



**SPIRITUAL LEADERSHIP MANAGEMENT AND NURSING SERVICE
QUALITY**

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ABSTRACT

OBJECTIVE: Spiritual leadership may promote patient psychological well-being and work engagement. Quality of nursing care is the biggest factor in patient satisfaction. Spiritual leadership may improve healthcare quality, keep people happy, and achieve internal and external goals. This study examined how Spiritual Leadership Management affects nursing quality.

METHODOLOGY: This study randomly selected 68 nurse leaders from Adventist Hospital used a mixed methods approach, which encompassed document analysis and in-depth interviews with seven informants (n=7 Heads of Departments and the Head of the Room).

RESULTS: This study identified a statistically significant correlation between the quality of nursing services and the implementation of spiritual leadership management. It affected the quality of nursing services ($p = 0.000$), nursing leadership (0.01), spiritual leadership (0.00), and leadership factor (0.014) on Quality of Nursing Survive ($p < 0.05$). The study found four topics that showed how spiritual leadership might improve the quality of nursing services: (1) What leaders do in organizations, (2) How spiritual leaders affect people, (3) What nurses do as leaders, and (4) How good nursing services are

CONCLUSION: The outcome underscores the significance of the Spiritual Leadership Model in fostering compassionate behavior within medical services.

Keywords: Spiritual, Leadership, Quality, Nursing, Service

INTRODUCTION

Leadership is the ability of a management to lead and influence an action in order to reach common goals. Leadership is a common subject of study and observation, and it is comprehensible that it emerges from the interests of highly involved and proactive individuals. (Usat, 2019). The success of any business, including hospitals, depends on how well the CEO can run the group. To deal with a wide range of organizational problems fairly, a leader needs to be able to see the strengths and limitations of his or her personnel. This involves talking about how the staff members he manages are different and the same, both as individuals and as a group of people. meet the set goals, vision, and mission without help from its workers. Registered nurses (RNs) need to be able to lead by example and show that they can manage people. They also need to be able to give information about all nursing services to improve the quality of care. (Amin & Nasharuddin, 2013; Karaca & Durna, 2019).

Consequently, management and leadership must adhere to Adventist Philosophy norms when executing managerial procedures in the nursing domain. According to research by Best (2020), nurses who use the servant leader model will give service that is full of humility. (Usat, 2019) also showed that spiritual leadership is a calling that comes to life through an understanding of Christ's character and nature, serving honestly, and showing intellectual, social, emotional, and spiritual intelligence in leading. A Christian leader can also help God reach his goals (Tambunan, 2018). Leadership is not an innate trait; it may be cultivated through learning. Every individual possesses the capacity to lead and serve as a source of blessings, significantly influencing society at large. Leadership necessitates decision-making, inspiring individuals, resolving challenges, and fostering communication among team members. As Christian leaders, we must embody all the aforementioned skills and the capacity to execute the model exemplified by Christ, especially while articulating the objective of our assignment (Purwanto, 2020). Research indicates a favourable correlation between nurses' spirituality and their psychological proficiency in performing clinical nursing duties. (Guo et al., 2020). The objective of this study is to determine the status of Medan Adventist's nursing department.

METHODOLOGY

Study Design

This study employs a mixed methods approach, incorporating both quantitative and qualitative techniques. The initial phase of the study, conducted in the Department of Nursing at Medan Adventist Hospital, emphasizes the qualitative aspect by meticulously selecting individuals capable of offering profound insights into the research issue (Boman et al., 2017). This mixed-methods research is expected to provide a comprehensive picture of current events. Conversely, the population of qualitative research use the term "social situation" via document analyses and comprehensive interviews. Seven informants (n=7), comprising the heads of departments and rooms, engaged in comprehensive interviews. The results from both arms were subsequently integrated to form mixed techniques.

