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Survey Paper

A Survey on Inclusion of Religious Diversity in Healthcare Organizations

Ishika Nadaan[1]*

ABSTRACT

This survey investigates the inclusion of religious diversity in India's private healthcare sector, recognizing its importance in fostering an inclusive work environment. The study addresses the challenges and benefits of diversity, emphasizing the need for genuine inclusivity. Motivated by India's religious diversity, the research aims to understand employee attitudes. The quantitative approach involves online surveys with experienced private healthcare workers, excluding government employees and students. Results show a positive trend in religious diversity inclusion but highlight reservations and a lack of awareness about minority religions. The study suggests organizations raise awareness, adopt inclusive policies, and promote understanding to enhance inclusivity. In conclusion, the study emphasizes the positive direction in religious diversity inclusion, calling for increased awareness and genuine inclusivity in private healthcare organizations.

Diversity in Organization
Organizational diversity involves differences among employees based on individual characteristics such as race, ethnicity, gender, age, sexual orientation, religion, abilities, and cultural background. It enriches the workplace by bringing varied perspectives, experiences, and knowledge. Embracing diversity fosters an inclusive and supportive work environment, leading to increased creativity, innovation, and overall success.

Various types of diversity exist, including demographic, organizational, personality, generational, and cultural diversity. Religious diversity encompasses differences in beliefs and practices among employees, contributing to the complexity of organizational dynamics.

Diversity has both positive and negative impacts. On the positive side, it enhances creativity, innovation, and problem-solving, benefiting organizations by offering diverse perspectives. However, managing diversity can be challenging, leading to conflicts and misunderstandings, potentially causing tension, discrimination, or harassment.

The challenges include navigating conflicts arising from differences in values and creating truly inclusive environments. Despite challenges, embracing diversity brings numerous

[1]Amity University, Punjab, India
*Corresponding Author

benefits, such as increased creativity, access to new markets, talent attraction and retention, enhanced reputation, and stronger relationships with stakeholders. Overall, organizations can achieve greater productivity, success, and sustainability by fostering a culture of diversity and inclusion.

Theories Of Religious Diversity In Organizations

1. **Social Identity Theory:** Individuals derive their self-concept from social groups, leading to intergroup conflict, prejudice, and discrimination. Understanding social identity helps promote diversity, equity, and inclusion (Ellemers et al., 2004).
2. **Social Categorization Theory:** Individuals categorize themselves based on shared characteristics, resulting in social identities and potential bias. Recognizing and challenging these categories can foster inclusive environments (Tajfel, 1982; Brewer, 1988).
3. **Intersectionality Theory:** Acknowledges the intersection of different oppressions, shaping individuals' experiences. Applied to understand how various forms of oppression interact in society (Crenshaw, 1989).
4. **Religious Identity Theory:** Religious identities are shaped not only by beliefs but also by social context, impacting mental health, intergroup relations, and education (Pargament, 2007).
5. **Self-Referencing Theory:** . Individuals better remember and process personally relevant information. Self-referencing improves memory retention, recall, and motivation (Rogers et al., 1977).
6. **Role Theory:** Behavior and attitudes are shaped by the roles individuals occupy in society, explaining phenomena in organizational behavior, family dynamics, and social stratification.
7. **Stereotype Threat Theory:** Stigmatized individuals may experience anxiety and decreased performance in situations relevant to negative stereotypes, impacting education, employment, and healthcare (Steele & Aronson, 1995; Steele, 1997).
8. **Religious Stratification Theory:** Examines how religion can impact social status and mobility, leading to structural disadvantages for certain religious groups (Hout & Fischer, 2014).
9. **Contact Theory:** Positive intergroup contact can reduce prejudice and improve relations, but specific conditions, such as equal status and cooperation, must be met (Allport, 1954; Pettigrew & Tropp, 2006).
10. **Cultural Distaste Theory:** Negative feelings towards cultural practices different from one's own can lead to prejudice and discrimination, emphasizing the importance of cultural sensitivity (Crandall & Eshleman, 2003).

Religious Discrimination at Work: The Indian Legal Context

Prohibited by law, religious discrimination is safeguarded against under Article 25 of the Constitution of India, which guarantees the right to freedom of religion. Acts such as the Equal Remuneration Act, 1976, and the Sexual Harassment of Women at Workplace Act, 2013 further protect against workplace discrimination based on religion.

Several cases in the Indian legal context highlight instances of religious discrimination. In one case, an employee was wrongfully terminated for refusing to change her religion (Mohd. Salim v. Union of India, 2009). The Delhi High Court deemed the termination discriminatory, violating the employee's fundamental right to freedom of religion.

Similarly, a Muslim employee denied a promotion due to his religion found justice in the courts (Maulana Abdul Qayyum v. State of Uttar Pradesh, 2013). The court ruled the denial discriminatory, instructing the employer to promote the employee and provide compensation.

In another case, a Sikh employee faced discrimination when his employer prohibited him from wearing his turban at work (Munir Ahmed v. Union of India, 2014). The court deemed the prohibition discriminatory, ordering the employer to allow the employee to wear his turban.

To address religious discrimination, individuals can seek legal recourse in India. These cases emphasize the significance of upholding the right to freedom of religion and the imperative to eliminate religious discrimination in workplaces.

Inclusion of Religious Diversity in Organisations

Incorporating religious diversity in organizations yields positive outcomes, enhancing creativity, problem-solving, and innovation (Cavanagh et al., 2018). Embracing diversity fosters a supportive environment, boosting motivation and engagement (Gonzalez & Denisi, 2009). Moreover, religious diversity aids in understanding customer bases and refining marketing strategies.

