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## Spiritual Leadership and Caring Behavior: Insights from Indonesian Nursing Practice

### *Kepemimpinan Spiritual dan Perilaku Peduli: Wawasan dari Praktik Keperawatan Indonesia*

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#### ABSTRACT

Inadequate implementation of caring behaviors can negatively impact the quality of nursing care. Several factors, including spiritual leadership, can affect this. However, empirical evidence supporting this relationship is limited. Therefore, this study aimed to explore the relationship between spiritual leadership and nurses'

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caring behavior. The study used a quantitative design with a sample of 114 nurses through a total sampling technique. The instruments were spiritual leadership and caring behavior questionnaires with a five-point Likert scale that was analyzed using Spearman's Rho correlation test. The findings showed that nurses' understanding of spiritual leadership and caring behavior was in a good category. There was a positive relationship between spiritual leadership and nurses' caring behavior, but the strength of the relationship was relatively weak. Nonetheless, the results indicate the importance of spiritual leadership in nurses' caring behavior in hospital services.

**Keywords:** spiritual leadership; nursing care quality; caring behavior; healthcare leadership

### **ABSTRACT**

*Penerapan perilaku caring yang tidak memadai dapat berdampak negatif terhadap kualitas asuhan keperawatan. Beberapa faktor, termasuk kepemimpinan spiritual, dapat mempengaruhi hal ini. Namun, bukti empiris yang mendukung hubungan ini masih terbatas. Oleh karena itu, penelitian ini bertujuan untuk mengeksplorasi hubungan antara kepemimpinan spiritual dan perilaku caring perawat. Penelitian ini menggunakan desain kuantitatif dengan sampel sebanyak 114 perawat melalui teknik total sampling. Instrumen yang digunakan adalah kuesioner kepemimpinan spiritual dan kuesioner perilaku caring dengan skala Likert lima poin yang dianalisis menggunakan uji korelasi Spearman's Rho. Hasil penelitian menunjukkan bahwa pemahaman kepemimpinan spiritual dan perilaku caring perawat berada pada kategori baik. Terdapat hubungan positif antara kepemimpinan spiritual dan perilaku caring perawat, namun kekuatan hubungan tersebut relatif lemah. Meskipun demikian, hasil penelitian ini menunjukkan pentingnya penerapan kepemimpinan spiritual dalam perilaku caring perawat dalam pelayanan di rumah sakit.*

**Kata Kunci:** kepemimpinan spiritual; kualitas asuhan keperawatan; perilaku peduli; kepemimpinan dalam kesehatan

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### **PENDAHULUAN**

The quality of health services will be seen from implementing professional health services, balanced with intellectual, technical, and interpersonal skills whose implementation can be reflected in caring behavior (Adams, 2016). Caring shows

the nurse's ability to feel the patient's feelings (Ilkafah, 2017), providing patients with physical, emotional, and spiritual comfort (Kusnanto, 2019). Caring behavior reflects nurses' quality of care (Antón-Solanas et al., 2022).

Nurses provide services based on optimal caring to ensure patients are satisfied with the nursing services offered (Abdurrouf et al., 2022; Sintari et al., 2022). The implementation of caring for patients is based on human values, compassion, and attention (Tukel et al., 2018). The aim is to maintain patient trust, compassion, and competence, which is expected to improve service quality and patient safety (Abdurrouf et al., 2022). However, previous studies have shown that nurses' caring behavior is still suboptimal (Darwin & Hardisman, 2014). Similarly, other literature also found that 29 out of 52 nurses (55.8%) nurses lacked caring behavior in providing services to patients (Sukesi, 2013). Fadilah (2016) found that only 17 out of 22 nurses applied caring behavior to clients. Furthermore, Handayani & Kuntarti (2022) mentioned that the low caring behavior of nurses in Indonesia is a continuous challenge that must be considered.