Participants and Study Setting

Quantitative strand

The respondents in this study included the head of nursing, supervisor, and head of the room at Medan Adventist Hospital. Because the pandemic was still going on, convenience sampling was used to pick the people who would answer the questions. To be included, nurses had to have worked for at least two years. There were 68 people that took part in the quantitative research aspect of this study.

Qualitative strand

The responses to the quantitative questionnaire were completed for the qualitative phase of data collection. After elucidating the study's aims, key respondents were invited over WhatsApp. Because

of the COVID-19 pandemic's restricted physical restrictions, WhatsApp Video Call (VC) is used for in-depth interviews to get quantitative data. They write down and type up the information. About seven persons were in the interview.

Data Collection

Quantitative strand

A revised questionnaire was employed to obtain the quantitative data from The questionnaire had inquiries regarding spirituality and the Spiritual Care Rating Scale (SSCRS), organizational citizenship behavior (OCB), ethical conduct, and quality of work life (QWL). Sinaga et al. (2021) utilized the Indonesian version of the Spirituality and Spiritual Care Rating Scale (SSCRS), whereas McSherry and Jamieson (2018) employed the Spiritual Leadership Instrument that impacts performance (QWL), ethical conduct, and organizational citizenship behavior (OCB). utilized by Pio et al. (2020) and Jeon et al. (2020). Part I talked about the participants' profiles, such as their gender, position, employment status, and length of time they had been working. In Part II, the participants were asked to rate how much they agreed on a 4-point Likert scale (1 = Yes; 2 = May be; 3 = NO; 4 = Do Not Know).

Qualitative strand

Qualitative data is gathered through in-depth interviews, whereas quantitative data is gathered through questionnaires. (1) What was your experience with the leaders in your organizations? was one of the questions in the interview. (2) How did you view the impact of spiritual leaders? (3) Can you tell me about your time as a nurse leader? (4) How do you rank the nursing services at your hospital? Vidio Call (VC) WhatsApp is used to record interview findings for 30 to 45 minutes of each interview, until either no new data is found or data saturation is reached. They were recorded on digital audio so that they could be transcribed word for word in Indonesia.

The quantitative strand of data analysis

Quantitative assessment The researchers utilized the SPSS version 25.0 tool for the data analysis procedure. It encompassed both univariate and bivariate analyses, employing percentages for univariate replies and the Mann-Whitney test for bivariate responses. A p-value of less than 0.05 was used to show statistical significance.

Qualitative strand

Vaismoradi (2013), The analysis method for qualitative data includes phases including gathering initial data, organizing it, finding topics, reviewing themes, and defining and labeling themes. The researcher verifies the data with the respondents to ensure consistency with the source data. After the data analysis is done, the results are only translated into English for publication. A subject-matter expert checks the translated data to make sure that the meaning and intent of the manuscript stay the same.

RESULT

Quantitative Results

Table 1. Socio-demography of respondents (n=68)

No	Variable	Frequensi	Percentage
1.	Gender		
	Male	9	13,2 %
	Female	59	86,8%
2.	Position		
	Supervisor	9	13,24 %
	Head nurse	15	22.05 %
	Incharge Nurse	44	64.71 %
3.	Employment status		

Index Employed	21	30,9 %
Non Index Employed	47	69,1 %
4. Length of work		
2-5 years	38	55,9 %
5-10 years	8	11,8%
10-15 years	16	23,5 %
Over 15 years	6	8,8%

The univariate data showed that there were 68 people in total: 9 men (13.2%), 59 women (86.7%), 9 supervisors (13.24%), 15 head nurses (22.05), 44 incharge nurses (64.71%), 21 Index employees (30.9%), 47 non-Index employees (47.69.1%), 38 with 0–5 years of work experience (55.9%), 8 with 5–10 years of work experience (11.8%), 16 with 10-15 years of work experience (23.5%), and 6 with more than 15 years of work experience (8.8%). This information is shown in Table 1. Spiritual Leadership to Improve Nursing Quality at Adventist Hospital in Indonesia

Spiritual Guidance to Enhance Indonesia's Adventist Hospital's Nursing Quality

The findings from the data analysis conducted with SPSS version 25.0 reveal that. This study shown that nurse leadership, spiritual leadership, and overall leadership substantially improve the quality of nursing services ($p = 0.000$). The Mann-Whitney test demonstrated that the bivariate values were statistically significant at $p < 0.05$. The description of Table 2 elucidates this point.