Conversely, exclusion of religious diversity results in adverse effects like diminished morale, job satisfaction, and productivity (Cavanagh et al., 2018). Workplace religious discrimination leads to isolation and reduced performance (Ragins & Cornwell, 2001), along with potential legal challenges and damage to an organization's reputation. To foster inclusion, organizations can implement policies supporting religious practices, offering flexibility, observing religious holidays, and providing dedicated spaces. Training programs can enhance awareness and understanding of diverse religions (Gonzalez & Denisi, 2009).

In conclusion, promoting religious diversity inclusion reaps benefits, while exclusion brings about detrimental consequences. Organizations can adopt policies and training initiatives to support and accommodate diverse religious practices and beliefs.

REVIEW OF LITERATURE

The inclusion of religious diversity in healthcare organizations is an important topic, as it can impact the quality of care provided to patients. A review of the literature shows that there is a growing interest in this topic, and several studies have been conducted to examine the role of religious diversity in healthcare organizations. One study by Holt and colleagues (2018) examined the experiences of healthcare providers in the United States who worked in religiously affiliated healthcare organizations. The study found that providers who worked in these organizations reported a greater emphasis on patient-centered care and spiritual care, but also reported challenges in navigating the intersection of religion and healthcare.

Another study by Joseph and colleagues (2019) explored the experiences of Muslim patients in the United States who received care in healthcare organizations. The study found that Muslim patients reported feeling excluded and misunderstood by healthcare providers, and highlighted the importance of cultural competence and religious literacy in healthcare.

A third study by Towey and colleagues (2019) focused on the experiences of healthcare providers in the United Kingdom who worked in religiously diverse healthcare organizations. The study found that providers reported a need for more education and training on religious

diversity and cultural competence, as well as more support from their organizations in addressing the needs of diverse patient populations.

Another study by Gebert et al.(2011) in public schools in Kerala posits that religious affiliations in an organization are unrelated to intergroup conflicts, however, differences in members' belief to follow religious rules at an organization lead to intergroup conflict. Therefore, to understand the dimension of religious diversity further research on moderating and mediating the outcomes and other intricacies is needed.

A study by Rao in 2012 discussed how different religious practices impacted the workplace environment. Different religions have their own specific days of celebration, then there are a number of traditions and different styles and timings of prayer which is a difficult task to manage. He also highlighted that food habits are also determined by religion. Many Hindus are vegetarian and would not prefer to eat in the cafeteria where kitchen-cooked meat is because it went against religious principles, and would feel uncomfortable in that case. Holding meetings and gatherings in hotel bars may pose particular difficulties for those whose religion forbids association with alcohol.

A study by Ecklund and colleagues (2019) explored the attitudes and beliefs of healthcare providers in the United States towards religious and spiritual practices of patients. The study found that while many providers recognized the importance of religion and spirituality in patient care, they lacked knowledge and training in these areas. A study by Puchalski and colleagues (2019) examined the role of spirituality in healthcare and the need for spiritual care. The study found that patients who received spiritual care reported higher levels of satisfaction with their care and better outcomes.

A study by Balboni and colleagues (2015) examined the impact of religious and spiritual beliefs on end-of-life care in the United States. The study found that patients who reported higher levels of religious and spiritual belief were more likely to receive aggressive end-of-life care, highlighting the importance of understanding and addressing patients' religious and spiritual beliefs in end-of-life care.

A study by Blanchard and colleagues (2021) explored the experiences of healthcare providers in Canada who worked with patients from diverse religious backgrounds. The study found that providers reported a need for more education and training on religious diversity, as well as more support from their organizations in addressing the needs of diverse patient populations.

Overall, the literature suggests that the inclusion of religious diversity in healthcare organizations is important for improving patient-centered care and addressing the needs of diverse patient populations. However, healthcare providers may face challenges in navigating the intersection of religion and healthcare, and may require more education and support in this area.

Present Study
The Rationale for The Study: The India is a country that is known for its cultural and religious diversity. Indian society is characterized by the coexistence of multiple religions, and this diversity is reflected in all aspects of life, including healthcare. In recent years, there has been a growing awareness of the importance of religious diversity in the healthcare sector, and there have been efforts to promote and accommodate religious diversity in

hospitals and other healthcare facilities. Despite this, there is still a lack of understanding about the attitudes of people towards religious diversity in the private healthcare sector in India. There is a need to understand how patients and healthcare providers perceive and respond to religious diversity in healthcare settings, and how this impacts the delivery of healthcare services. This study is important because it will help to identify the challenges and opportunities associated with religious diversity in the private healthcare sector in India. The findings of this study can be used to inform policies and interventions aimed at promoting and accommodating religious diversity in healthcare settings. Additionally, this study can help to raise awareness about the importance of religious diversity in healthcare, and can contribute to the development of culturally sensitive healthcare practices in India.

Research Question: What do employees in the private healthcare sector in India think about religious diversity and its inclusion?

Research Objectives:
- To understand the attitudes of employees towards religious diversity in their organizational context.
- To elucidate the opinions of employees towards the prevalent practices of religious diversity and inclusion in the healthcare context.

Positionality of the Researcher: As a student conducting research on the attitudes towards religious diversity in the healthcare sector, my positionality is influenced by my personal beliefs, experiences, and social location. As a researcher conducting this study, I would need to acknowledge my potential biases and how they may impact their research. Being aware of my own biases is important to ensure that my research is conducted in an ethical and unbiased manner. It is important to acknowledge that my own personal beliefs and experiences may influence my interpretation of the data collected. Therefore, I will strive to approach this study with an open mind and a willingness to consider a range of perspectives. It is also important to acknowledge the potential power dynamics that may exist between myself as the researcher and the participants in the study. As a researcher, I will strive to ensure that the participants feel comfortable and empowered to share their experiences and perspectives. I will also take steps to ensure that the research is conducted in a culturally sensitive and respectful manner.

