

Role of Spiritual Intelligence in Occupational Stress and Mental Health relationship among Nursing Professionals.

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Abstract

Objectives: The nursing profession is a strenuous job with complicated demands, During the COVID-19 Pandemic, there has been a significant change in the roles, duties, and working conditions of nursing professionals. Which has exposed the nursing professionals to a wide range of potential occupational stressors which have a significant impact on their mental health. They continue to be in the front lines of patient treatment in hospitals. Nursing is a specialized profession that demands a high level of specialized knowledge and skills. Its goal is to assist people in adopting a healthy lifestyle, coping with health issues, and caring for people during illness in ways that enhance health and wellness. To address the needs of direct patient care and cooperative negotiations with the multidisciplinary team, modern nursing demands call on Spiritual Intelligence skills. The present study was conducted to examine the role of spiritual intelligence in occupational stress and the mental health relationship among nursing professionals.

Method: A sample of 304 Nursing professionals was selected for the study using the purposive sampling method. Mental Health Questionnaire (MHQ) developed by Gupta and Singh (2018) was used to measure mental health, The Nursing Stress Scale (NSS) developed by Gray-Toft, P. and J.G. Anderson was used to measure nurses occupational stress and, The Spiritual Intelligence Self-Report Inventory (SISRI-24) developed by King & DeCicco (2009) was used to measure spiritual intelligence. To analyze data, the current study used a correlational design and moderation analysis

Results: The results of this study revealed that there was a negative and significant relationship between occupational stress and mental health, as well as a negative and significant relationship between occupational stress and spiritual intelligence. Mental health and spiritual intelligence have been demonstrated to have a positive and significant relationship. Further findings of the study confirm the buffering effect of spiritual intelligence on occupational stress and mental health relationships.

Conclusion: Thus, spiritual intelligence training is an effective method to decrease occupational stress and increase mental health, and it is suggested spiritual intelligence training should be applied in the healthcare sector to improve mental health among nursing professionals.

Keywords: Occupational Stress, Mental health, and Spiritual Intelligence

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I. Introduction:

Nursing professionals in India are overworked due to the low nurse-to-patient ratio. They are responsible for the treatment, safety, and recovery of acutely or chronically ill or injured patients, as well as health maintenance, the treatment of life-threatening crises, and medical and nursing research, along with other health care professionals. Nurses are not only caregivers but also administrators and supervisors of their patients (Kavari, 2006).

They work as a front-line professional during this pandemic, and they are key players in stopping the pandemic with adequate assistance. Therefore, it is important to think about their health, and they must be provided with a healthy work environment to empower their efforts to control and manage the outbreak. A healthy work environment should be maintained so that it does not affect their mental health due to an increase in occupational stress. In this respect, nursing professionals must have some coping strategies to manage their stress due to the work environment.

Occupational stress among nursing professionals:

In 1960, Menzies conducted the first study on occupational stress in nursing professionals, identifying four areas of worry among nurses: patient care, decision-making, taking responsibility, and change. According to Golshiri, et al., (2012) nursing has long been seen as a hard profession, nurses have been adversely affected

by the stressful nature of their jobs. Occupational stress was also noted to be significant in many nurses' workplaces. Further, it was noted that nursing professionals are affected by stress caused by difficult workplaces and tasks (Mark, & Smith, 2012). Long working hours, the quality of hospital worker relationships, poor supervision, a terrible work environment, and a high workload are all variables that contribute to occupational stress. It's also worth noting that the effects of stress are influenced by socio-demographic factors like age and gender (McGrath, et al., 2003). In Indian research, 87.4 percent of nursing professionals said they were stressed at work (Bhatia, Anand, & Jiloha, 2001).

Roberts et al. (2012) stated that in the health setting psychosocial stressors include a lack of control, long work hours, shift work, interpersonal conflicts, insufficient resources, poor reward systems, the inadequate structure of communication flow in hospitals and other healthcare settings, as well as bullying and physical violence. These are also elements that may lead hospital nurses to experience occupational stress. According to Prabhu(2012), a nurse's job entails high work demands, the need to learn new technology, working to increasingly tight deadlines, and responding to emergencies. Excessive working hours and shift work with its constantly shifting schedule.