Table 2 Test F, all Independent variables, against Dependent variables.

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	562.624	3	187.541	171.446	.000 ^b
	Residual	70.008	64	1.094		
	Total	632.632	67			

a. Dependent Variable: Quality Nursing Services

b. Predictors: (Constant), Leadership, Spiritual Leadership, Nursing Leadership.

Table 3: Associated Factors of Spiritual Leadership to Enhance Nursing Quality

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.036	1.426		1.428	.158
	Leadership	.162	.064	.186	2.533	.014
	Spiritual Leadership	.635	.077	.595	8.191	.000
	Nursing Leadership	.247	.071	.234	3.454	.001

a. Dependent Variable: Quality Of Nursing

Moreover, according to the findings presented in Table 3 concerning the Partial Significance Test (T test), it is evident that Spiritual Leadership (X2) significantly influences the Quality of Nursing Service (Y) with a significance value of 0.00, Nursing Leadership (X3) also significantly affects Quality of Nursing Service (Y) with a significance value of 0.01, and the overall significance for the independent variable (Y) is 0.014, all of which are less than 0.05, indicating a substantial relationship between each independent variable and the enhancement of nursing service quality at Adventist Hospital (Y).

Qualitative Findings

Four themes emerged from this study: (1) The Leadership Role in Organizations; (2) Spiritual Leadership Influence; (3) Nursing Leadership Role; and (4) Nursing Service Quality. Examples from participant tales employing pseudonyms are used below to highlight these topics.

Theme 1: The Function of Organizational Leaders

Almost all respondents said that leaders have a vital strategic position in the development of a business. Respondent (P1) believes that the leader's function is crucial inside the company, since it influences the attainment of goals. Furthermore, several respondents said that a leader's role is essential for overseeing the operational management of a business. In accordance with the Hospital Institutional Foundation Philosophy, my answer (P4) about the function of leadership is essential for achieving a comprehensive knowledge and facilitating the attainment of hospital objectives via education, engagement, and inspiration. Respondents said that leaders must possess critical thinking skills, demonstrate respect for their subordinates, communicate effectively, and have a holistic vision for the future. The need for a leader to understand management was elucidated in detail in the subsequent section (P6). A leader's capacity to oversee a department is important to its success, consistency, and progress in nursing services.

Theme 2: Spiritual Leaders' Influence

According to the tenets of the hospital philosophy, we must serve others with all of our hearts, just as Christ did. Spiritual leaders are needed in the current scenario, according to nearly all participants, as stated: (P1) Rather than acting as a dictator, the leader at my workplace provides guidance on the objectives to be met and motivates us to accomplish shared objectives. According to respondent (P2), a good leader is one who enjoys serving others and sets an example for others to follow. Similarly, servicing leaders is a current need, according to the respondent's statement (P3). According to (P4) during the interview, the leader needs to be able to help the workers become more spiritually devoted, so (P5) Our hospital's leader is the kind of person who enjoys serving others and has a high degree of spirituality. Respondent (P6) stated that the greatest need at this time is for a servant leader, who is defined as a leader that not only sets rules or issues directives but also serves as an example for employees by serving God and being a blessing to everybody. (P7) Leaders that practice servant leadership are unselfish.