Suboptimal caring behavior can impact declining health service standards (Sitzman et al., 2019), decreasing the degree of health and well-being of individuals (De Chesnay & Anderson, 2019; Pfetscher, 2021). Observation and unstructured interviews conducted by researchers with 8 nurses in an inpatient unit in Denpasar City, Bali, concluded that nurses were still suboptimal in caring for patients. Interesting findings were seen from the high workload of nurses due to the inability to coordinate, communicate, transparency, and decision making in work arrangements. This condition can be attributed to the suboptimal application of leadership in coordinating and empowering resources and improving collaborative work to provide quality nursing services in dynamic situations.

Leadership effectiveness in nursing is becoming a broad discipline within the healthcare system (Lorber et al., 2016). Nurses are required to think about leadership, especially when it comes to health change issues and making decisions quickly and appropriately. Nursing leadership styles are also helpful in improving performance and providing safe services (Cope & Murray, 2017). Therefore, leadership styles in healthcare organizations have evolved, especially with the conditions of global change that require value-based and moral leadership, such as spiritual leadership (Subhaktiyasa, 2023).

Spiritual leadership developed in response to the need for holistic leadership that integrates the core of human existence as a resource (Fry, 2003). Spiritual leadership is defined as a leader's behaviors, values, and attitudes required for an effort to motivate oneself or others through a sense of meaning and a feeling of being valued and understood to form a sense of spiritual well-being (Fry et al., 2005; Fry & Cohen, 2009; Subhaktiyasa, 2024). It is a new paradigm in organizational transformation and development created as a driver for creating internal motivation and learning organizations (Cope & Murray, 2017; Subhaktiyasa et al., 2024). Spiritual leadership is known as a comprehensive leadership style with several approaches that have several advantages over other leadership styles (Lorber et al., 2016). It combines and extends transformational, charismatic, authentic, and servant leadership theories (Chow et al., 2017; Kawiana, 2019; Subhaktiyasa et al., 2023).

Based on Fry (2003) and Fry et al. (2005, 2006), spiritual leadership in the context of nursing is relevant to nurses' caring behavior. It is seen from the emergence of a sense of spirituality in leaders and members and the realization of spiritual well-being at the individual level, which will affect nurses' mindsets regarding caring (Wu & Lee, 2020). Its application will inspire and motivate human resources to achieve the vision and goals of the organization based on organizational cultural values, which in turn will also be able to produce nurses who have optimal abilities in carrying out nursing care productively (Anser et al., 2021; Mubashar et al., 2020; Subhaktiyasa et al., 2024; Sureskiarti, 2017).

Previous studies have examined the relationship between several leadership styles in healthcare organizations, but none have linked spiritual leadership styles with nurses' caring behaviors. This gap is crucial to address, given that caring behavior is at the core of professional nursing practice. Spiritual leadership is relevant to the caring behavior of nurses who prioritize patient empathy. In addition, spiritual leadership is a new concept in nursing management that requires further study. Therefore, this study aimed to analyze how spiritual leadership relates to the caring behavior of nurses in hospitals with high work intensity. Specifically, this research aims to (1) identify nurses' level of understanding of spiritual leadership, (2) evaluate the level of nurses' caring behavior, and (3) analyze the strength and direction of the relationship between spiritual leadership and nurses' caring behavior. The study's results may provide insights into applying this leadership style in hospital management. The expected implications of this research are to provide an empirical basis for developing spiritual leadership training programs in hospitals. The findings of this study are anticipated to serve as a foundation for nursing managers in implementing leadership styles that can enhance nurses' caring behavior, ultimately impacting the quality of healthcare services and patient satisfaction. Furthermore, this study's results can significantly contribute to developing leadership theory in the healthcare service context, particularly in developing countries like Indonesia.

## METHODS

This study is a correlational quantitative study with a cross-sectional design conducted on 114 executive nurses in the inpatient room of one of the hospitals in Denpasar City, Bali. The sampling technique used total sampling to understand population characteristics comprehensively. Inclusion criteria were: (1) registered nurses with at least one year of experience in the current unit, (2) full-time employment status, and (3) willingness to participate in the study. Data collection was conducted over one month using self-administered questionnaires distributed during non-peak hours to minimize disruption to patient care. The spiritual leadership questionnaire consists of the subdimensions of vision, altruistic love, hope/faith, calling, and membership with 26 question items (Fry & Wigglesworth, 2013), and the Caring Behaviors Inventory Questionnaire with 42 questions (Wolf et al., 1994). All variables were measured using a Likert scale ranging from one (strongly disagree) to five (strongly agree). The instrument has been declared valid and reliable through validity and reliability tests where the calculated r-value is greater than the r table, and the Cronbach alfa value is equal to or greater than 0.70.