Mental Health among nursing professionals:

The World Health Organization (WHO) defined health in 1946 as a condition of complete physical, mental, and social well-being, not just the absence of sickness or impairment. The definition of health was changed in 1998, based on the recommendation of a special panel of the WHO Executive Board, to read: "Health is a dynamic condition of complete physical, mental, spiritual, and social well-being, not only the absence of sickness or infirmity." The biopsychosocial approach views health and sickness as a combination of biological (genes), behavioral (lifestyle, stress, and health beliefs), and social (environmental) components (cultural influences, family relationships, social support).

Nursing professionals' mental health is at a higher risk than that of other members of society. Parel, et al., (2020) did a study, based on the responses, a substantial proportion of nursing professionals were found to have depression (41.3 percent), anxiety (49.1%), and stress (29.5 percent). The odds of having depression, anxiety, and stress were lower in a nursing professional who has not been posted for the care of confirmed or suspected COVID-19 cases. Similarly, the female nursing professional had higher odds of depression and anxiety as compared to males. When Wall and Almond (2001) administered the General Health Questionnaire to health service staff and discovered that 27% of all hospital staff were classified as suffering stress and mental ill-health, compared to between 14% and 18% of the general population. There is also an indication that nurses have higher than usual rates of physical illness, mortality, and psychiatric admissions (Kirkcaldy & Martin, 2000). On the General Health Questionnaire (GHQ), 21.67 percent of nurses reported moderate-to-severe mental health difficulties, according to previous studies (Arafa, Nazel, Ibrahim, & Attia, 2003).

Mental health problems and treatment frequently take a backseat when it comes to practice. Any infectious disease epidemic or pandemic, according to history, is followed by a substantial mental health setback. Even after a year of Ebola response, signs of Post-Traumatic Stress Disorder (PTSD) and anxiety-depression were more prevalent in the 2014 Ebola outbreak (Jalloh et al., 2018). A similar image emerges from the global HIV pandemic. The frequency of mental problems in HIV-positive people is observed to be much greater than in the general population (WHO, 2008). Stress, worry, depressive symptoms, insomnia, denial, rage, and terror are the key mental health concerns that have been linked to the COVID-19 pandemic over the world. (Torales et al., 2020) Stress, worry, and sadness are all linked to the COVID-19 pandemic, according to research findings from throughout the world, which reveal an increase in the prevalence of mental health issues among diverse population groups (Ji et al., 2017; Xiao et al., 2020).

Spiritual Intelligence among nursing professionals:

Spiritual intelligence is a higher level of intelligence that activates the real self's (or soul's) characteristics and skills, such as knowledge, compassion, integrity, joy, love, creativity, and peace. Spiritual intelligence leads to a greater feeling of meaning and purpose, as well as enhancement in a variety of critical life and job abilities.

The spiritual intelligence of nursing professionals is becoming a crucial issue in a world increasingly preoccupied with materialistic values. In light of such, nursing professionals must enhance their spiritual intelligence to cope with the different stressors. It is beneficial for nursing professionals to assess their spiritual intelligence. Spiritual intelligence has the potential to become a crucial unacknowledged factor supporting holistic care quality (MacLaren, 2004). Just as Yang and Mao (2007) stated exploring nursing professionals' spiritual intelligence is a starting point for providing spiritual nursing care. Nursing education programs, according to Lundberg (2010), should develop nurses' understanding and awareness of spiritual issues to satisfy the spiritual needs of patients to provide holistic care. In George, (2006) opinion, the most important application of spiritual intelligence in the workplace is to create peace of mind, and mutual understanding

among colleagues. The study conducted by Karimi et al.(2014) revealed that about 45% of nurses have spiritual intelligence scores lower than the average (Heydari, Meshkinyazd, &Soudmand,2017).

Spiritual intelligence enables nurses to derive meaning and purpose from all physical and mental events, including the ability to define and control life goals, as well as the ability to generate individual meanings. Nurses with high spiritual intelligence are not only able to respond effectively in unusual situations, but they are also able to comprehend why they are in that position, how to use it, and how to improve the situation. Spiritual intelligence also encompasses the highest degrees of development in different cognitive, ethical, emotional, and interpersonal realms, and it aids people in coordinating with external events and achieving internal and external goals. The effects of nursing professionals' spiritual intelligence, allow them to approach and resolve situations with a spiritual perspective, resulting in greater self-actualization and well-being (Rani, Abidin, Rashid, & Hamid, 2013).