Theme 3: The importance of leadership in nursing

According to respondent (P1), the current nursing leadership is assessed as good, and it is hoped that this would be constant in reacting to issues. According to the following respondent (P2), leaders continue to operate in accordance with nursing standard operating procedures and serve as models of both behavior and language. The same idea was also expressed (P5): various leadership styles exist in the nursing field in hospitals, allowing nurses to solve problems with their own perspectives while still operating within the same framework to deliver the best care possible. Respondent (P6) expressed the necessity of leaders receiving assistance in order to align with the objectives that have

Theme 4: Quality of nursing services

According to respondents, the observed rise in the number of hospitalized patients, including inpatients and outpatients, is a sign of high-quality nursing care. We always do our best when it comes to nursing services, but oversight is still necessary to make sure everything goes as planned. To ensure that our services are consistent for every patient, we must pay close attention to training and supervision for the growing number of new nurses (P1). Additionally, (P2) stated that the service quality has been good as it is based on the nursing SOP and keeps getting better. (P3) stated that we believe we have given patients satisfactory care, while (P4) asserted that the care service at work is good and is being maintained to be even better. Other points to note are that our hospital's nurse services are of very high quality. (P5) stated that in order to gain recognition from the larger community, we constantly strive to deliver the greatest nursing services possible. According to (P6), patient happiness, as determined by the quality indicator value of patient satisfaction >80%, indicates that the current nursing services are good. Additionally, respondent (P7) expressed that the nursing care at my workplace has been quite fulfilling.

DISCUSSION

The aim of this study was to ascertain the impact of Spiritual Leadership management on the enhancement of nursing care standards. This study used a mixed methods approach, incorporating both qualitative and quantitative methodologies. Four qualitative themes emerged from the quantitative findings, each of which is discussed below.

Leadership in Improving Nursing Quality and the Function of Organizational Leaders

The objective of this study is to determine the impact of spiritual leadership on the quality of nursing services in hospitals. Table 2 shows that leadership management has a very strong effect on making nursing services in hospitals better, with $p = 0.000$. Previous research yielded analogous findings, indicating that enhanced nursing leadership correlates with improved quality of care ($p=0.001$). Santos et al. (2018). This conclusion aligns with Mandes (2014), which reported that nurse leadership exerts a direct ($\beta=0.724$) and statistically significant ($p=0.007$) influence on nursing quality. Another study demonstrated that the impact of leadership quality on satisfaction within the nursing care process is highly consistent (Nunes & Gaspar, 2016). Furthermore, this finding aligns with Wong et al. (2013).

This research also demonstrates that leadership style positively correlates with patient satisfaction and enhances patient safety management in hospitals. Other research conducted by Akbiyik et al. (2020) demonstrates a significant impact of leadership style on the quality of nursing services (Quality Nursing Care).

Spiritual Leaders' Influence

Spiritual leadership is advantageous. Alloubani et al. (2019) found that transformational leadership style and leadership results are favorably connected to the quality of nursing care ($r=0.811^{**}$). Kessler et al. (2015) conducted another study that found that Christian leadership is critically needed in all areas of academia. Christian leadership may profoundly influence both contextual practice and academia. The results of previous studies corroborated Sari et al. (2019) conclusion that the quality of holistic services (biological, psychological, social, and spiritual) influences hospital nursing services. The survey found that 56% of the nurses in Semarang's RSI Sultan Agung inpatient unit gave good spiritually based nursing care.

Furthermore, Sari et al. (2019) indicated that a p-value of 0.000 evidenced a significant association between spiritually based nursing services and nurse performance satisfaction. A Spearman correlation value of 0.696 shows that there is a strong link between good nursing care and a strong relationship. A spiritual leader can assist the group he or she leads grow. This aligns with the study conducted by Stahl et al. (2014) in Adventist hospitals in the United States. The study's results showed that transformational leaders have a good relationship with hospital services and that the way leaders act affects hospital services. This study aims to provide valuable data that will inspire hospital administration in the twenty-first century. The subsequent study by Lin et al. (2015) indicates that transformational leadership markedly enhances service quality and elevates worker satisfaction. The study's findings indicate that nurses working in religious hospitals exhibit greater organizational commitment compared to their counterparts in other hospitals ($p<0.001$), highlighting the influence of spiritual leadership on job satisfaction and work quality (Jeon & Choi, 2020; Pio & Lengkong, 2020).

