



Systematic Review

Spiritual Intelligence Roles to Improve the Quality of Nursing Care: A Systematic Review

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ABSTRACT

Introduction: The quality of nursing care is the biggest predictor of patient satisfaction in care. But the fact is that nurses have not shown an increase in the quality of nursing care. Lack of sense of responsibility, sincerity, self-awareness and professionalism is an indicator of the poor quality of nursing care in the health care system. The aim of the systematic review was conducted to examine the role of spiritual intelligence to improve the quality of nursing care.

Methods: A systematic search was conducted in Pub Med, Science Direct, Research gate, and Emerald Insight data based. The search was identified 15 relevant original articles and full text published between 2013 until 2018.

Results: The result showed that Spiritual Intelligence can be improving the quality of nursing care. Nurse with high spiritual intelligence have more competence, personal meaningful about caring, moral performance, personal excellence and flexibility were effective in increasing the quality of care.

Conclusion: Spiritual intelligence was strengthened the beliefs and personality of nurses and the desire to grow and learn, work more professionally in improving the quality of nursing care. Because there was a lack in the reviewed studies used the cross-sectional and correlation, well-designed such as randomized controlled trials or queasy experiment should be conducted to more objectively evaluated the effect of spiritual intelligence to improve the quality of nursing care.

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INTRODUCTION

Quality of nursing care is influenced by several factors including spirituality, organizational commitment, and general health. This results in greater commitment and an improvement in service quality or productivity (Khandan, Eyni, & Koohpaei, 2017). Therefore, organizations recognize the importance of individual emotional and spiritual intelligence in improving the quality of nursing care (Sunaryo, Nirwanto, & Manan, 2017). Spiritual intelligence facilitates interaction among the logical thinking processes; emotional intelligence can lead to personal growth and changes. Spiritual intelligence is one of the effective factors involved in improving the quality of nursing services. It can play a fundamental role in the observance of the patient's rights because it provides the nurses with the ability to deal with stressful situations (Khandan et al., 2017). Nurses must have goals and meanings in relation to providing their nursing services. Nurses providing services without purpose and meaning make people dissatisfied and cause the organizations to struggle to create something with an identity in the market. They also contribute less to the community that they serve (Koražija, 2016). Spiritual intelligence allows the nurses to find a meaning and purpose from all physical and mental experiences, including the ability to create and dominate life goals, and to produce individual meanings. Nurses with high spiritual intelligence not only have the ability to respond appropriately in special circumstances but they also have the ability to understand why they are in that position, how to use that position and how to make the situation more suitable. Spiritual intelligence also includes the highest levels of growth in various cognitive, ethical, emotional, and interpersonal fields, and it helps people to coordinate with the phenomena around them and to achieve internal and external integrity.

The most important application of spiritual intelligence in the workplace was to create peace of mind, mutual understanding, and an understanding among one's colleagues and, as a result, job satisfaction and job stress reduction. The characteristic of high-quality nursing care is focused on patient rights and the responsibility of all treatment nurses. Communication competencies can be learned and by improving one's learning communication skills, people can use various kinds of communication approaches to answer the different needs that arise of the patients in different situations. This includes patient safety, patient satisfaction, caring in nursing, performance and fulfilling patient needs (Alireza Faghihi & Bafghi, 2016). The quality of patient nursing care can be improved through the personal characteristics and beliefs of the nurses who help through effective role-playing, which can affect the nursing process. Improving the quality of nursing care by skilled nurses can be done both from the mental, communication, and social aspects because a nurse is involved in the holistic aspect of human life. This can tie into the biological, mental, social and spiritual aspects.

The effects of the spirituality of the nurses and that coming from the nurses who use spiritual intelligence make it possible to approach and resolve their problems with a spiritual attitude approach, which can achieve better self-actualization and well-being (Rani, Abidin, Rashid, & Hamid, 2013). Based on the description of the background, the aims of the article review used to identify the role of spiritual intelligence in increasing the quality of nursing care based on nursing service characteristics through an article review.