Spiritual Intelligence, Occupational stress, and Mental health:

In a study conducted by Sasikala and Ramu (2018) to determine the prevalence, strength, and factors of occupational stress among Nursing professionals, it was found in the research that the participants suffer from occupational stress; mild stress 2 percent, moderate stress 36.5 percent, and severe 61.5 percent. This study outcome established convincingly that an overwhelming part of nursing professionals had reported a moderate level of occupational stress and this occupational stress level may deter their professional and social responsibilities. Another study by Bhatia, Kishore, Anand, and Jiloha (2010) investigated occupational stress among nurses and found that 87.4 percent of the nurses in the sample reported high levels of occupational stress. In the sample of 152 nurses, working in Ministry of Health institution hosts, Mersal, and Keshk (2013), reported job pressure and lack of connection with supervisors were identified as the leading causes of work-related stress. Ayed, A., et al. (2014) investigated job-related sources of stress and their impact on physical and mental health among Palestinian intensive care unit workers, Approximately half of the nursing professionals had physical and mental health issues. According to the study, occupational stress has a negative impact on the physical and mental health of nurses. As a result, constant administrative assistance and proper training programs to deal with stressful situations are required.

According to Shabani et al., (2010) spiritual intelligence affects mental health. In another study Bagheri et al.,(2010) showed that spiritual intelligence is effective on nursing professionals' happiness. This indicates the better adaptability of nurses in facing daily stress with higher spiritual intelligence. Another study conducted by (Fauhmany& Dansdost,2014) evaluated the relationship between spiritual intelligence, mental health, and organizational commitment of Nursing professionals. showed a positive relationship between spiritual intelligence and mental health.

Occupational stress is predictable based on spiritual intelligence. This shows that spiritual intelligence predicts occupational stress negatively, i.e., the higher the spiritual intelligence, the lower the job stress will be (Salmabadi et al., 2016). By reviewing earlier research it is found that stress and well-being of adolescent students are negatively co-related with each other and it is also affected by IQ, EQ, and SQ (Mishra &Vashist, 2014). The results of another study (Azad-Marzabadi, Hoshmandja&Poorkhalil, 2013) showed that there is a significant negative relationship between job stress and spiritual intelligence. In this regard, the findings of a study (Baezzat&Sharifzadeh, 2012) indicated that the components of spiritual intelligence can explain 31 percent of changes related to job stress in university staff. A review by Kumari, Joshi, and Singh, (2015) concluded that spiritual intelligence and mental health have a positive relationship. They also reported that one of the important reasons could be that spirituality provides several psychological benefits to an individual by offering people a sense of purpose and meaning of life. In research of college students, Pant and Srivastava (2014) discovered that spiritual intelligence and mental health are significantly connected to each other. Spiritual Intelligence was discovered to be a significant predictor variable for the criterion variable Mental Health in a study including nursing professionals (Agrawal, 2017). Spiritual intelligence and good mental health, according to (Slezackova&Janstova, 2017), have a strong relationship.

II. Methods:

Population and sample

The sample for the study consists of the 304-nursing professional from Uttar Pradesh, India. Among 304 nursing professionals, 72 were male and 232 were female. The current study involved nursing professionals from the public sector (145) and private sectors (159).

Objectives:

The proposed study is designed to address the following objectives:

- To investigate the role of spiritual intelligence on occupational stress and mental health.

- Find out the difference between male and female nursing professionals in terms of occupational stress, mental health, and spiritual intelligence.
- Find out the difference between government and private-sector Nursing professionals in terms of occupational stress, mental health, and spiritual intelligence.

Hypotheses:

The following hypotheses are proposed:

- There would be a significant difference between male and female nurses on the level of occupational stress, mental health, and spiritual intelligence.
- There would be a significant difference between government and private Nursing professionals on the level of occupational stress, mental health, and spiritual intelligence.
- There would be a significant relationship between occupational stress, mental health, and spiritual intelligence.
- There would be a significant impact of spiritual intelligence on occupational stress and mental health relationship.