METHOD

Design of the Study

The present study employed a quantitative approach, using statistical models such as surveys to measure variables and gather data from participants about their attitudes and beliefs on religious diversity and inclusivity in the healthcare sector. In this research Online surveys were used for quick distribution, since they offer numerous benefits, including cost-effectiveness and convenience. Surveys also enable researchers to analyze data in real-time and minimize the potential for errors.

Participants

People working in the private healthcare sector and clinics with at least 2 years of experience were included in the survey. People working in the government healthcare sector and clinics were excluded as well as students pursuing who are still undergoing healthcare-related courses. Freshers who don't have an experience of at least 2 years were also excluded from this survey.

Table No. 1 Demographics of the Sample

Demographics	Percentage of the Sample
Age	24-40- 63% 41-75- 37%
Gender	Male- 53.5% Female- 45.5% Non-Binary- 1%
Highest Educational Qualification	Under-Graduation- 31.3% Post-Graduation- 56.6% PhD- 12.1%
Religion	Hinduism- 75.8% Islam- 8.1% Christianity- 1% Sikhism- 8.1% Jainism- 3% Bahal- 0 Zoroastrianism- 0 Human- 1% Atheism- 2% Agnostic- 1%
Falling under the category of a Religious Minority	Yes- 17.2% No- 82.8%
Designation	Doctors- 50.51% Support Staff- 18.18% Administration- 16.16% Teaching Staff- 7.07% Resident Doctors- 8.08%
Work Location	Rural- 10.1% Urban- 76.8% Semi-Urban- 13.1%

Sampling

The present study used two types of non-probability sampling techniques: purposive and convenience. Non-probability sampling is based on accessibility or personal judgment, relying heavily on researcher expertise. Convenience sampling was used to obtain data from readily available population members who are willing to participate. Furthermore, purposive sampling was also used as a technique since the units are intentionally chosen for the sample in order to meet specific requirements.

Tools

A comprehensive Online Survey was prepared along with a statement of informed consent and demographic details. The survey was designed in three sections: Informed Consent, Demographic Details, Survey Questions. The survey questionnaire is attached in the appendix.

Procedure

Being the students with the paper on I/O Psychology we had a wide array of topics that caught our attention and were very interesting for conducting research. The process began by brainstorming individually, concentrating on the most interesting topics. These particular topics were then addressed in class among the students, where the benefits and limitations of each topic were considered and we narrowed it down to an umbrella topic of Diversity in the Organisation. And therefore, we started to narrow it down to a specific kind of diversity, we as a group decided to dig more into religious diversity because it fosters an inclusive environment that promotes understanding and respect for different beliefs, which can lead to greater creativity, innovation, and problem-solving. We then went ahead to decide the inclusion and exclusion criteria for the participants. We also decided upon our research objective and some of the key areas that we wanted to focus on through our survey questions. In order to collect large no. of data, Survey was chosen as the primary research method. To be easily accessible to the participant the survey conducted was done online which increased our reach. Questions were formulated and evaluated accordingly to ensure they were clear, concise and relevant to the research topic. After we came up with the set of questions, we designed a survey form where the consent form with all the necessary information was also attached. We also figured out some technicalities on the way to create a survey form. Since this is not an individual study, we decided to gather the data of at least 5 participants to create

a pool of 100 responses which was then used for analysis by organizing them into proper excel sheets and through graphical representation to understand the trends better through the responses.

Data analysis

For the purpose of analytical data analysis in this study we have incorporated both Descriptive Analysis and Graphical Analysis. We have done the descriptive analysis of the data by using the responses that we gathered through the survey and connected it with past trends and researches to identify trends and relationship on inclusion of religious diversity in the healthcare organizations. Also, to substantiate the theoretical data we have used the method of graphical analysis of our survey responses to get a clear picture of the data, observe the pattern and draw parallels between the research and the trends in the data.

RESULTS AND ANALYSIS

The aim of this study was to understand and identify the attitudes of people towards religious diversity in the healthcare sector in the Indian context. To meet the purpose of this research, a survey form was created with questions to understand the nuances and perceptions of people from the majority religion (Hinduism) towards people from minority religions (other than Hinduism). The responses were collected from healthcare professionals from the private sector. The group collectively gathered the response from a sample of 99 healthcare workers. This section presents the analysis of all the responses collected in the survey.

As a prerequisite, the religious affiliation of the participants was gathered in order to better understand where their responses were stemming from.
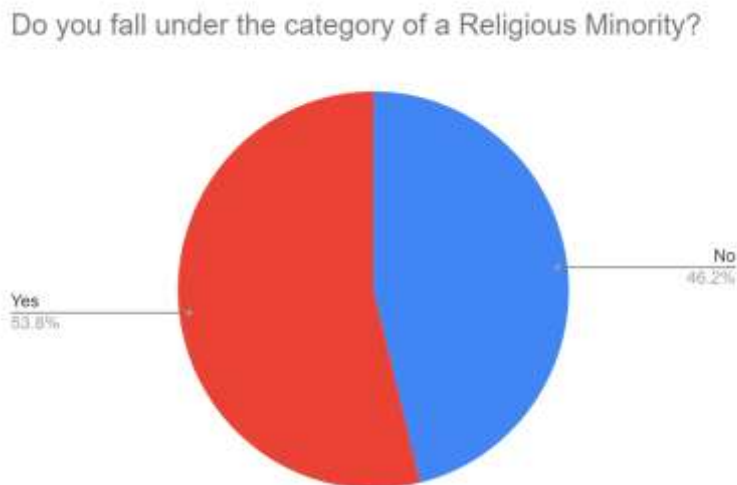

Do you fall under the category of a Religious Minority?

Yes
53.8%

No
46.2%

Figure-1: Do you fall under the category of a Religious Minority?