MATERIALS AND METHODS

A systematic search was conducted in the Pub Med, Science Direct, Research gate, and Emerald Insight databases for articles published from 2013 to 2018 with the keywords "Spiritual intelligence and "Nursing Care" or "Nursing Delivery". With these terms, we also combined other keywords, such as (Nurse * OR Nursing *) to retrieve all relevant articles. The inclusion criteria of the articles sought were 1) including an increase in nursing services or a system developed as a part of nursing; 2) original research; abstract; 3). the subjects under study are nurses, employees, or leaders and 4) the location of the study was in a hospital or education setting. The exclusion criteria of the articles sought were those 1) focusing on a location in the community and 2) research that was a thesis or as part of the conference process. We extracted the types of research, research subjects, and research data sources. The research subjects in fifteen of the studies were nurses, leaders, and employees. In addition, we extracted the results of the articles that

RESULTS

Selection of Studies

The initial search retrieved a total of 1,058 studies: 7 articles from Pub Med, 540 articles from Research gate, 27 articles from Science Direct, and 484 articles from Emerald Insight. From this, 923 articles were deleted. Based on the inclusion and exclusion criteria, the author reviewed each article and reached a consensus regarding the exceptions. The review process for the selected articles was developed in three stages, including a title review, abstract review and a full text review. We extracted 84 studies from the abstract titles and reviews and 69 studies from the full text review. Finally, a total of 15 articles were selected for this study. The retrieval and screening process has been summarized in Figure 1.

Study Methods

Based on the research subject, we found that the number of respondents was 3218 respondents with as many as 2878 respondents finally detailed. The employees made up as many as 280 respondents, and the leaders made up as many as 100 respondents. Based on the location of the study, we found 12 studies conducted in a hospital, 2 studies conducted in a company and 1 study conducted in a university. Based on the research design, we found ten quantitative studies with the type of descriptive correlation and five that were cross-sectional. For the data sources, the questionnaire was the instrument used in the fifteen articles. We identified several of the

Pub med: 7 articles Science Direct: 27 articles Emerald Insight: 484 articles Research gate: 540 articles	
1.058 articles	923 articles removed
 135 articles screened at title and abstract review 84 Full-text articles assessed for eligibility 	51 articles excluded 69 articles excluded: - Location not in hospital/education - Subject not nurse, leadership and employee

15 articles included

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Figure 1. Prism flow chart

instruments used to measure Spiritual Intelligence and the components of nursing services.

Spiritual intelligence was measurement with a questionnaire developed by Badie et.al (2010) (Alireza Faghihi & Bafghi, 2016), (Kaur, Sambasivan, & Kumar, 2013), (Miri KH, Keshavarz A, SHirdelzadeh S, 2015), known as the Integrated Spiritual Intelligence Scale (ISIS) (Koražija, 2016, Khandan et al., 2017 and Rani et al., 2013), Abdullah Zadeh et all questionnaires was developed and involved 29 articles scored using the likert method (quite agree, agree, partly agree, opposite of, quite opposite of) 2017), King's Spiritual Intelligence (Fashi, Ouestionnaire (Sunarvo et al., 2017), (Mohsenimaram, Naji, & Zarea, 2018), (Karimi, 2016) on (Barghandan S. Khalatbari J., 2017), Spiritual Intelligence had four indicators developed by Zohar and Marshall and Agustian (Haryono, Rosady, & Mdsaad, 2018), Spiritual intelligence questionnaire contains 97 questions which evaluated the eight aspects (Karimi-moonaghi et al., 2015), known as the Spiritual Intelligence Self-Report Inventory (SISRI) (Arsang-jang, Khoramirad, Pourmarzi, & Raisi, 2017). We identified the characteristics of quality nursing care as measured by Kioalpak instrument for nursing care quality. For work satisfaction, we used the Job Descriptive Index (JDI) by Smith, Kendall, & Hulin on work satisfaction, a questionnaire on patient satisfaction (Koražija, 2016). Peterson's job performance questionnaire (Khandan et al., 2017), a demographic questionnaire, and Richard Walton's Quality of Work Life were developed by Mathis and Jackson and focused on output quality, output quantity, output period, work attendance and cooperative attitude (Kaur et al., 2013). The questionnaire for emotional intelligence had five indicators as developed by Goleman: self-awareness, self-adjustment, motivation, empathy and social skills (Karimi-moonaghi et al., 2015). There are three indicators related to organizational commitment as described by Meyer and Allen (1984): affective, continuance and normative. The Ethical performance questionnaire of Dehgani nurses was used to assess the ethical performance. The applied questionnaires included QUALPAC regarding the nurses' quality of care, the nurses' ethical decision making assessed using the Nursing Dilemma Test (NDT) and the Nurse's work performance measured using the Schwirian Six-D Scale (Rani et al., 2013). The nursing care quality questionnaire included two parts. Part one includes the individual specifications and the second part includes three social and mental dimensions including 28 questions. The physical dimension includes 24 questions and finally, the communicational dimension includes 13 questions (Alireza Faghihi & Bafghi, 2016).

