

The Impact of Spiritual Leadership and Supervision on Nurses' Spiritual Care: A Study at Sumber Hidup GPM Ambon Hospital

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KEYWORDS

Spiritual leadership, supervision, spiritual care, holistic nursing, nurses, patient care, cross-sectional study

ABSTRACT:

Introduction: Spiritual care is an integral component of holistic nursing practice, addressing patients' spiritual needs. Effective spiritual leadership and supervision are critical in guiding nurses to deliver high-quality spiritual care. This study investigates the relationship between spiritual leadership, supervision, and spiritual care among Sumber Hidup GPM Ambon Hospital nurses.

Objectives: To assess the relationships between spiritual leadership, supervision, and the provision of spiritual care among nurses in the hospital's treatment room.

Methods: A descriptive correlational design with a cross-sectional approach was used. The study population consisted of 35 nurses providing care in 2024, selected using total sampling. Data were collected through structured questionnaires and analyzed using univariate and bivariate analyses, with the Chi-Square test applied to determine relationships between variables.

Results: The study revealed that 60% of respondents perceived the spiritual leadership of the head nurse as poor, while 57.1% assessed supervision and spiritual care as inadequate. Statistical analysis indicated significant relationships between spiritual leadership and spiritual care ($p=0.000$) and supervision and spiritual care ($p=0.000$). Good spiritual leadership and adequate supervision were positively correlated with improved spiritual care, whereas poor leadership and supervision were associated with inadequate care.

Conclusions: This study underscores the pivotal role of spiritual leadership and supervision in enhancing nurses' capacity to provide comprehensive spiritual care. Strengthening these aspects is essential for improving holistic nursing care that addresses patients' physical, emotional, and spiritual needs. Future research should explore strategies to develop and implement effective spiritual leadership and supervision practices in healthcare settings.

1. Introduction

Spiritual care is an important part of nursing practice that focuses on meeting the spiritual needs of patients. This involves holistic support that includes physical, emotional, and spiritual aspects. Principles and actions that nurses can take in providing spiritual care include providing space for patients to talk openly about their needs, feelings, and concerns, respecting the patient's beliefs, values, and spiritual practices is the core of spiritual care, and active and attentive listening shows that nurses care about what the patient is experiencing and feeling. This also helps nurses understand the patient's spiritual needs more deeply. It is also important to remember that spiritual care is not about inviting or promoting religion to patients. Spiritual care is more about providing support by the spiritual beliefs and values held by the patient [1], [2].

The World Health Organization (WHO) states that health is not only limited to physical and mental aspects but also includes spiritual aspects. This shows that spirituality is integral to a person's overall well-being [3]. The American Association of Colleges of Nurses (AACN) emphasizes the importance of nurse competence in understanding and meeting the spiritual needs of patients. AACN considers

spiritual aspects to be an integral part of comprehensive health care. In other words, nurses are not only responsible for caring for the physical and psychological aspects of patients but must also be able to identify and respond to their spiritual needs [4], [5]

The reality in many hospitals is that meeting the spiritual needs of patients is often neglected or under-appreciated. Here are some factors that explain why this happens: Most nursing education and training emphasize the importance of handling the physical and biological aspects of the disease. This causes nurses to be more accustomed and comfortable with tasks that are medical and technical. Nurses often work under time pressure and have a high workload. This situation makes them focus more on the most urgent tasks, such as administering medications, monitoring vital signs, and other medical procedures [6]. Many nursing education programs still lack training in assessing and meeting the spiritual needs of patients. Nurses may feel unprepared or unsure of how to identify and address spiritual aspects. There is a growing perception that spiritual aspects are more the responsibility of spiritual staff, such as chaplains, priests, or spiritual counselors, than nurses. This can make nurses feel that being involved in these aspects is unnecessary.

The spiritual needs of patients vary widely and are highly personal [7], [8]. It can be challenging for nurses to understand and meet these needs in a way that is appropriate and sensitive to the individual's beliefs and values. Factors that can influence nurses in providing spiritual care for patients include Spiritual Leadership and supervision of the ward head. Spiritual leadership is a leadership concept that integrates spiritual values and principles into leadership practice to create a meaningful, inspiring, and aligned work environment with a higher purpose [9]. In nursing, spiritual leadership is a leadership approach that integrates spiritual values and religious principles into daily nursing practice. This includes motivating and inspiring nurses to provide care that is not only focused on the physical and medical aspects but also considers the spiritual needs of patients [10], [11]. They encourage nurses to develop loving relationships with patients, recognizing and responding to their emotional and spiritual needs. A leader who prioritizes spirituality will offer emotional and spiritual support, help nurses cope with stress and burnout, and promote the overall well-being of nurses. [13] Spiritual leaders act with integrity and ensure their actions align with the spiritual values they teach [14]. They are role models demonstrating how to integrate spiritual principles into nursing practice [12].

