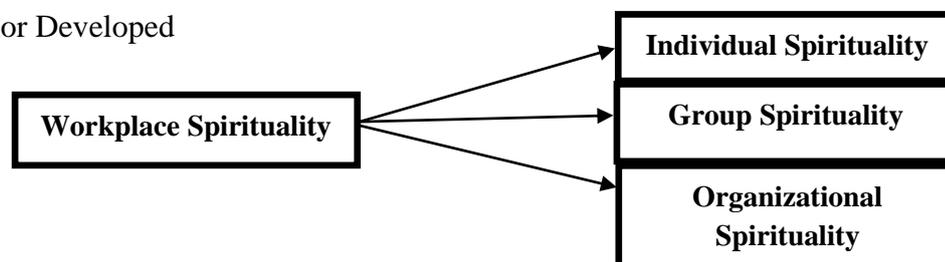
This study employs a survey methodology with a deductive approach (Britannica, 2020) and descriptive research design to explore the association between workplace spirituality (WPS) and the demographic characteristics of staff within public sector HCCs in Khyber Pakhtunkhwa, Pakistan. Quantitative data collection through structured questionnaires was the primary method.

Theoretical Framework

After extensive literature review frame work for this study was derived. This study examined the Individual, Group and Organizational level of WPS. The study also explains the association of age, gender, department, qualification, job designation and experience with Individual, Group and Organizational level of WPS to get in depth insights to the research. Framework for this study is provided below;

Figure 1 Theoretical Framework

Source: Author Developed



This study creates a framework for investigating the relationship between individual, group and organizational level of WPS within public sector HCCs. It is crucial to explore the WPS

at individual, group and organizational level as it might vary from individual to individual, group to group, and organization to organization.

As a result, this research intends to examine the perception of the HCC employees at all the 3 levels of WPS and its role in shaping their behavior, attitude and actions individually, in a group and at organizational level.

Target Population and Sampling

Owing to the focus on broadly describing the perceptions of the HCC staff, convenience sampling was used. The target population included nurses and paramedics from three leading public-sector HCCs in Peshawar: Hayatabad Medical Complex (HMC), Khyber Teaching Hospital (KTH), and Lady Reading Hospital (LRH). These HCCs were selected because of the large volume of patient referrals received, ensuring adequate data collection.

Sample Size of the present study has been calculated by using two websites. The Rao soft Incorporation website and the Stat Trek website. The total population size of the HCCs was $N=3600$. To obtain sample size, Roasoft website was used, which provided sample size of 420 at 95% confidence level, 5% error margin and 5% response distribution.

To find the sample size for each HCC, the formula is as under;

$nh = (Nh / N) * n$ (nh is the sample size for HCC, Nh is the population size for each HCC, N is total population size, and n is total sample size).

To accommodate the time and resource constraints, a smaller representative sample was determined using a sample-size calculator. Out of the total estimated staff population of 3600 across the three HCCs, a 5% proportion was selected, resulting in a target sample size of 420 participants. This sample was equally distributed across HCCs (approximately 140 per site). Anticipating potential non- responses, the researchers distributed a slightly larger number of questionnaires (450) to bolster data collection.

Instrument

A structured construct, originally developed by Ashmos and Duchon (2000), was used to assess staff perceptions of WPS at the individual, group, and organizational levels. The questionnaire was translated into Urdu to ensure accessibility to staff from diverse educational backgrounds. This 61- question survey utilized a 7-point Likert scale developed by Rensis Likert in 1932 (where 1 = strongly disagree, 7 = strongly agree) with questions organized into the following categories:

- Individual Level: Factors include conditions for the community, meaningful work, inner life, blocks to spirituality, personal responsibility, positive connections with others, and contemplation.
- Group Level: Focuses on the work-unit community and positive work-unit values.
- Organizational Level: Assesses organizational values and the relationship between an individual and its organization.