Measures:

- **The Spiritual Intelligence Self-Report Inventory (SISRI-24)(King, 2008; King & DeCicco, 2009)** The spiritual intelligence self-report questionnaire developed by King (2008) was used for the measurement of spiritual intelligence. This scale consists of 24 items rated on a five-point scale (0 – Not at all true of me | 1 – Not very true of me | 2 – Somewhat true of me | 3 – Very true of me | 4 – Completely true of me). It has four subscales namely, Critical Existential Thinking (CET):7 items, Personal Meaning Production (PMP):5 items, Transcendental Awareness (TA): 7 items, Conscious State Expansion (CSE): 5 items. Cronbach's alpha for the overall scale is 0.95. High scores on the test show good Spiritual intelligence.
- **Mental Health Questionnaire (MHQ) developed by Gupta and Singh(2018)** Mental Health Questionnaire (MHQ) consisting of 27 items developed by Gupta and Singh was used to measure the health status of an individual. MHQ is divided into three subscales. These are Psychological well-being, Social well-being, and Emotional well-being. Cronbach's alpha for the scale is 0.896. A participant's high score on this questionnaire shows good health.
- **The Nursing Stress Scale (NSS) developed by Gray-Toft, P., and J.G. Anderson** Nursing Stress Scale (NSS) consisting of 34 items was used to measure the occupational stress of nurses. NSS is divided into seven subscales. These are: Death and dying, Conflict with physicians, Inadequate preparation, Lack of support, Conflict with other nurses, Workload, and Uncertainty concerning treatment. Cronbach's alpha for the scale is 0.89. The questions describe situations that have been identified as causing stress for nurses in the workplace and examine stress in psychological, physical, and social work environments.

Statistical analysis:

The correlational analysis was done to determine the relationship between predictors and criterion variables. Moderation analysis was also used for the proposed model. For quantitative analysis, the Statistical Package for Social Sciences (SPSS.20) for data processing was used.

III. Results:

Table 1- T-test for significant difference between Male and Females concerning Spiritual Intelligence, Occupational Stress and Mental health (N=304, Male=72, Female=232)

| | Job Type | | | | T value | P-value |
|-------------------------------|------------|-------|---------|-------|---------|---------|
| | Government | | Private | | | |
| | Mean | SD | Mean | SD | | |
| Spiritual Intelligence | 62.68 | 17.90 | 63.94 | 16.31 | -.643 | .521 |
| Occupational Stress | 101.43 | 27.85 | 102.42 | 27.87 | -.311 | .756 |
| Mental Health | 72.98 | 15.62 | 72.36 | 12.89 | .375 | .708 |

Table 2- T-test for significant difference between Government and Private sector health professionals with respect to Spiritual Intelligence, Occupational Stress, and Mental health (N=304, Government=145, Private=159)

| | Gender | | | | T value | P-value |
|-------------------------------|--------|-------|--------|-------|---------|---------|
| | Male | | Female | | | |
| | Mean | SD | Mean | SD | | |
| Spiritual Intelligence | 66.32 | 16.55 | 62.41 | 17.16 | 1.703 | .090 |
| Occupational Stress | 101.97 | 30.16 | 101.94 | 27.12 | .009 | .993 |
| Mental Health | 73.00 | 12.40 | 72.55 | 14.79 | .233 | .816 |

Table 3- Correlation between Spiritual Intelligence, Occupational Stress and Mental Health

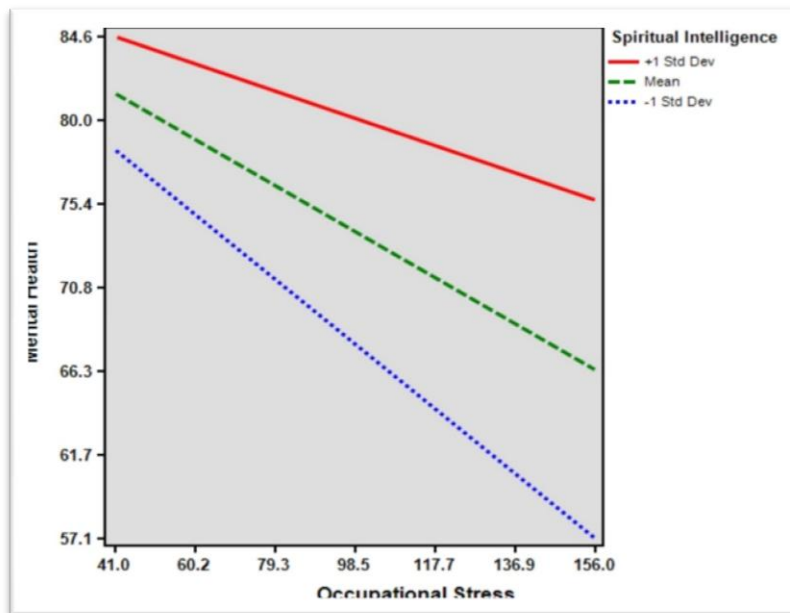
| | Spiritual Intelligence | Occupational Stress | Mental Health |
|------------------------|------------------------|---------------------|---------------|
| Spiritual Intelligence | 1 | -.551** | .564** |
| Occupational Stress | X | 1 | -.491** |