In addition to spiritual leadership, supervision from the head of the room also has an important role in influencing nurses to provide spiritual care to patients. A practical head of the room provides clinical direction and supports nurses in developing spiritual competence [13]. They can be mentors who guide nurses in understanding the importance of spiritual aspects in patient care. Supervisors can organize training or professional development programs that focus on spiritual aspects of health care [14]. This helps nurses gain the knowledge and skills to provide integrated spiritual care. Good supervision also involves self-reflection and discussion on how spiritual values influence individual care practices [15], [16]. This can open up an understanding of various approaches and support dealing with moral or spiritual challenges in care. The results of previous studies explain that supervisors can provide concrete examples of how spiritual care has affected patient outcomes [17], [18]. This reinforces the importance of including spiritual aspects in daily care practices. Thus, the head of the room or supervisor who plays a role in facilitating the development of nurses in providing spiritual care to patients is a key factor in creating a caring environment that supports and strengthens spiritual values in health practice [19]. Research related to the role of supervision of the head of the room with the

spiritual care of implementing nurses also shows that it can improve the skills of nurses in providing spiritual care to patients; in addition, nurses who receive clinical supervision have better spiritual care skills compared to nurses who do not receive clinical supervision [20],[22].

A preliminary study of the caring behavior of nurses in providing Christian spiritual care at the Sumber Hidup GPM Ambon Hospital showed that there were several obstacles experienced in Christian spiritual care; it was found that most nurses tended to only focus on the physical aspects of patient care, such as administering drugs and other medical care. This results in a lack of attention to patients' spiritual and emotional aspects. Nurses often face high time pressure in caring for patients, so they may not have enough time to discuss their feelings and spiritual needs in depth.

Patients often rely on pastors or external spiritual figures who come to the hospital to get spiritual care rather than relying on nurses in the hospital. This can reduce the integration of spiritual care into overall health services. Supervision carried out by the head of the room or nurse's superior is generally still focused on physical nursing care and administration, such as documentation. The spiritual care aspect has not received adequate attention in this supervision process. Based on this, the problems identified are that nurses only provide nursing care to meet physical needs; the head of the room has not implemented caring leadership of nurses; and supervision of the head only focuses on nursing care and its documentation.

2. Methods

This research design uses a descriptive correlational method and a cross-sectional approach, which is used to describe and understand the relationship between two or more variables without trying to influence or change the variables [23]. Population in the context of research refers to the entire group of individuals or objects with specific characteristics that are the focus of a study. The population in this study consisted of nurses who provided nursing care in the Sumber Hidup GPM Ambon Hospital treatment room in 2024, totaling 35 nurses. The sample is part of the population selected for research and is considered representative of the entire population. The sampling method used is total sampling, where the entire population that is the subject of the study is taken as a sample. By using the total sampling technique, researchers can ensure that every nurse in the hospital provides input so that the study's results truly reflect the views of all nurses without bias that may arise from partial sampling. The sample size in this study was 35 respondents. The study consisted of two independent variables (spiritual leadership and supervision) and one dependent variable (nurse spiritual care). Using the Chi-Square statistical test, univariate and bivariate analyses were used to evaluate the relationship between the variables involved, namely spiritual leadership, supervision, and spiritual care of nurses. The results are significant if $p \leq 0.05$.

The instrument used in this study was a questionnaire. In descriptive correlational research with a cross-sectional approach, questionnaires can be a very effective tool because they allow researchers to collect data from many respondents at one point. Research ethics in nursing must be considered to ensure that the rights and welfare of participants are protected and that research is conducted responsibly. These principles include respect for persons, beneficence, non-maleficence, and justice. This study has received approval from the Ethics Committee of the Faculty of Medicine, Pattimura University, through letter number 117/FK-KOM.ETIK/VIII/2024.

3. Results and Discussion

Table 3.1. Frequency Distribution of Respondents Based on Spiritual Leadership of Head of Room at Sumber Hidup GPM Hospital Ambon

<i>Spiritual Leadership Head of Room</i>	n	%
Good	14	40.0
Not Good	21	60.0
Total	35	100

Interpretation of Table 3.1: Most respondents considered the spiritual leadership of the head of the room as less than good, namely 21 people (60.0%). As many as 14 people (40.0%) considered the spiritual leadership of the head of the room as good. The study results relevant to the previous articles discuss how spiritual leadership affects organizational citizenship behavior and the mediating role of psychological capital in this process [24], [25]. In addition, other articles support the findings that spiritual leadership positively influences employee well-being, organizational behavior, and performance. [26], [27]. Good spiritual leadership can increase trust, job satisfaction, and organizational commitment, which ultimately positively impact the quality of care nurses provide [14].

Table 3.2. Frequency Distribution of Respondents Based on Supervision of Room Heads at Sumber Hidup GPM Ambon Hospital

<i>Supervision of Head of Room</i>	n	%
Good	15	42.9
Not Good	20	57.1
Total	35	100

Table 3.2 shows that most respondents considered the supervision of the head of the room as less than good, namely 20 people (57.1%). As many as 15 people (42.9%) considered the supervision of the head of the room as good. Adequate supervision is essential to ensure that nurses work according to expected standards and support them in facing daily challenges. Good supervision can improve nurses' performance, motivation, and job satisfaction [28], [29]. Other articles also explain that adequate supervision significantly impacts employee performance, job satisfaction, and well-being [30], [31]. Most respondents' less-than-good assessment of supervision indicates the need to improve the quality of supervision in the work environment.