Data Entry, Cleaning, Analysis and Addressing Potential Bias

Responses from 395 completed questionnaires were entered into the SPSS software for analysis. Data cleaning involved checking for missing values, inconsistencies, and outliers to improve the accuracy and validity. Descriptive statistics were used to summarize the demographic variables and explore WPS dimensions. To examine differences in WPS perception based on demographics, independent sample t-tests, one-way ANOVAs, and least square difference (LSD) post-hoc tests were employed.

While participants had the right to not participate, the Urdu translation of the questionnaire, the relatively large sample size, and the data-cleaning process were all designed to minimize potential biases and enhance the credibility of the findings.

This methodology section provides a clearer explanation of the study's approach in a relatable manner. The next step will present the results of this research and discussing their implications for how HCCs in the KP region can better understand and potentially integrate concepts of workplace spirituality.

ANALYSIS

Descriptive Statistics

The final dataset included responses from 395 participants across three healthcare centers (HCCs) (HCC1, n = 129; HCC2, n = 140; HCC3, n = 126). The majority of respondents were female nurses and paramedics aged 20-40 years old, with bachelor's or diploma degrees. Most staff members reported being married or widowed and working morning shifts in medical and surgical units (Table 1 - Annexure 1).

The mean and standard deviation scores revealed variations in staff perceptions of workplace spirituality (WPS) across the HCCs and WPS dimensions (Table 2 – Annexure 2). Staff at HCC2 generally reported higher WPS across all levels than those at HCC1 and HCC3. For instance, at the individual level, HCC2 had the highest scores for inner life (M = 5.70, SD = .82), meaning at work (M = 5.92, SD = .78), and conditions for community (M = 5.58, SD = .69). Similarly, at the group level, HCC2 scored highest on both work unit community (M =

5.20, SD = .71) and positive work unit values (M = 5.45, SD = .68). Finally, at the organizational level, HCC2 showed the strongest agreement with organizational values (M = 5.38, SD = .74), while HCC3 scored the highest on alignment between individual and organizational goals (M = 4.78, SD = .81).

Analysis of Variance (ANOVA)

ANOVA was used to investigate the differences in WPS perceptions based on demographics (Tables 3-7 in Annexure3-7). Statistically significant differences were found across the various factors. For example, qualifications (diploma, bachelor's degree, etc.) influenced perceptions of inner life, blocks to spirituality, positive connections, contemplation, organizational values, and work unit values. Similarly, work experience affected perceptions of meaning at work, inner life, blocks to spirituality, work unit community, work unit values, contemplation, and organizational values. The working unit also played a role, with responses varying across units for meaning at work, inner life, blocks to spirituality, personal responsibility, work-unit community, and organizational values. Staff working in different shifts reported variations in all WPS dimensions except blocks to spirituality and individual/organization alignment. Finally, significant differences in staff perceptions across HCCs were found for several WPS dimensions, including conditions for community, meaning at work, inner life, personal responsibility, positive connections with others, contemplation, positive work-unit values, and organizational values.

Least Square Difference (LSD) for HCC Comparisons

The LSD analysis provided more specific insights into the variations between staff perceptions across HCC1, HCC2, and HCC3 (Table 8- Annexure 8). Notably, HCC1 and HCC2 showed differences in conditions for community and meaning at work, whereas their scores were similar for inner life, organizational values, and other dimensions. In contrast, HCC2 and HCC3 primarily differed in terms of meaning at work, positive work-unit values, and work-unit community. Finally, HCC1 and HCC3 had varying perceptions regarding the conditions of the community, meaning at work, and organizational values.

Overall, HCC2 generally demonstrated higher levels of perceived WPS across individual, group, and organizational dimensions than HCC1 and HCC3 did. Staff demographics significantly influenced perceptions of workplace spirituality. This highlights the need for a tailored approach to cultivate WPS within HCCs. For instance, focusing on enhancing conditions for the community could be a starting point for HCC1, whereas HCC3 may benefit from initiatives that strengthen meaning at work and positive work unit values.