**p=0.01

Table 4- Moderation Analysis using Spiritual Intelligence as a moderator in Occupational Stress and Mental health

| Model | β | SE | t | p | LLCI | ULCI | R ² | F |
|---|---------|--------|---------|-------|---------|----------|----------------|---------|
| Constant | 83.5662 | 9.6390 | 8.6696 | .0000 | 64.5976 | 102.5348 | .3770 | 60.5194 |
| Occupational Stress | -.3311 | .0871 | -3.8012 | .0002 | -.5026 | -.1597 | | |
| Spiritual Intelligence | .0527 | .1322 | .3990 | .6902 | -.2074 | .3129 | | |
| Spiritual Intelligence * Occupational Stress | | .0013 | .3990 | .0165 | .0006 | .0057 | | |

Graph 1-Interaction graph for Moderation analysis using Spiritual Intelligence as a moderator in Occupational Stress and Mental health



H1-There would be a significant difference between male and female nurses on the level of occupational stress, mental health, and spiritual intelligence.

According to table 1, an independent sample t-test was used to compare male and female participants' levels of occupational stress, mental health, and spiritual intelligence. On the level of spiritual intelligence, there is a significant difference in the scores of male participants (M =66.32, SD = 16.55) and female participants (M = 62.41, SD =17.16); $t = 1.703$, $p > .05$. The mean difference was found 3.91. These findings show that male and female individuals have significantly different levels of spiritual intelligence.

This table also shows that there is no significant difference in male participants' occupational stress scores (M =101.97, SD =30.16) and female participants' occupational stress scores (M =101.94, SD =27.12); $t = .009$. The mean difference was found 0.03 in the current study. These findings imply that the amount of occupational stress experienced by male and female participants is not significantly different.

Table 1 also shows that there is no significant difference in male participants' mental health scores (M =73.00, SD =12.40) and female participants' mental health scores (M =72.55, SD =14.79); $t = .233$. The magnitude of difference in the mean is 0.45 and the t-value indicates that there is no statistically significant difference in mental health levels between male and female individuals.

As a result, H1 is partially accepted as there is a significant difference in the level of spiritual intelligence among males and females, But there is no significant difference in the level of occupational stress and mental health among males and females.

H2-There would be a significant difference between government and private nursing professionals on the level of occupational stress, mental health, and spiritual intelligence.

According to table 2, an independent sample t-test was used to compare government and private sector Nursing professionals' levels of occupational stress, mental health, and spiritual intelligence. On the level of spiritual intelligence, there is no significant difference in the scores of government sector Nursing professionals' (M =62.68, SD = 17.90) and private sector Nursing professionals' (M = 63.94, SD =16.31); $t = .643$. The magnitude of the differences in the mean is 1.26. These findings show that government and private-sector nursing professionals have no significantly different levels of spiritual intelligence.

Table 2 shows that the scores of government sector nursing professionals (M = 101.43, SD = 27.85) and private sector Nursing professionals (M = 102.42, SD = 27.87) on the level of occupational stress are not significantly different; $t = .311$. The magnitude of the difference in the mean was 0.99. These findings suggest that there are no substantial differences in occupational stress levels between government and private sector nursing professionals.

Table 2 further shows that there is no significant difference in the scores of government sector Nursing professionals (M =72.98, SD = 15.62) and private sector Nursing professionals (M =72.36, SD = 15.62) on the level of mental health; $t = .375$. The magnitude of the difference in the mean was 0.72. These findings suggest that there are no significant differences in occupational stress levels between government and private sector Nursing professionals.

As a result, H2 is rejected as there is no significant difference in the level of spiritual intelligence, occupational stress, and mental health among government and private sector Nursing professionals.

H3-There would be a significant relationship between occupational stress, mental health, and spiritual intelligence.