When the data of the religious minority responses to the question 'Do you fall under the category of a religious minority?' was separated, we observed that a significant number of people do not consider themselves to be part of a religious minority group. This observation provides an insight into the secular fabric of our society. There are numerous religious groups that consider themselves to be the predominant religions in the nation, as opposed to the country having just one dominant religion. As a result, a large number of non-Hindu communities in India do not consider themselves to be religious minorities. Even though the majority of the people (53.8%) did recognise themselves as belonging to the category of a religious minority, the other (46.2%) can not be cast aside as an insignificant percentage. This

perhaps suggests that people feel to be part of a secular nation, where the category they belong to is not something valued as a minority or majority but is rather a part of their identity.

To begin with, we tried to gain an insight into the different religions that our participants know their colleagues and coworkers practice in the organization.

Which of the following religions do people practice in your organization?
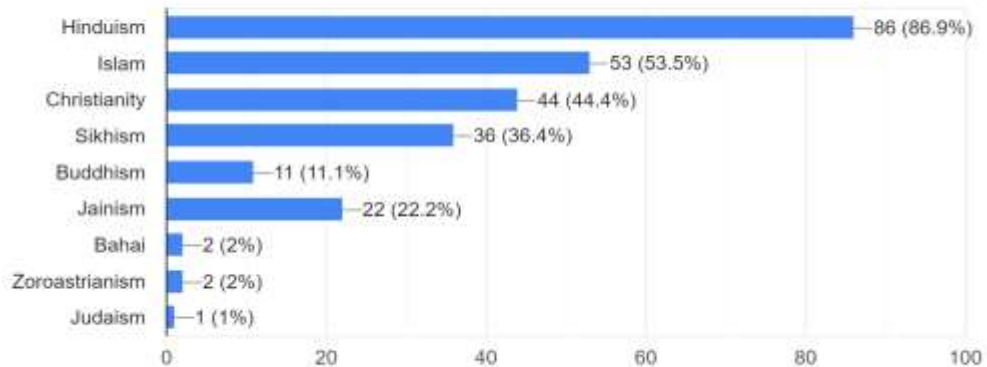99 responses

Figure-2: Which of the following religions do people practice in your organization?

As can be seen from Figure 2, people reported that their colleagues mostly practice Hinduism, Islam, and Christianity. Some colleagues also practice Sikhism, Buddhism and Jainism. Very few colleagues of the current participants practice Bahai, Zoroastrianism and Judaism. This reflects that, unlike many countries, there is no one majority religion in India. While most people identify themselves as Hindus (86.9 %), the organizations have people from diverse religious backgrounds working together. These diverse religions include Islam (53.5%,) Christianity (36.4%), Sikhism (11.1%), Buddhism (22.2%), Jainism (2%), Bahai (2%), Zoroastrianism (2%) and Judaism (1%).

A formal celebration of festivals in organization depicts the concern of the organizations towards their religiously diverse employees and their beliefs.

Which of the following festivals are formally celebrated in your organization?
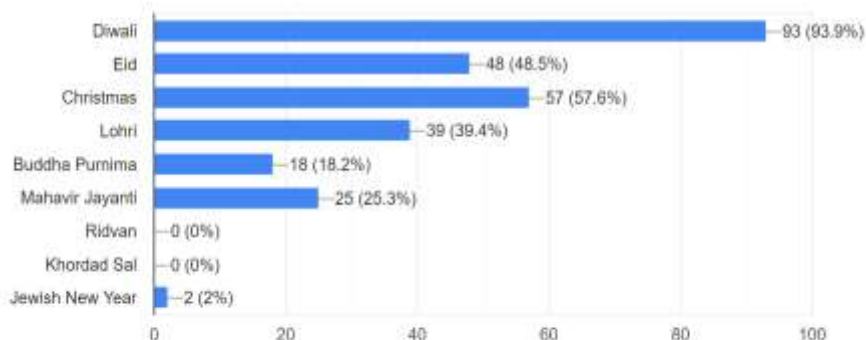99 responses

Figure-3: Which of the following festivals are formally celebrated in your organization?

Figure 3 represents the festivals that are formally celebrated in the respondents' organizations. It was reported that Diwali (93.9%), Eid (48.5%) and Christmas (57.6%) are celebrated widely. Lohri (39.4%), Buddha Purnima (18.2%) and Mahavir Jayanti (25.3%) are also celebrated in some organizations. However, Ridvan (0%), Khordad Sal (0%) and Jewish New Year (2%) are celebrated in very few organizations.

The data clearly indicates that Diwali is the most celebrated festival in private healthcare organizations in India. Eid, Christmas, Lohri, Buddha Purnima, and Mahavir Jayanti are also celebrated in many organizations, but not to the same extent as Diwali. The higher prevalence of Diwali being celebrated can be attributed to its cultural and religious significance among the majority of Indians. On the other hand, the festivals like Eid, Christmas, Lohri, Buddha Purnima, and Mahavir Jayanti are celebrated depending on the religious composition and diversity within each organization. It is also notable that very few organizations have employees following Bahai, Zoroastrianism, and Judaism, which is also depicted in this question where hardly any organizations celebrate festivals from these religions. The findings from Figure 1 and Figure 2 overlap and this seems to indicate that organizations only embrace religious diversity when it knocks on their door in the form of religiously diverse employees. They are not proactive in terms of creating awareness about those religions which they frequently don't encounter among their employees and clients. This kind of reactive approach to religious diversity inclusion may not yield the best results. This also indicates a fair possibility that organizations might be unaware of minority festivals because of the absence of these minorities in their organization. Our findings seem to confirm the research, which suggests that the state of religious inclusivity in private healthcare organizations in India is still evolving, and there is much work to be done to promote religious diversity and inclusion.