DISCUSSION

The current study examined workplace spirituality (WPS) across three public healthcare centers (HCCs). While the data suggest that all HCCs have a relatively high individual level of WPS (based on mean scores), further analysis is needed to determine the specific contributing factors (e.g., cultural aspects, religious beliefs, and personal values). This finding aligns with the research by Rego and Cunha (2008), who suggest that integrating spirituality into an organization's culture can foster a sense of purpose, commitment, and well-being among employees. In the context of public healthcare, where serving the community is a core mission, this sense of purpose might be particularly strong, potentially connecting staff to their work and patients on a deeper level (Karakas, 2010).

Group and Organizational Levels

The findings regarding group-level and organization-level WPS are more nuanced. While there seems to be some degree of a positive work environment and shared values (as evidenced by moderate mean scores), further investigation is required to understand the specific strengths and weaknesses (providing specific means and standard deviations for group and organizational WPS dimensions). It's important to consider that leadership support, opportunities for spiritual growth within the organization, and alignment between individual and organizational values all play a role in cultivating WPS (Arsawan et al., 2022; Udin, 2019).

Variations Between HCCs

The significant variations in WPS dimensions across HCCs (indicating specific dimensions that differed statistically and provided relevant p values) warrant further exploration. These differences might be due to factors such as leadership approaches, work-unit dynamics, or the specific patient populations served by each HCC. These findings suggest that a one-size-fits-all approach to fostering WPS in HCCs might not be effective. Tailored interventions that address the unique needs and context of each HCC could be more beneficial.

Implications

Understanding WPS in HCCs has significant implications for staff well-being, patient care, and overall organizational effectiveness. By cultivating a work environment that supports spiritual growth and fosters a sense of community, HCCs can potentially improve employee satisfaction, reduce burnout, and enhance the quality of care provided to patients (Hassan et al., 2016; Komala & Ganesh, 2007). Future research could explore the specific strategies that HCCs can implement to nurture WPS, considering the unique challenges and opportunities

within the public healthcare sector. Additionally, investigating the impact of WPS on patient outcomes would be valuable for establishing a more comprehensive understanding of its benefits in healthcare settings.

CONCLUSION

This study explored workplace spirituality (WPS) at the individual, group, and organizational levels within public healthcare centers (HCCs). The findings indicate that although staff members have a strong foundation of individual spirituality, there is room for growth at the group and organizational levels. This underscores the importance of aligning employee values with organizational missions to foster a deeper sense of purpose and fulfillment (Bayighomog & Arasli 2022).

Research highlights the significant impact of WPS on employee motivation, well-being, and overall performance (Hassan et al. 2022; Nwanzu & Babalola 2021). Integrating spiritual principles into HCCs has the potential to enhance staff engagement, job satisfaction, and commitment, leading to improved patient outcomes. The current findings suggest that HCCs would benefit from focusing on initiatives that nurture these aspects of WPS. This aligns with previous research demonstrating a positive association between spirituality, work attitudes, and behaviors (Paais & Pattiruhu, 2020).

Significance and Recommendations

This study contributes to the expanding body of research on WPS and demonstrates its relevance in the healthcare sector. The results provide valuable insights for HCC administrators seeking to enhance employee well-being and foster a fulfilling work environment. It is crucial for HCCs to integrate spiritual values, create opportunities for staff spiritual development, and implement policies that promote a sense of community and a shared purpose (Duchon & Plowman, 2005).

The connection between staff spirituality and their ability to provide holistic patient care warrants specific attention. HCCs should explore ways to integrate spiritual values and approaches into staff training programs (Chew et al., 2016).

Limitations and Future Research

While quantitative methods provide valuable data, a mixed-methods approach could offer a richer understanding of employees' subjective WPS experiences. Future research can delve deeper into the reasons for the observed differences between individual, group, and organizational spirituality levels within HCCs. Additionally, exploring the potential influence of religious beliefs on individual WPS in these settings would be informative. Finally,

investigating the relationship between WPS and specific organizational variables (e.g., employee effectiveness, motivation, and attitude) could provide further insights into the multifaceted nature of WPS and its practical implications.