Table 3 summarizes the results of correlation analysis between Spiritual intelligence, Occupational stress, and Mental health. Results displayed in the table indicate that occupational stress and mental health were found to be significantly negatively correlated with mental health ($r = -.491, p < .01$). Further correlation analysis displayed in the table indicates that spiritual intelligence was found to be significantly negatively correlated with occupational stress ($r = -.551, p < .01$), Spiritual intelligence has also shown to be significantly positively correlated with mental health ($r = .564, p < .01$), as seen in the table.

H4-There would be a significant impact of spiritual intelligence, on occupational stress and mental health relationship.

Table 4 summarizes the result of moderation analysis for spiritual intelligence as a moderator between the relationship of occupational stress and mental health. The results indicate that the direct effect of occupational stress on mental health was significant ($\beta = -.3311, p = .0002$), but the direct effect of spiritual intelligence on mental health is not significant ($\beta = .0527, p = .6902$), a further interaction effect of spiritual intelligence and occupational stress on mental health was significant ($\beta = .0031, p = .0165$). This result suggests that spiritual intelligence was found to be significantly moderate the relationship between occupational stress and mental health.

From the interaction graph, it is evident that the negative relationship between occupational stress and mental health is getting weaker when spiritual intelligence is concerned. That indicates spiritual intelligence buffers / moderate the negative impact of occupational stress on mental health by changing the direction of the relationship. According to the graph, it is evident that Nursing professional with high spiritual intelligence shows less poor mental health symptoms in a stressful situation or varying stressful situation than lower spiritual intelligence counterparts. The outcome of this interaction is that spiritual intelligence serves as a moderator of the relationship between occupational stress and the mental health of Nursing professionals.

IV. Discussion:

Occupational stress among healthcare workers is a hot topic among researchers, and it's often seen as a medical and psychological concern (Smith et al., 2005). Nursing is widely acknowledged as a career that is prone to high levels of occupational stress, they have a higher level of occupational stress than persons in any other field, according to previous studies. In addition, the novel threat of the COVID -19 pandemic threw new challenges on the health care professionals. They work as frontline worriers and have found themselves as unexpected targets in the fight against COVID -19. This situation no doubt influences their mental health. Taking care of one's physical and mental health is rapidly becoming an essential aspect during this pandemic stage; Spiritual intelligence is one of the factors which have been found to have a positive effect on individual mental and physical health. The goal of this study was to look into the links between spiritual intelligence, occupational stress, and mental health and study further explore differences due to gender and type of hospital in studied variables. The overall outcomes of this study provide considerable support for the majority of the hypotheses. Spiritual intelligence, occupational stress, and mental health have been found to have significant relationships. Spiritual intelligence was also discovered to play a role in reducing occupational stress and improving mental health. It was found that spiritual intelligence is having a moderating effect on occupational stress and mental health relationship. Recently researchers have been considering spirituality as an important aspect of human beings that has a significant relationship with health improvement (Mac Don, 2002). The current findings are in line with those of Siu et al. (1999), who found that causes of stress have a detrimental impact on work satisfaction, mental health, and physical well-being. Some other researches (Lotfi and Sayyar, 2002; Bagheri, Hatami, & Hajiwand, 2011) also found that spiritual intelligence and mental health are highly correlated in the nursing population. Spiritual intelligence facilitates interaction among the logical thinking processes, Bagheri et al., (2010) stated that spirituality and religious belief enable some individuals to interpret some psychological pressures exerted on them and unwanted events that happen to them positively and give them hope to think about having a peaceful external life. SI has strengthened the beliefs and personality of nurses and the desire to grow and learn, work more professionally in improving the quality of nursing care (Beni et al., 2019). In the current study, spiritual intelligence has been found to reduce the negative effect of stress, which is in line with the previous studies (Abbas, Bordbar, Moghadam, & Ali, 2018).

The finding of the study further revealed that male and female nursing workers differed significantly based on spiritual intelligence. However, according to the current findings, there were no significant gender differences in mental health or occupational stress. This finding is consistent with earlier studies that suggest there is no significant association between spiritual intelligence and demographic parameters such as age,

marital status, number of years working as a nurse, education, and position. This is the same conclusion reached by other researchers (Yang, 2006; Yang and Maob, 2006 and Bagheri et al., 2010).

Also, there was no significant association found between occupational stress and some demographic characteristics such as age and gender in a previous study conducted in Delhi (Mohite, Shinde, & Gulavani, 2014).