Other research indicates that spiritual leadership influences employee empowerment ($\gamma=10$) and positively impacts staff creativity (Amir Khani, 2013). Shojaei (2013) also found a significant ($P=0.02$) connection between spiritual leadership and how happy workers are with their jobs. Nurlasera (2019) asserts that spiritual leadership ultimately leads to profound commitment and

service pleasure. Spiritual leadership has a favorable and significant effect on organizational commitment (Jufrizen et al., 2019).

Transformational leadership reduces patient attrition and enhances nurse job satisfaction. (Boamah et al., 2018; Vigna et al., 2020) Patients and their families presently necessitate spiritual nursing services delivered by healthcare experts throughout the duration of therapy. Sholokhah et al. (2018) demonstrate unequivocally that corporate behavior and spiritual leadership are fundamentally interconnected. The nursing profession will advance in the future if nurses exhibit robust leadership, the audacity to embrace risks, and the creativity to enhance nursing services. (Hall, 2015).

The leadership function in nursing

The qualitative theme says that leaders require their subordinates' support and need to set a good example in both what they say and what they do. This is true despite their varied leadership ideologies. This outcome aligns with Tomey (2009), which indicates a correlation between nursing leadership, management, and the work environment. These elements encompass the patient-nurse ratio, the educational attainment of nurses, the quality of patient treatment, patient happiness, employee health and welfare initiatives, nurse satisfaction and retention, a conducive workplace atmosphere, and the well-being of both patients and staff. Harris et al. (2014) also discovered that leaders must cultivate an atmosphere of open dialogue and innovation that ignites.

Quality of nursing services

According to the findings of the quality indicator value of patient satisfaction that is greater than eighty percent, almost all of the respondents in this topic stated that the services that they provide are of a high standard of value. This is supported by the findings that Kim et al. (2017) discovered. Comprehensive nursing care is something that needs to be implemented in order to offer patients with treatment that is both safe and of high quality. The report by Milutinović et al. (2012) The Patient Satisfaction Nursing Care Quality Questionnaire (PSNCQQ) is one of the instruments that is utilized in the process of determining one's level of contentment with nursing care. In addition, it can be a useful instrument for nursing care managers who are aiming to improve the process of providing nursing care.

LIMITATIONS STUDY AND SUGGESTIONS FOR FURTHER RESEARCH

Given that this study was carried out at a single hospital belonging to a certain religion, we are aware of its limitations. This condition resulted from the restricted ability to visit multiple different hospitals directly. To determine the true occurrence, qualitative investigation is required.

CONCLUSION

Based on the findings of this study, it is recommended that the management of the nursing department at Adventist Hospital apply spiritual leadership management in order to enhance the quality of professional nursing services. Furthermore, the Spiritual leadership model that is utilized in Leadership in Nursing will have a significant influence on the improvements that will be made to the quality of nursing services that are provided in hospitals.

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ETHICAL CONSIDERATIONS

The Medan Adventist Hospital's Ethics Committee gave its approval for this study in regards to human subjects' rights (No. 013/DIKLAT/RSAM/IV/2023). The researchers provided written and verbal explanations to each participant in this investigation. The consent form that was supplied was

determined by the subject's interests. The patient's assent was indicated by their vocalization of their desire to participate or by their approved consent. The subject was reassured by the researcher that participation was entirely voluntary. Every piece of information gathered is kept private and confidential. Furthermore, there are no hazards involved with answering the questionnaire.

Conflict of Interest Disclosure

Regarding the research, authorship, and/or publication of this manuscript, the authors have acknowledged that there are no potential conflicts of interest.

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