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Annexure 1

Table 1
Descriptive Frequencies of HCCs Staff Demographics

	Demographics	Frequency	Percentage%
HCC	HCC1	129	32.6
	HCC2	140	35.4
	HCC3	126	31.8
Staff	Nurse	194	49
	Paramedics	201	50.8
Gender	Male	141	35.6
	Female	254	64.1
Age	20-30	175	44.2
	31-40	131	33.1
	41-50	65	16.4
	51-60	20	5.1
Qualification	Diploma	135	34.1
	Bachelors	218	55.1
	Master	33	8.3
	PhD	9	2.3
Marital Status	Single	93	23.5
	Married	133	33.6
	Divorced	62	15.7
	Widow	105	26.5
Work Experience	0 to 4	135	34.1
	5 to 10	162	40.9
	10-Above	98	24.7
Years of Experience in Current Working Unit	0 to 4	142	35.9
	5 to 10	128	32.3
Working Unit	10-Above	123	31.1
	Allied & Medical	172	43.4
	Allied & Surgical	135	34.1
Working Shift	ICU	86	21.7
	Morning Shift	193	48.7
	Evening Shift	69	17.4
	Night Shift	63	15.9
	General Shift	69	17.4

Annexure 2

Table 2
Means And Standard Deviations of HCCs

	HCCs	N	Mean	Standard Deviation
Conditions for Community	HCC1	129	5.211	1.01346
	HCC2	140	5.5798	0.92479
	HCC3	126	5.3404	0.99557
Meaning at Work	HCC1	129	5.2097	1.34627
	HCC2	140	5.9184	0.88215
	HCC3	126	5.5261	1.15898
Inner Life	HCC1	129	5.1674	1.28124
	HCC2	140	5.7043	0.91745
	HCC3	126	5.4873	1.14305
Blocks to Spirituality	HCC1	129	4.3858	1.4711
	HCC2	140	4.3321	1.3692
	HCC3	126	4.3796	1.34605
Personal Responsibility	HCC1	129	5.4147	1.41577
	HCC2	140	5.6571	1.24526
	HCC3	126	5.1825	1.50014
Positive Connections with other individuals	HCC1	129	4.7261	1.45204
	HCC2	140	5.1905	1.16582

Contemplation	HCC3	126	5.1429	1.1558
	HCC1	129	4.7984	1.66832
	HCC2	140	5.35	1.31086
Work Unit Community	HCC3	126	4.881	1.52372
	HCC1	129	5.03	1.06702
	HCC2	140	5.2009	1.04965
Positive Work Unit Values	HCC3	126	4.9769	1.11848
	HCC1	129	4.8385	1.17557
	HCC2	140	5.4488	0.93491
Organisational Values	HCC3	126	5.037	1.20053
	HCC1	129	5.0089	1.12305
	HCC2	140	5.3806	1.18803
Individual and the Organisation	HCC3	126	5.22	1.11913
	HCC1	129	4.5972	0.95407
	HCC2	140	4.7619	1.13518
	HCC3	126	4.7844	0.99868

Annexure 3**Table 3***Analysis of Variance (ANOVA) of HCCs Staff on the basis of Qualification*