The spiritual intelligence questionnaire and the characteristics of the quality of nursing care services questionnaire were tested for reliability using Cronbach's alpha and everything has been declared reliable. There were, however, some instruments that did not report the validity test. From the fifteen journals, we found that the analysis tests were done using the Pearson correlation coefficient, independent-samples *t*-test, SEM, ANOVA, t-test, Independent *t*-test, Mann–Whitney, Kruskal Wallis, and Pearson and Spearman correlation coefficients and multivariate regression model, and multivariable linear regression tests. Table 1 summarizes the studies methods as can be seen in supplementary file.

Outcomes Measure

From the results of the review of the fifteen articles, it was found that spiritual intelligence can directly or indirectly improve the quality of care. Spiritual intelligence can improve the quality of patient care by mediating the nurses' beliefs and personalities (Alireza Faghihi & Bafghi, 2016)]. Spiritual intelligence with emotional intelligence can improve the quality of nurse caring behavior. Spiritual intelligence, emotional intelligence, psychological ownership and the burnout of nurses play a significant role in terms of the effect of the caring behavior of the nurse (Kaur et al., 2013). At the same time, spiritual intelligence correlates significantly with decreasing the burnout of nurses (Sunaryo et al., 2017). The results of our study found there to be a significant positive relationship between spiritual intelligence and job satisfaction for employees, which has an impact on patient satisfaction (Fashi, 2017). Therefore, considering the spiritual dimension in the staff can improve the quality of care and patient satisfaction. The production of personal meanings and the conscious status of the dimensions of SI expansion have a significant impact on the respect for others and guaranteed human presence dimensions related to the caring of the nurses.

Spiritual Intelligence leads to changes in the patient attitudes, behavior and support among nurses. The promotion of SI can help to improve the nurses' mental health status to allow them to better respond to patient needs, patient safety and organizational efficiency. There is a significant correlation between spiritual intelligence and the quality of work life in nurses in oncology departments (Mohsenimaram et al., 2018); this relates to psychological well-being (Ahoei, Faramarzi, & Hassanzadeh, 2017). Emotional intelligence and spiritual intelligence were found to have positive and significant effects on organizational commitment. Subsequently, organizational commitment has a positive and significant effects on the temporary nurses' performance and it positively mediates the relationship between emotional intelligence and spiritual intelligence on the temporary nurses' performance (Haryono et al., 2018). Moral performance has a direct relationship with spiritual intelligence, so individuals with high spiritual intelligence have higher moral scores(M & Mojtaba, 2018). There was a significant relationship found between spiritual intelligence with quality of work life and work engagement (Barghandan S. Khalatbari J., 2017). A significant correlation was found between spiritual intelligence, clinical competency and quality of care (Karimi-moonaghi et al., 2015). There was a positive significant correlation between spiritual intelligence and the nurses' quality of care. Improving spiritual intelligence can help in increasing the patients' quality of care due to encouraging the nurses' beliefs and personality (Miri KH, Keshavarz A, SHirdelzadeh S, 2015). Spiritual intelligence plays a positive role in the ethical decision making of nurses (Arsang-jang et al., 2017). A positive correlation was found between spiritual intelligence and work performance. The result shows that nurses with higher spiritual intelligence perform more in their work (Rani et al., 2013). Table 2 shows the outcomes of the role of Spiritual Intelligence related to improving the Quality of Nursing Care as can be seen in supplementary file.