Further in the survey, the participants were asked if they thought religious minorities in their organizations felt comfortable expressing their religious beliefs or not. As can be seen from Figures 4a and 4b, irrespective of the participants' personal religious majority or minority status, a majority of them (i.e. 81.8% and 76.9%) reported that the religious minorities in their organization felt comfortable expressing their religious beliefs. The remaining (18.2% and 23.1%) of participants thought that the religious minorities did not feel comfortable sharing their religious beliefs in their organizations. These figures indicate a positive trend in healthcare organizations in India with reference to religious diversity and inclusion where people mostly feel comfortable expressing their religious beliefs.
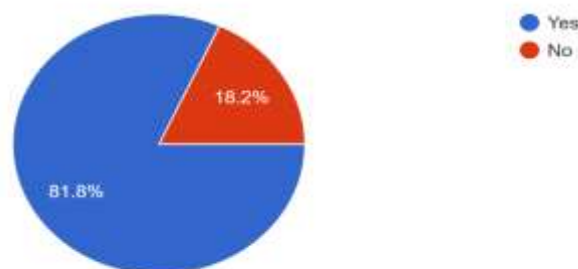

Figure-4a: In your opinion, do employees identifying as religious minorities in your organization feel comfortable in expressing their religious beliefs?

In your opinion, do employees identifying as religious minorities in your organization feel comfortable in expressing their religious beliefs? [Minority Religion Response Data]
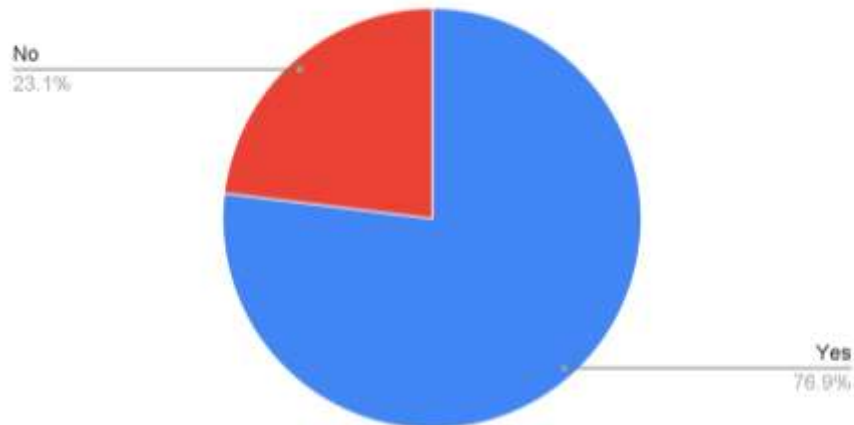

Figure-4b: In your opinion, do employees identifying as religious minorities in your organization feel comfortable in expressing their religious beliefs? [Minority Religion Response Data]

Prevalence of instances of discrimination based on religious affiliations in organizations was also explored in the survey.

Are you aware of any instances of discrimination based on religion in your organization?
99 responses
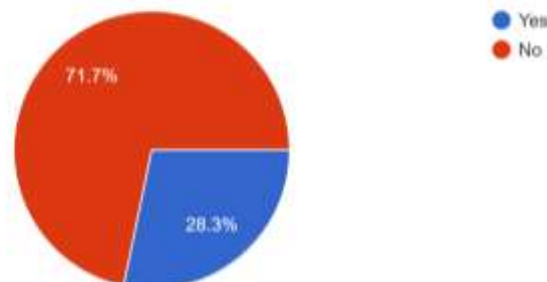
Figure-5: Are you aware of any instances of discrimination based on religion in your organization?

As can be seen from Figure 5, around 72% of the respondents were unaware of any instances of discrimination based on religion in the organization, whereas, only 28% of the participants reported being aware of any instances of religion-based discrimination in the organization. This means that religion-based discrimination is an exception rather than the norm in private healthcare organizations in India which in turn depicts a healthy inclusion of religious diversity. Based on the responses to the research, we can discern that both employees and healthcare organizations seem to embrace the values of secularism in the Indian context. Our findings seem to be in line with a study by Babu, Chaturvedi and Kumarin (2020) where they found that while there are still issues of religious discrimination in healthcare in India, there has been an increase in awareness and advocacy efforts to combat the issue. The study also noted that the Indian government has taken steps to address discrimination in healthcare through policies and programs. Overall, while there is still work to be done to eliminate religious discrimination in healthcare in India, there are indications that progress is being

made. It is important for healthcare providers, policymakers and the public to continue to prioritize efforts to address discrimination and ensure equitable access to healthcare for all.

To evaluate the extent of discrimination encountered by both the majority and minority, respondents were questioned about their personal experiences of religious discrimination.

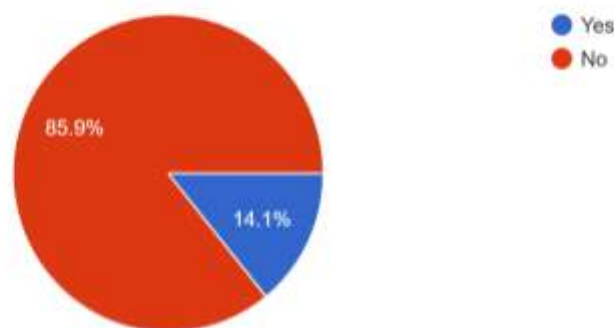Have you ever experienced any discrimination based on religion in your organization?
99 responses

Figure- 6: Have you ever experienced any discrimination based on religion in your organization?