	Qualification	N	Mean	F	Sig.
Conditions for Community	Diploma	135	5.3881	0.468	0.705
	Bachelors	218	5.3996		
	Masters	33	5.2054		
	PhD	9	5.5556		
	Total	395	5.383		
Meaning at Work	Diploma	135	5.5115	1.118	0.341
	Bachelors	218	5.6422		
	Masters	33	5.3333		
	PhD	9	5.2063		
	Total	395	5.5618		
Inner Life	Diploma	135	5.4889	4.904	0.002
	Bachelors	218	5.5569		
	Masters	33	4.7697		
	PhD	9	5.2		
	Total	395	5.4597		
Blocks to Spirituality	Diploma	135	4.2072	4.303	0.005
	Bachelors	218	4.3456		
	Masters	33	4.7818		
	PhD	9	5.6667		
	Total	395	4.3648		
Personal Responsibility	Diploma	135	5.3519	1.12	0.341
	Bachelors	218	5.4725		
	Masters	33	5.2424		
	PhD	9	6.1111		
	Total	395	5.4266		
Positive Connections with other individuals	Diploma	135	5.0123	4.329	0.005
	Bachelors	218	5.1239		
	Masters	33	4.303		
	PhD	9	5.4074		
	Total	395	5.0236		
Contemplation	Diploma	135	5.0556	2.73	0.044
	Bachelors	218	5.0619		
	Masters	33	4.3939		
	PhD	9	5.7778		
	Total	395	5.0203		
Work Unit Community	Diploma	135	4.9829	0.617	0.604
	Bachelors	218	5.1071		
	Masters	33	5.1537		
	PhD	9	5.3313		

Positive Work Unit Values	Total	395	5.0736		
	Diploma	135	5.0842	6.184	0
	Bachelors	218	5.2456		
	Masters	33	4.3626		
	PhD	9	5.3111		
Organisational Values	Total	395	5.1181		
	Diploma	135	5.1277	2.358	0.071
	Bachelors	218	5.3261		
	Masters	33	4.8777		
	PhD	9	4.7619		
Individual and the Organisation	Total	395	5.208		
	Diploma	135	4.6519	0.266	0.85
	Bachelors	218	4.75		
	Masters	33	4.7535		
	PhD	9	4.6852		
Total	395	4.7153			

Annexure 4**Table 4***Analysis of Variance (ANOVA) of HCCs Staff on the basis of Working Experience*

	Experience	N	Mean	F	Sig.
Conditions for Community	0-4 years	135	5.6338	6.893	0.001
	5-10 years	162	5.2708		
	10-Above	98	5.2231		
	Total	395	5.383		
Meaning at Work	0-4 years	135	5.9545	12.429	0
	5-10 years	162	5.3178		
	10-Above	98	5.4242		
	Total	395	5.5618		
Inner Life	0-4 years	135	5.8	9.809	0
	5-10 years	162	5.3191		
	10-Above	98	5.2235		
	Total	395	5.4597		
Blocks to Spirituality	0-4 years	135	4.2343	0.905	0.405
	5-10 years	162	4.4257		
	10-Above	98	4.4439		
	Total	395	4.3648		
Personal Responsibility	0-4 years	135	5.6148	1.99	0.138
	5-10 years	162	5.2963		
	10-Above	98	5.3827		
	Total	395	5.4266		
Positive Connections with other individuals	0-4 years	135	5.1457	1.431	0.24
	5-10 years	162	4.8992		
	10-Above	98	5.0612		
	Total	395	5.0236		
Contemplation	0-4 years	135	5.3519	5.047	0.007
	5-10 years	162	4.8735		
	10-Above	98	4.8061		
	Total	395	5.0203		
Work Unit Community	0-4 years	135	5.2955	4.706	0.01
	5-10 years	162	4.9978		
	10-Above	98	4.8934		
	Total	395	5.0736		
Positive Work Unit Values	0-4 years	135	5.4333	8.51	0
	5-10 years	162	4.9163		
	10-Above	98	5.0177		
	Total	395	5.1181		
Organisational Values	0-4 years	135	5.464	5.238	0.006
	5-10 years	162	5.0547		
	10-Above	98	5.1086		

	Total	395	5.208		
Individual and the Organisation	0-4 years	135	4.8049	1.097	0.335
	5-10 years	162	4.7093		
	10-Above	98	4.6017		
	Total	395	4.7153		

Annexure 5**Table 5***Analysis of Variance (ANOVA) of HCCs Staff on the basis of Working Unit*