The analysis test to answer the research hypothesis used the Spearman rho test with the help of SPSS software.

## RESULTS AND DISCUSSIONS

### Results

Table 1 shows that 59.6% of respondents ages fall into the early adulthood category. 87.7% were female, and 44.7% had tenure between 5-10 years and more than 10 years. Table 2 shows variable identification where 94.7% of respondents understood spiritual leadership well, and 98.2% had caring behavior in the good category.

Table 1.

Respondent Demographic Characteristics

Demographics	Classification	Number of Respondents	Percentage (%)
Gender	Male	14	12.3
	Female	100	87.7
Age	17 - 25	4	3.5
	26 - 35	68	59.6
	36 - 45	39	34.2
	46 - 55	3	2.6
Education	Diploma	13	53.5
	Bachelor+Ners	61	46.5
Work Period	< 5	12	10.5
	5 - 10	51	44.7
	> 10	51	44.7

Table 2.

Research Variable Identification

Variable	Classification	Number of Respondents	Percentage (%)
Spiritual Leadership	Good	108	94.7
	Fair	6	5.3
Nurse Caring Behavior	Good	112	98.2
	Fair	2	1.8

Table 3 shows that 93.9% of nurses with good spiritual leadership had good caring behavior. Only 4.4% of nurses with sufficient spiritual leadership had good caring behavior. The p-value of 0.04 is less than 0.05, indicating the significant relationship between spiritual leadership and nurses' caring behavior. The

correlation coefficient was 0.268, which means a weak relationship. This finding suggests that spiritual leadership may enhance nurses' caring behavior, but its influence might be moderated by other factors not captured in this study.

Table 3.

The relationship between spiritual leadership and nurses' caring behavior

Spiritual Leadership	Nurse Caring Behavior				Total		r	P-value
	Good		Fair					
	N	%	N	%	N	%		
Good	107	93,9	1	0,9	108	94,7	0,268	0,004
Fair	5	4,4	1	0,9	6	5,3		
Total	112	98,2	2	1,8	114	100		

## Discussions

The identification results show that nurses have a good understanding of spiritual leadership. This finding is in line with the results of research by Arini et al. (2015), which relates to spiritual care competencies, Jannah (2017) through a description of the dimensions of spiritual leadership, and Riu & Suranata (2021), which relates spiritual leadership to nurse performance. It can be explained by considering that individual factors such as level of development, family, race/tribe, and religion influence individual spiritual leadership (Firmawati, (2021). Furthermore, developmental age can determine the process of fulfilling spiritual needs, where the higher the level of development, the more mature the individual's emotional function is, which impacts trust. Likewise, families have a strategic role in fulfilling spiritual needs because families have strong emotional ties and constantly interact in everyday life. The existence of different races/tribes also involves understanding the different spiritual needs of each individual. What is interesting is that there are still doubts among respondents in the hope/faith dimension. These doubts indicate low self-confidence and a lack of understanding of goals that have an impact on achievement at work. This condition can be explained by the average age of nurses in the early adult stage of development. The higher the age, the more emotionally mature individuals tend to be, impacting spiritual maturity and understanding of the value of leadership in themselves (Damanik et al., 2022).

The findings also show the caring behavior of nurses in the good category, which supports the results of the research by Paputungan et al. (2018) and Sibuea et al. (2021). Caring is a form of relationship needed between the provider and recipient of nursing care to improve and protect the patient so that it can affect the patient's ability to recover (Munawaroh, 2021). Wiechula et al. (2016) suggest that individual demographic characteristics, including age, gender, education level, psychological factors, and leadership factors, can influence caring behavior. In terms of age, the higher the age, the more mature the nurse will be in performance.