From the responses to this question, the majority of the respondents (85.9%) stated that they have not faced religious discrimination in the workplace while the rest (14.1%) stated that they had experienced religious discrimination. One possible explanation for the data is that employees who answered "No" may work in organizations that are inclusive in nature and include practices and policies that safeguard their religious identity. By being inclusive, employees may feel valued and supported in their workplace, and discrimination based on religion would be reduced. Leskinen et al. (2020) suggests that people's attitudes towards inclusivity on the basis of religion in the workplace have become more positive over time. The study analyzed survey data from over 1,000 employees in the United States, collected between 2008 and 2018. The researchers found that employees' attitudes towards religious diversity and inclusion in the workplace had become more positive over the decade. In 2008, only 47% of employees agreed that their workplace was accepting of different religious beliefs, compared to 60% in 2018. Similarly, in 2008, only 38% of employees felt comfortable discussing their religious beliefs with colleagues, compared to 48% in 2018. However, it is possible for 14% of the participants reporting 'yes' to be working in such organizations which have an exclusive work culture with no policies prohibiting religious discrimination. The nature of their organizations may not value religious diversity in addition to having hostile or unwelcoming co-workers.

The attitude towards minorities was also traced using a question inspired by the Bogardus Social Distance Scale and this yielded interesting results as can be seen in Figure 7.
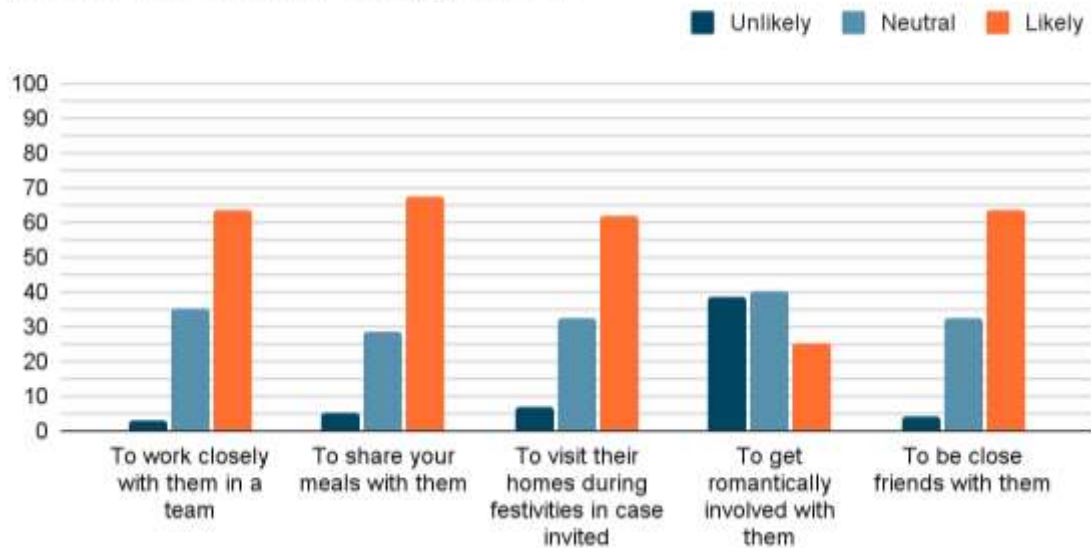
Figure-7: With regard to religious minorities, from the following scale please choose how likely you are

The result provides valuable insights into the attitudes and perspectives of healthcare professionals towards their co-workers from religious minorities. The majority of respondents displayed a positive attitude, while some responded being unfavorable towards specific aspects of engagement.

The majority of respondents demonstrated a considerable degree of comfort in working with and befriending co-workers from religious minorities including visiting their homes during festivities and sharing meals. However, the percentage dropped significantly (around 30%) when it involved forming romantic relationships with them. People's views can be influenced by personal preferences, cultural and religious beliefs, stereotypes, and biases, showing how uncomfortable they are with the same. This suggests that there is a sizable social gap between people of different religious backgrounds, which may be caused by cultural and societal pressure and stigma about who people can and cannot marry. Further, respondents with a background of religious endogamy may be more hesitant in considering romantic relationships with colleagues from different religious backgrounds. Additionally, the respondents' lack of familiarity and exposure often creates prejudices and biases which are rooted in a lack of understanding about religious diversity. The data suggests a generally positive trend towards the inclusion of religious diversity in the healthcare sector when it comes to platonic and work relationships, but a higher level of a social gap is observed when it is concerned with romantic relationships. Moreover, a considerable number of respondents chose the 'neutral' option which is demonstrative of how they may be reluctant or unsure about choosing either of the extremes (Likely/Unlikely).

To gain deeper insights regarding views held for religious minorities, the preferences and practices supported by the workers with regard to inclusion were measured.
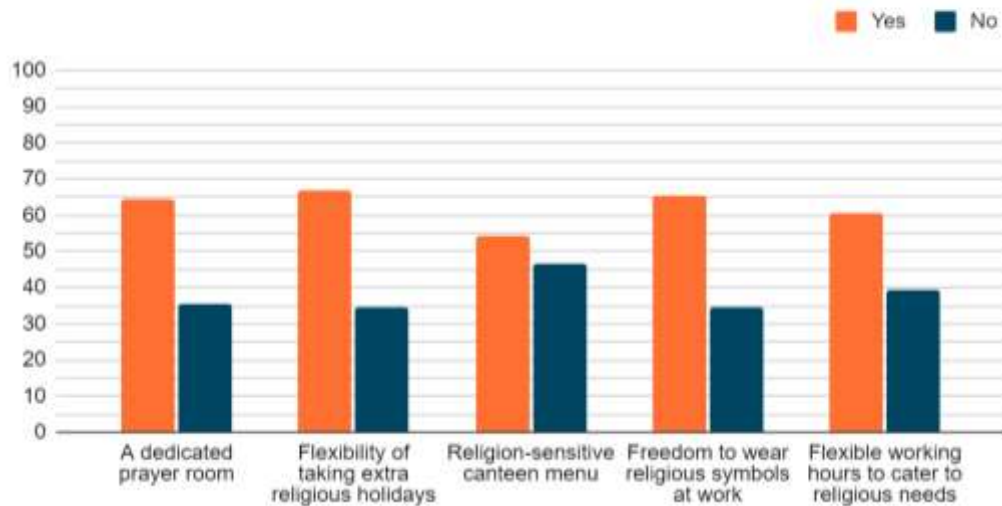
Figure-8: With regard to inclusion of religious minorities, which of the following practices do you support. Indicate with a Yes/No.