	Working Unit	N	Mean	F	Sig.
Conditions for Community	Allied and Medical Unit	172	5.417	1.524	0.219
	Allied and Surgical Unit	135	5.271		
	ICU	86	5.4945		
	Total	393	5.3838		
Meaning at Work	Allied and Medical Unit	172	5.6188	5.478	0.005
	Allied and Surgical Unit	135	5.3192		
	ICU	86	5.83		
	Total	393	5.5621		
Inner Life	Allied and Medical Unit	172	5.539	4.87	0.008
	Allied and Surgical Unit	135	5.22		
	ICU	86	5.6628		
	Total	393	5.4565		
Blocks to Spirituality	Allied and Medical Unit	172	4.1734	3.032	0.049
	Allied and Surgical Unit	135	4.5025		
	ICU	86	4.5422		
	Total	393	4.3672		
Personal Responsibility	Allied and Medical Unit	172	5.2645	2.757	0.065
	Allied and Surgical Unit	135	5.4778		
	ICU	86	5.686		
	Total	393	5.43		
Positive Connections with other individuals	Allied and Medical Unit	172	5.0233	1.026	0.36
	Allied and Surgical Unit	135	4.9383		
	ICU	86	5.1899		
	Total	393	5.0305		
Contemplation	Allied and Medical Unit	172	4.9331	1.884	0.153
	Allied and Surgical Unit	135	4.9852		
	ICU	86	5.3081		
	Total	393	5.0331		
Work Unit Community	Allied and Medical Unit	172	4.9945	4.634	0.01
	Allied and Surgical Unit	135	4.9763		
	ICU	86	5.3831		
	Total	393	5.0733		
Positive Work Unit Values	Allied and Medical Unit	172	5.1663	1.086	0.339
	Allied and Surgical Unit	135	5.0047		
	ICU	86	5.205		
	Total	393	5.1193		
Organisational Values	Allied and Medical Unit	172	5.2538	3.392	0.035
	Allied and Surgical Unit	135	5.0166		
	ICU	86	5.4132		
	Total	393	5.2072		
Individual and the Organisation	Allied and Medical Unit	172	4.7207	0.171	0.843
	Allied and Surgical Unit	135	4.6758		
	ICU	86	4.7578		
	Total	393	4.7134		

Annexure 6**Table 6***Analysis of Variance (ANOVA) of HCCs Staff on the basis of Working Shift*

	Working Shift	N	Mean	F	Sig.
Conditions for Community	Morning Shift	193	5.4757	3.781	0.005
	Evening Shift	69	5.3261		
	Night Shift	63	4.9978		
	General Shift	69	5.5121		
	Total	395	5.383		
Meaning at Work	Morning Shift	193	5.7888	8.621	0
	Evening Shift	69	5.4079		
	Night Shift	63	4.8791		
	General Shift	69	5.6832		
	Total	395	5.5618		
Inner Life	Morning Shift	193	5.629	7.923	0
	Evening Shift	69	5.2449		
	Night Shift	63	4.8587		
	General Shift	69	5.7304		
	Total	395	5.4597		
Blocks to Spirituality	Morning Shift	193	4.4231	0.668	0.615
	Evening Shift	69	4.3696		
	Night Shift	63	4.2376		
	General Shift	69	4.3401		
	Total	395	4.3648		
Personal Responsibility	Morning Shift	193	5.6839	4.236	0.002
	Evening Shift	69	5.1087		
	Night Shift	63	4.9921		
	General Shift	69	5.413		
	Total	395	5.4266		
Positive Connections with other individuals	Morning Shift	193	5.2124	5.662	0
	Evening Shift	69	4.9275		
	Night Shift	63	4.4286		
	General Shift	69	5.1643		
	Total	395	5.0236		
Contemplation	Morning Shift	193	5.285	4.504	0.001
	Evening Shift	69	4.8623		
	Night Shift	63	4.4048		
	General Shift	69	5.0145		
	Total	395	5.0203		
Work Unit Community	Morning Shift	193	5.166	2.246	0.064
	Evening Shift	69	4.8885		
	Night Shift	63	4.8362		
	General Shift	69	5.1985		
	Total	395	5.0736		
Positive Work Unit Values	Morning Shift	193	5.2796	4.623	0.001
	Evening Shift	69	5.0314		
	Night Shift	63	4.6053		
	General Shift	69	5.2208		
	Total	395	5.1181		
Organisational Values	Morning Shift	193	5.3643	4.409	0.002
	Evening Shift	69	5.0664		
	Night Shift	63	4.7251		
	General Shift	69	5.3416		
	Total	395	5.208		
Individual and the Organisation	Morning Shift	193	4.7943	1.914	0.107
	Evening Shift	69	4.6179		
	Night Shift	63	4.4328		
	General Shift	69	4.8502		
	Total	395	4.7153		