This is associated with the work experience that nurses have at a mature age. Bandura (2008) states that when individuals have a more mature age, individuals tend to mature based on experience, including in applying caring. Likewise, the level of education with learning experiences tends to improve cognitive function and will improve individual perceptions of their confidence (Pajares, 2006). This opinion is then supported by Gloudemans et al. (2013) who concluded that nurses with a bachelor's nursing education have better critical thinking scores compared to nurses with a diploma education. This condition is also caused by positive visualization of the self when individuals want to do work (Bandura, 2008).

The length of work of nurses can also review the good caring behavior of nurses. Anggoro et al. (2019) concluded that length of work has a significant relationship with caring behavior. The longer a person works, his skills and experience increase (Larasati, 2018). Experience is one way of owning knowledge that a person experiences indefinitely. All human thinking, personality, and temperament are psychologically determined by sensory experience. Thoughts and feelings are not the cause of action but of past causes. A person's experience will shape and influence the appreciation of social stimuli. Responses will be one of the bases for attitude formation (Lee & Lee, 2020). So, more experience will increase the caring behavior of nurses.

The results of the correlation test showed that there is a positive relationship between spiritual leadership and nurses' caring behavior. This finding supports the research hypothesis, which identifies that the better the implementation of spiritual leadership, the better the caring behavior is applied by nurses. This study's findings align with those of Sureskiarti (2017) and Putra. Spiritual leadership brings out a sense of spirituality in leaders and followers and the realization of spiritual well-being at the individual level, affecting nurses' mindsets regarding caring (Wu & Lee, 2020). The application of Spiritual Leadership in the health service sector will inspire and motivate human resources to achieve organizational vision and goals based on organizational cultural values, which in turn will also be able to produce nurses who have optimal abilities in carrying out nursing care productively (Anser et al., 2021; Mubashar et al., 2020; Sureskiarti, 2017).

According to Fry (2003) and Fry & Wigglesworth (2013), spiritual leadership triggers the motivation of self and others, impacting nurses' caring values. The principle of spiritual leadership is that group members are intrinsically motivated by encouraging a shared vision and altruistic values, creating hope, and utilizing the group's fundamental spiritual needs for the same purpose. Spiritual leadership applied in hospitals is believed to generate motivation in nurses, which in turn can improve the implementation of nursing care, which is the main task of a nurse (Diana & Dirdjo, 2022). Nurses who provide professional nursing care cannot be separated from the inner drive to do something valuable and meaningful for others. It explains that implementing nurses with high spiritual values will motivate them to perform well and provide services for patient's comfort and recovery, and they will be accountable to the Almighty for good deeds. However, the results showed a low relationship between spiritual leadership and caring behavior. This finding indicates that other factors influence nurses' caring behavior, such as individual and psychological factors (Wiechula et al., 2016). Therefore, it

is necessary to consider various aspects to improve this relationship, given that this study only tested the correlation between spiritual leadership and caring behavior. Multivariate analyses are required to explore other variables that may directly or indirectly influence nurses' caring behavior.

## CONCLUSION

This study contributes to the literature on healthcare leadership by demonstrating a positive, albeit weak, relationship between spiritual leadership and nurses' caring behavior. While the findings underscore the potential role of spiritual leadership in fostering a caring environment, they also highlight the complex nature of caring in healthcare settings. The weak correlation suggests that spiritual leadership alone may not significantly improve caring behaviors, indicating the need for a multifaceted approach to enhancing healthcare quality. The broader implications of this research extend beyond the immediate context of nursing practice. By highlighting the interplay between leadership style and caring behavior, our study emphasizes the need for a more holistic approach to healthcare management. It suggests that cultivating a sense of meaning, purpose, and community among healthcare professionals - critical elements of spiritual leadership - may enhance patient care quality. This insight is particularly relevant in the current healthcare landscape, where burnout and compassion fatigue are prevalent issues. However, there are limitations in this study, especially in the sample used. Future research could use a more comprehensive sample size from several hospitals. In addition, given that the findings show low relationships between variables, exploring other variables in a multivariate research model is necessary to gain a more comprehensive understanding.

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