As depicted in Figure 8, there seems to be a general positive trend towards the inclusion of workplace practices that cater to the religious needs of employees. This showcases that a majority of employees in the healthcare sector in India are committed to the idea of diversity, equity and inclusion of religious diversity in the workplace through various inclusion practices.

As seen in Figure 8, while the majority of employees support inclusion practices, still a significant portion of respondents recorded their reservations about the same. There was a similar negative trend (an average of 34.3%) where the respondents were against the inclusion practices; a dedicated prayer room, flexibility of taking extra religious holidays, and freedom to wear religious symbols at work. As seen in Figure 7, the majority of respondents showed a positive attitude towards engaging with colleagues from different religious backgrounds, but the actual inclusion practices are not supported by many. There was a change in trend when they were asked about having a religion-sensitive menu. Around more than half of the respondents (54.5%) were in favor and the rest (45.5%) were against it. Thus suggesting that having a religious sensitive menu is the most controversial practice. This may be because employees may be unaware of the various religious food restrictions. Accordingly, it can be concluded that the healthcare sector in India is moving forward towards becoming inclusive but a significant portion still lacks awareness and the will to accommodate the needs of diverse religious groups.

An attempt was also made to study the positionality of the respondents with regard to the public display of religious symbols, by gathering their views on the recent controversy where the European Court of Justice gave the organizations the flexibility to decide if they would like to allow their employees to wear religious symbols at work. The CJEU ruled that employers can limit employees' beliefs for neutrality and social harmony, as long as it applies equally. However, this often targets specific items like religious clothing. The verdict grants organizations the power to evaluate ideologies in the workplace.

In light of the recent controversy, European Court of Justice has given the organizations flexibility to decide if they would like to allow their employees to wear religious symbols at work. Which of the following statements reflect your position most closely with regard to this issue?
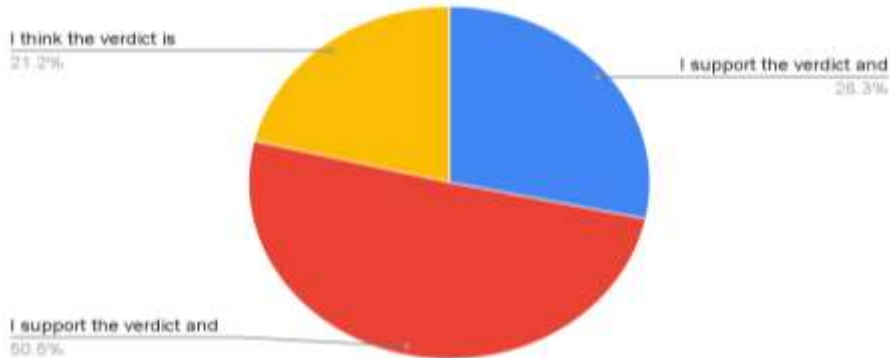

Figure-9: In light of the recent controversy, European Court of Justice has given the organizations flexibility to decide if they would like to allow their employees to wear religious symbols at work. Which of the following statements reflect your position most closely with regard to this issue?

Over half of the respondents (50.5%) supported the verdict of CJEU, while 28.3% agreed with it but found displaying religious symbols unprofessional, and the rest (21.2%) found it to be discriminatory against freedom of expression. The data suggests that most people believe organizations should be responsible for regulating religious expression in the workplace, although a minority feels this limits employee freedom to showcase their religious identity and their agency.

This may indicate that the majority of respondents may not understand the repercussions of the verdict due to living in a secular state where religious expression is accepted. It can also be inferred that the respondents might lack a comprehensive view of the true spirit of inclusivity with regard to religious identities. This lack of understanding could hinder empathy towards religious minorities, and indicate a need for further education on inclusivity and religious diversity within the organization and more concerted efforts for creating awareness. More research is needed to examine how individual perspectives are impacted by religious diversity regarding equity and inclusion.

The participants were also inquired about the position of their organization with regard to the inclusion of religious minorities in the current political scenario.

Figure- 10: Given the current political scenario, what do you think of your organization's position with regard to inclusion of religious minorities?

As seen in Figure 10, almost half of the respondents (49.5%) reported an improvement in the inclusion of religious minorities, while (46.5%) stated that it remained unchanged, and the rest (4%) reported a decline.

Almost half of the respondents reporting an improvement indicates that the organizations have shown serious commitment towards promoting religious diversity within the workplace regardless of the national political climate. This indicates a positive trend towards religious inclusion. The response of 46.5% of the respondents states that the inclusion of religious minorities has remained unchanged indicating that the organizations have made consistent efforts to promote religious inclusion. Overall, the above data suggests that organizations are focusing on creating a diverse and religion-sensitive environment.

Finally, to get insights from the respondents on the ways to improve religious inclusivity in the private healthcare sector, they were asked to suggest recommendation(s) to help improve the inclusion of religious minorities in their organization. According to most of the respondents, their colleagues from religious minorities feel comfortable expressing their religious beliefs in their workplace. A clear majority of participants offered some insightful recommendations to improve inclusivity in the workplace, while some of the respondents believed that discrimination does not exist in their workspaces.