Annexure 7**Table 7***Analysis of Variance (ANOVA) Of HCCs*

	HCCs	N	Mean	F	Sig.
Conditions for Community	HCC1	129	5.211	4.958	0.007
	HCC2	140	5.5798		
	HCC3	126	5.3404		
Meaning at Work	HCC1	129	5.2097	13.099	0
	HCC2	140	5.9184		
	HCC3	126	5.5261		
Inner Life	HCC1	129	5.1674	7.789	0
	HCC2	140	5.7043		
	HCC3	126	5.4873		
Blocks to Spirituality	HCC1	129	4.3858	0.06	0.942
	HCC2	140	4.3321		
	HCC3	126	4.3796		
Personal Responsibility	HCC1	129	5.4147	3.893	0.021
	HCC2	140	5.6571		
	HCC3	126	5.1825		
Positive Connections with other individuals	HCC1	129	4.7261	5.358	0.005
	HCC2	140	5.1905		
	HCC3	126	5.1429		
Contemplation	HCC1	129	4.7984	5.316	0.005
	HCC2	140	5.35		
	HCC3	126	4.881		
Work Unit Community	HCC1	129	5.03	1.589	0.205
	HCC2	140	5.2009		
	HCC3	126	4.9769		
Positive Work Unit Values	HCC1	129	4.8385	10.741	0
	HCC2	140	5.4488		
	HCC3	126	5.037		
Organisational Values	HCC1	129	5.0089	3.547	0.03
	HCC2	140	5.3806		
	HCC3	126	5.22		
Individual and the Organisation	HCC1	129	4.5972	1.262	0.284
	HCC2	140	4.7619		
	HCC3	126	4.7844		

Annexure 8**Table 8***Multiple Comparison - Least Square Difference of HCCs Staff*

Multiple Comparisons - Least Square Difference		
	Health Care Centers	Sig.
Conditions for Community	HCC1/HCC2	0.002
	HCC2/HCC3	0.047
	HCC3/HCC1	0.291
Meaning at Work	HCC1/HCC2	0
	HCC2/HCC3	0.005
	HCC3/HCC1	0.027
Inner Life	HCC1/HCC3	0.023

	HCC2/HCC1	0
	HCC3/HCC2	0.115
Blocks to Spirituality	HCC1/HCC2	0.753
	HCC2/HCC3	0.782
	HCC3/HCC1	0.972
Personal Responsibility	HCC1/HCC2	0.153
	HCC2/HCC3	0.006
	HCC3/HCC1	0.182
Positive Connections with other individuals	HCC1/HCC2	0.003
	HCC2/HCC3	0.759
	HCC3/HCC1	0.009
Contemplation	HCC1/HCC2	0.003
	HCC2/HCC3	0.011
	HCC3/HCC1	0.661
Work Unit Community	HCC1/HCC2	0.195
	HCC2/HCC3	0.091
	HCC3/HCC1	0.694
Positive Work Unit Values	HCC1/HCC3	0.152
	HCC2/HCC1	0
	HCC3/HCC2	0.003
Organisational Values	HCC1/HCC2	0.008
	HCC2/HCC3	0.254
	HCC3/HCC1	0.142
Individual and the Organisation	HCC1/HCC2	0.193
	HCC2/HCC3	0.86
	HCC3/HCC1	0.15