When nursing professionals from private and public hospitals were compared on their degree of occupational stress, there was not much difference in occupational stress level, however, based on the occupational stress level, private nursing professionals was having slightly higher level of occupational stress. Both groups appear to reflect a trend of increasing occupational stress. The current study is in line with previous research conducted on the nursing profession, which was found to have high levels of occupational stress (Vernekar, Pai, and Shah 2018), and according to Bhatia et al., (2010), 87.4 percent of nursing professionals suffer from occupational stress, this study also found that there was no statistically significant difference in stress levels between specialty and super-specialty hospitals, implying that stress levels are unaffected by the type of hospital and that stress management programs should focus on the nursing profession holistically regardless of setting. However, our findings contrast those of Tyson and Pongruengphant (2006); Tyler and Cushway (1992) concluded that nursing professionals at public hospitals were more stressed than those in private hospitals. Our result also contradicts Niharika, K. U. (2014) findings, which revealed that private-sector employees are more stressed than public sector employees. The cause of this contradictory result can be that during the time of pandemic there is an equal amount of stress in nursing professionals regardless of private or public sector and gender.

It was evident that there was a negative relationship between occupational stress and mental health but an optimal level or moderate level of stress can enhance mental health, so we can say that little stress is necessary for life for better functionality. Because of the nature of their work, Nursing professionals are certain to experience stress at work. It is, nevertheless, vital to reduce and control stress in the workplace, as well as to improve the mental health of nursing professionals. Understanding the problem of stress for nursing professionals in their work planning for future recruiting, training, and social interventions targeted at nursing professionals is required for health care facility management.

V. Conclusion:

In today's work environment, occupational stress has become the most critical element impacting individual mental health. Occupational stress is becoming more prevalent in the nursing profession. Occupational stress affects the majority of nurses in both the public and private sectors. Nursing professionals' mental health has been found to be impacted by occupational stress.

In the healthcare professional's context, the role of spiritual intelligence at work has been shown to moderate the relationship between occupational stress and mental health. This research can be utilized as a foundation for promoting positive views toward Indian healthcare providers. The concept of Spiritual intelligence should be well understood so that the application of this empirical study reaches out both at the individual, group, and also to the organizational level. Spiritual intelligence and its favorable impact on nursing professionals should be considered by healthcare executives in order to reduce occupational stress and improve mental health. Spiritual intelligence can be a major aspect in improving the quality of services provided to patients in the healthcare sector, as improving mental health among health personnel is a must. Nursing professionals need to consider psychological, emotional, social, cultural, and spiritual aspects of care to help patients understand the meaning of their experience. In practice, spiritual needs should be given equal and sometimes greater precedence than physical needs. Spiritual intelligence strengthened the beliefs and personality of nursing professionals and the desire to grow and learn, work more professionally.

Implications of the Study:

This study's findings have a wide variety of implications for the nursing profession as well as other professions. The findings of this study suggest that the healthcare industry should develop and implement a training or intervention program focused on boosting nursing professionals' spiritual intelligence, which will have an impact on their mental health. Improving the mental health of nursing professionals leads to a more favorable work environment with healthy impersonal connections and highly driven nurses who want to improve personally. Organizations must create and implement activities that foster and preserve the spiritual intelligence of nursing professionals. Given the complexities of nursing professionals' spiritual intelligence, multifaceted approaches are needed that take into account the unique stressors that they face, as well as changes to the work environment and conditions, as well as programs that aid in the development and maintenance of individual spiritual intelligence. These strategies must be used, tested, and reviewed in many healthcare sectors as well as other organizational contexts to optimize spiritual intelligence, reduce the danger of occupational

stress, and improve the mental health of nursing professionals. Understanding spiritual intelligence can aid in offering assistance and establishing programs to assist nursing professionals in becoming healthy.

Limitations and Future Research:

This research, like many others, has shortcomings. Because the study was planned before the covid outbreak, we were unable to incorporate covid-related measures; nonetheless, data was collected during the outbreak, which was one of the study's major limitations. The sample size of this study (only 304 nursing professionals) is limited, and the number of male nursing professionals (72) is low compared to female nursing professionals (232), hence the results may not be generalizable. In order to generate better results, participants of both genders should be included equally. Another issue in the study is its dependence on a single source of ratings. It is also necessary to do cross-cultural research. The multiple mechanisms that contribute to the function of spiritual intelligence in the occupational stress and mental health link should be investigated in future research.

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