A clear majority of respondents suggested that employees should be recruited and promoted only based on their skills, precision, and competency and not their religion. Some of the respondents also suggested conducting training sessions on diversity, inclusion, and religion-sensitive atmosphere in their organizations. Another frequent suggestion included neutral and religion-sensitive policies for all, where a zero-tolerance approach should be incorporated against any form of discrimination in the organizations. Some respondents also suggested more accommodating measures in the organizations such as flexibility to wear religious symbols at work, dedicated prayer spaces, religion-sensitive canteen menus, flexible working hours. The most common inference from the responses suggested that people from religious minorities should be given full freedom to practice their choice of religion, and the majority community should be more accepting, empathetic, and sensitive towards minority colleagues.

DISCUSSION

The study aimed to explore people's attitudes towards religious diversity in the healthcare sector. The findings revealed a positive trend regarding religious minorities in the private healthcare sector. Additionally, India's secular fabric encompasses numerous significant religions such as Sikhism, Islam and Christianity instead of a single dominant religion like Hinduism. Furthermore, it emphasized that certain faiths practiced by only a handful of people - for example, Bahal, Jainism and Zoroastrianism - are considered minority religions. The survey depicts that there is a need to spread more awareness about minority religions and have better inclusive practices because these are domains people do not know much about and primarily people are unaware of and thus unintentionally discriminate against minority religions.

Overall, we observe that there is a good reception for diversity and inclusion practices in the current sample; however, people still express some reservations with regard to certain practices, like religious-sensitive menus or romantic involvement with colleagues from minority religious groups. The deficiency of awareness with regard to the true spirit of inclusivity and religious diversity can potentially foster greater empathy for the major religions instead of the minority ones. There has been a subsequent acquiescence towards

major religions thereby decreasing room for sensitivity of minority ones. Due to increased awareness of major religions, lesser-known religions may be overlooked. Therefore, it is crucial to promote inclusivity and raise religiously diverse understanding for all groups regardless of their size or popularity. While there is a general understanding of the existence of religious diversity on a broad scale, it appears that stereotypes continue to be prevalent in religious contexts. This indicates a deficiency in people's nuanced comprehension of the intricacies associated with religious diversity and its practical applications. As such, organizations should undertake initiatives aimed at educating individuals about genuine inclusivity principles as a necessary response.

Limitations, Implications and Future Research
The overall analysis highlights a positive trend in terms of the inclusion of religious diversity in the private healthcare sector in India. But the study also has certain limitations. Firstly, the composition of the sample posed a major limitation. The study may have showcased a bias due to the higher percentage of employees belonging to majority religions. Secondly, it was presumed before the study, that India only has a single dominant religious group (Hinduism) but the results showcased that instead of a single predominant religion, there are various other major religions prevalent in the country. Many non-Hindu religions identified themselves as not belonging to a minority religion. Thirdly, there was a higher percentage of respondents belonging to organizations based in urban areas, whereas representation from rural or semi-urban areas was fewer.

From the results, it was found that organizations show a positive trend in regard to the inclusivity of minority religions. This may be because of the secular nature of our country, where people from diverse religious groups live together. The organizations should try to include religions like Judaism, Zoroastrianism, Bahai, etc in the workplace, as their representation in the healthcare sector is extremely low. Although there is a general trend of positive inclusivity, there are still a significant number of employees who feel excluded from their organizations in terms of their religious identities. Organizations can try to create more awareness about various religions and adopt policies and practices to promote inclusivity. For future research, it can be kept in mind to represent all religions equally and have separate survey forms for the majority and minority religions, which will help in getting a deeper and better understanding of the situation of organizations.

CONCLUSION

The study aimed to explore attitudes and beliefs towards religious diversity in India's private healthcare sector. The survey of 99 private healthcare workers revealed positive trends toward inclusion and comfort expressing religious beliefs at work. The result of the study indicated a positive trend of inclusion and religious diversity in private healthcare organizations in India, with the majority of respondents feeling comfortable expressing their religious beliefs in the workplace. The results correlate with the findings of another study that analyzed survey data from over 1,000 employees in the United States, collected between 2008 and 2018. In 2008, only 47% of employees agreed that their workplace was accepting of different religious beliefs, compared to 60% in 2018. Similarly, in 2008, only 38% of employees felt comfortable discussing their religious beliefs with colleagues, compared to 48% in 2018 (Leskinen et al, 2020). The research emphasized the intricate relationship between religions and secularism in our nation, which challenges the idea of Hinduism being the dominant faith. The diversity of religious beliefs varies depending on individual and regional contexts. The study further shed light on, that India's secular nature includes several important religions like Sikhism, Islam and Christianity rather than one major religion.

Religions such as Bahai, Jainism and Zoroastrianism are recognized as minority religions. Furthermore, the present study indicates that there is a lack of a nuanced understanding of the true spirit of religious diversity and organizations should make efforts to spread more awareness about these religions.

Overall, the respondents were open to adopting more accommodating practices for colleagues from minority religions, but some expressed reservations. Healthcare organizations are showing a positive trend towards diversity and inclusivity by treating people equally based on skills rather than religious beliefs. The organizations in turn can conduct training sessions to make a more religion-sensitive and inclusive workplace and to promote a culture of diversity. The survey highlights the importance of recognizing and accommodating religious diversity in healthcare organizations. One of the key takeaways from this study is that healthcare providers need to be better educated and trained in understanding different religious beliefs and practices. This education and training will help healthcare providers to be more sensitive to the needs of patients from diverse religious backgrounds and to provide culturally sensitive care.

The survey also emphasizes the importance of organizational policies and practices that support religious diversity in healthcare organizations. It is important for healthcare organizations to have policies in place that ensure the provision of culturally sensitive care and that address the needs of patients from different religious backgrounds.

Overall, this study helped to reinforce the idea that respect and understanding for religious diversity is essential in healthcare organizations. Healthcare providers must be able to recognize and accommodate the religious needs of their patients, and healthcare organizations must have policies in place to support this effort. By doing so, healthcare organizations can provide more effective, culturally sensitive care to their patients.

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Conflict of Interest

The author(s) declared no conflict of interest.

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