Table 3.3 Frequency Distribution of Respondents Based on Spiritual Care of Nurses at Sumber Hidup GPM Hospital, Ambon

<i>Spiritual Care Nurse Practitioner</i>	n	%
Good	15	42.9
Not Good	20	57.1
Total	35	100

Table 3.3 shows the frequency distribution of respondents based on the spiritual care carried out by implementing nurses, where the majority of respondents stated that spiritual care was not good, namely 20 people (57.1%).

Table 3.4 Relationship between Spiritual Leadership and Spiritual Care of Nurses at Sumber Hidup GPM Hospital, Ambon

<i>Spiritual Leadership</i>	<i>Spiritual Care Nurse Executor</i>				Total		<i>P value</i>
	Good		Not Good				
	n	%	n	%	n	%	
Good	11	31.4	3	8.6	14	40.0	0,000
Not Good	4	11.4	17	48.6	21	60.0	
Total	15	42.9	20	57.1	35	100	

Table 3.4 shows that most respondents considered the spiritual care of implementing nurses to be less than 20 good people (57.1%). As many as 15 people (42.9%) considered the spiritual care of implementing nurses to be good. Spiritual care is an important aspect of nursing practice because it includes attention to the spiritual needs of patients that can affect their overall well-being. The role of nurses in providing spiritual care includes emotional support, assistance in finding the meaning of life, and meeting the spiritual needs of patients. This article provides an overview of the development of spiritual care in nursing, emphasizing the importance of integrating spiritual aspects into holistic care [32]. Several research results highlight the importance of spiritual care training for health professionals and its impact on patient outcomes, including improving spiritual and emotional well-being [33], [34]. Other studies also show a relationship between spiritual care training and the ability of health professionals to provide quality spiritual care [35].

Table 3.5 Relationship of Supervision of Room Heads to Spiritual Care of Nurses at Sumber Hidup GPM Hospital, Ambon

<i>Supervision Head of Room</i>	<i>Spiritual Care Nurse Executor</i>				Total		<i>P value</i>
	Good		Not Good				
	n	%	n	%	n	%	
Goog	12	34.3	3	8.6	15	42.9	0,000
Not Good	3	8.6	17	48.6	20	57.1	
Total	15	42.9	20	57.1	35	100	

Table 3.5 shows that the supervision of the Head of the Room is Good and the Spiritual Care of the Nurses is Good: As many as 12 people (34.3%) stated that the supervision of the head of the room is good, and they also assessed the spiritual care of the nurses as good. Supervision of the Head of the Room is Good, but the Spiritual Care of the Nurses is Poor: Only three people (8.6%) stated that the supervision of the head of the room is good, but they assessed the nurses' spiritual care as poor. Supervision of the Head of the Room is Poor, and the Spiritual Care of the Nurses is Poor: As many as 17 people (48.6%) stated that the supervision of the head of the room is poor, and they also assessed the nurses' spiritual care as poor.

The results show that good supervision is related to assessing the nurses' spiritual care, which is also good. Conversely, poor supervision tends to be related to the poor assessment of the nurses' spiritual carer. Although there are some cases where supervision is considered good, the nurses' spiritual care is assessed as poor, and the number is relatively small compared to those assessed as suitable. Good supervision may provide nurses with the support and guidance

needed to improve patient spiritual care, while poor supervision may hinder nurses' ability to provide adequate care in spiritual aspects.

Adequate supervision from the ward head can influence spiritual care practices carried out by nurses in hospitals [36]. Good supervision can provide guidance, support, and feedback to ensure that nurses carry out their duties well, including spiritual care to patients. Several supporting articles explore the impact of appropriate supervision on employee innovative behavior, which can be translated into the context of health care, including spiritual care [28], [37]. Some articles provide additional insights into how adequate supervision can influence spiritual care practices in the context of health care management in hospitals [29], [38].

4. Conclusion

The study underscores the crucial role of spiritual leadership and supervision in enhancing the quality of spiritual care provided by nurses at Sumber Hidup GPM Ambon Hospital. The findings demonstrate that effective spiritual leadership and supervision are significantly associated with better spiritual care outcomes, whereas poor leadership and inadequate supervision contribute to suboptimal care. Most respondents rated the current spiritual leadership and supervision practices as less than satisfactory, highlighting the need for improvement in these areas. The results emphasize that strong spiritual leadership fosters a supportive environment that motivates and guides nurses to integrate spiritual care into their daily practices.

Similarly, effective supervision provides the necessary guidance, support, and feedback for nurses to address the spiritual needs of their patients comprehensively. To improve holistic nursing care, healthcare institutions must prioritize the development of spiritual leadership and supervision competencies through targeted training programs and leadership development initiatives. These efforts will not only enhance the overall quality of care but also address the physical, emotional, and spiritual needs of patients. Future research should explore innovative approaches to strengthen spiritual care practices and their implementation in healthcare settings.

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