DISCUSSION

The study results show that spiritual intelligence reinforces beliefs and personality and that it improves the quality of patient care. Spiritual intelligence has strengthened the beliefs and personality of the nurses and their desire to grow and learn, and to work more professionally in improving the quality of nursing care. Nurses who have strength in good beliefs and personalities will have the ability to continue to grow and learn when providing quality nursing care. The use of spiritual intelligence in the workplace is to create peace and mutual understanding from and in the nurses within their duties and responsibilities to improve nursing care (Alireza Faghihi & Bafghi, 2016). Spiritual intelligence is directly related to moral performance. Nurses with high moral functions can improve the spiritual intelligence of their personnel in certain dimensions (communication with the source of life). One aspect of nursing care is communication. If the nurse has good communication, then it will have an impact on the quality of care (Shigeko Izumi, 2011). It can be said that the more that the nurses adhere to spiritual values, the more that they will show honesty towards the patients. With the presence of spiritual intelligence and good moral performance, the nurses strive to improve the quality of patient care at a higher level, reducing the incidence of disease problems. The nurses will show that they have good ethics when carrying out nursing care (M & Mojtaba, 2018). Spiritual intelligence affects performance but it must go through organizational commitment. This indicates that someone who carries the meaning of spirituality in his work will feel secure in his own life and work, and they will also have more meaning which will form a strong organizational commitment. Establishing organizational commitment will encourage and motivate the individuals to make various efforts n the progress of the organization. Spiritual intelligence will create commitment because the individuals will have skills in dealing with stress so this will produce success in the organization. With the presence of spiritual intelligence, it will increase critical thinking and creativity in finding the right solutions in patient care (Haryono et al., 2018), (Arsang-jang et al., 2017).

Spiritual dimensions can increase the quality of care and patient satisfaction. Spiritual Intelligence has four main components forming the spiritual intelligence: critical existential thinking, personal meaning production, transcendental awareness, and conscious state expansion. Spiritual intelligence can be regarded as a personality attribute such as personality characteristics that build character and that can be used to identify the purpose of all physical and mental experiences, including the ability to create important goals and meanings for life and other contemplations of existence. Personal meaning describes the transcendental quality which includes everything expressed in a perceptive and effective way, contributing and being conducive to creativity, self-development and producing life goals and meaning. With the purpose and meaning of life known, the nurse can improve their service in caring for patients as a part of their purpose and meaning in life (Shammout & Abu-eita, 2015). Spiritual intelligence plays a positive role in the ethical decision making of nurses. Spiritual intelligence is a combination of an individual's ability to solve problems effectively with the adaptation of spiritual resources. Spiritual intelligence implies cognitive, moral and interpersonal development. With this intelligence, it will help the nurses to adjust to their environmental phenomena and to achieve internal and external integration. This intelligence provides a general view of life with spiritual experience and resources that can be used in important decision making (Karimi-moonaghi et al., 2015). There is a positive effect of emotional and spiritual intelligence on caring behavior. Spiritual intelligence is a set of mental capacities that deal with awareness, integration and the application of transcendental and spiritual (immaterial) aspects of the individual. Spiritual intelligence is the ability of the individuals to behave through reasoning with compassion if they maintain their inner and outer calm in different situations. Spiritual intelligence is a series of activities which, in addition to subtlety and flexibility in behavior, lead to self-awareness and a deep insight into life. Such that goals are drawn beyond the material world (Mohsenimaram et al., 2018).

Nursing care with a spiritual intelligence approach is a multidimensional concept where in practices, the nurses must respect, maintain patient privacy, listen carefully to the patient and help the patient to understand the treatment procedures. Nurses, in meeting the primary needs of the patients, must build relationships, provide interventions and have the ability to work together on the care tasks. If the nurses are able to build relationships that are appropriate to the patient, the quality of nursing care will increase and they have an impact on increasing patient satisfaction (Karimi-moonaghi et al., 2015).

CONCLUSION

Among fifteen articles reviewed, all showed positive results that spiritual intelligence can improve the quality of nursing care. The quality of nursing care was generated and grouped into four domains: competence, caring, professionalism and demeanor. Spiritual intelligence in the clinical environment can be applied to improve the function and role of nurses in improving nursing. Due to the impact of the nurses' Spiritual Intelligence on their job performance, spiritual intelligence training courses should be incorporated into in-service training for nurses and other healthcare workers. Spiritual Intelligence leads to changes in attitude, behavior and patient support among the nurses. Spiritual intelligence in the nurses increased the nurses 'clinical competence and quality of care, it is advisable to develop the nurses' spiritual intelligence during nursing education.

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