



Relationship between Head of Ward's Actuating Function and Spiritual Nursing Care

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Abstract

Head of ward has a role to direct and motivate nurses especially in spiritual care implementation. This study aimed to identify the relationship between head nurse's actuating function and spiritual nursing care implementation at Gedung A RSUPN Dr Cipto Mangunkusumo. This study used cross sectional design with 153 respondents included. Data was collected using questionnaires and then analyzed using Chi Square test and multiple logistic regression. The result showed that there was significant relationship between head nurse's actuating function and spiritual nursing care implementation (p value 0.000, OR 5.814). Great direction from head nurse with a high actuating function has a 5.8 times chance of implementing spiritually based nursing care compared to one with a low level of carrying out the actuating function. The nursing and training sector can develop training programs for spiritual nursing care, monitoring and evaluation, and supervision of its implementation.

Keywords: Actuating Function, Head of Ward, Spiritual Nursing.

INTRODUCTION

One of the primary roles of nurses as healthcare providers is to meet patients' emotional and spiritual needs. Spiritual nursing care is an essential skill that nurses must possess when their patients are critically ill, near death, or undergoing surgery. It serves as a bridge between religion and healthcare, addressing not only patients' physical needs but also their psychological and spiritual well-being (Husaeni & Haris, 2020).

According to Yoost & Crawford, 2016, nurses are expected to identify patients' spiritual needs and recognize the importance of spiritual factors in healthcare. Spiritual components are said to help patients recover more quickly. A person's spiritual requirements include aspects such as a relationship with God, religious obligations, spiritual activities, meaningful relationships with others, and support from loved ones who are sick or injured. There is a correlation between spirituality and quality of life, which becomes even more significant when someone is ill. Disorders such as Post-Traumatic Stress Disorder (PTSD), anxiety, and depression may arise when patients' spiritual needs are not met (Sun et al., 2021).

The implementation of spiritual nursing care remains limited due to a lack of agreement on the definition of the concept of spirituality itself (Harrad et al., 2019). Some nurses have also not received training on spiritual nursing care either during their education or in their professional practice (Wardah et al., 2017). For example, the implementation of spiritual nursing care in Banda Aceh Hospital remains low at 59.7 percent (Estetika &

Jannah, 2020). In a study conducted in the intensive care unit of RSUP Dr. Cipto Mangunkusumo, Lestari, (2020) found that 66.7% of 72 ventilated patients—who were all part of their nuclear families—exhibited low levels of spirituality. Another study by Suryani, (2020) found that nurses felt unqualified to provide spiritual care due to a lack of knowledge, high workloads, and low confidence.

Patient satisfaction with nursing services can be achieved through spiritual nursing care, which aims to enhance patients' mental tranquility during treatment (Labrague et al., 2016). In addition to benefiting patients, fulfilling their spiritual needs positively impacts nurses' work ethic and the quality of healthcare they provide, creating a positive cycle of improved spiritual nursing care and greater patient satisfaction (Sinanto et al., 2023).

The responsibility of directing inpatient care and providing nursing services falls on the nurse designated as the ward head. The ward head also serves as a frontline manager in a hospital and is expected to fulfill nursing management functions. They play a crucial role in determining the standards of care provided by staff nurses. The ward head's role in managing nursing services includes providing direction as one of their key responsibilities. By actively guiding and motivating staff nurses in delivering spiritual nursing care, ward heads can enhance the professionalism of nursing services (Estetika & Jannah, 2020).

Among the various functions of management—planning, organizing, actuating (directing), and controlling—the actuating function is especially relevant when examining the implementation of spiritual nursing care. This function emphasizes leadership, motivation, and interpersonal communication—key components that directly influence how care is delivered by nursing staff. The directive or actuating function centers on the ward head's ability to mobilize and inspire nurses to translate organizational goals into actions, making it uniquely situated to impact the quality and consistency of spiritual care practices (Marquis & Huston, 2021). While all management functions contribute to the overall performance of a nursing unit, this study focuses specifically on the actuating function because it reflects the most immediate and practical interface between ward leadership and bedside nursing care. In contrast, other functions like planning and organizing, though important, may not directly manifest in nurses' daily spiritual caregiving behavior. The decision to narrow the study's focus to the actuating function allows for a more detailed and actionable exploration of how ward heads influence spiritual care in real-time, with greater potential to inform targeted leadership interventions (Sullivan, 2022).

The quality of nursing services is significantly influenced by the ward head's guidance and quality of nursing care, one of which is spiritual nursing care. (Teresa et al., 2021). Unmet spiritual needs can lead to lower satisfaction levels, stress, negative emotions, increased pain, depression, and suicide. (Harrad et al., 2019) A ward head should pay special attention to spiritual nursing care to bring peace, strength, and happiness to patients (Amiri et al., 2018). There is a strong interest in conducting research on the "Relationship Between the Actuating Function of the Ward Head and the Implementation of Spiritual Nursing Care in the Inpatient Unit of Building A, National General Hospital Dr. Cipto Mangunkusumo".

METHODS

This research employed a quantitative analytical approach with a cross-sectional study design. The study was conducted in November 2024 in the inpatient unit of Building A at RSUPN Dr. Cipto Mangunkusumo (RSCM), a national referral hospital in Jakarta, Indonesia. The population consisted of staff nurses working in 12 wards within the unit. A total of 153 respondents were selected using accidental sampling, with inclusion criteria comprising nurses who had worked for at least six months in the ward, were directly involved in patient care, and consented to participate in the study.

Data were collected through an online self-administered questionnaire composed of two instruments. The first was a 27-item questionnaire developed by the researcher to assess the ward head's actuating (directive) function. The second was a 12-item questionnaire adapted from The Spiritual Care Inventory, designed to evaluate the implementation of spiritual nursing care. Both instruments were validated and tested for reliability in a pilot study prior to data collection, with all items demonstrating acceptable validity ($r > 0.361$) and high internal consistency (Cronbach's Alpha = 0.976).

Prior to the main data collection, ethical clearance was obtained from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Indonesia - Cipto Mangunkusumo Hospital (FKUI-RSCM), with ethical

approval letter number KET-1838/UN2.F1/ETIK/PPM.00.02/ 2024, protocol number 24-09-1473. In addition, administrative approval for conducting research within the hospital was obtained through research permit number YR.02.01/D.XII.2.3/1238/2024 issued by RSCM.

Participation in the study was voluntary, and all respondents provided informed consent prior to filling out the questionnaire. Anonymity and confidentiality were maintained throughout the research process. After data collection, responses were checked for completeness before processing and analysis using SPSS software.

Data analysis included univariate, bivariate, and multivariate techniques. Univariate analysis was performed to describe the frequency distribution and percentage of each variable. Bivariate analysis utilized the Chi-Square test to examine associations between variables. For multivariate analysis, multiple logistic regression was used to identify the most influential factors contributing to the implementation of spiritual nursing care.

RESULTS

The research findings are presented in the tables below. According to Table 1, the majority of respondents were aged 24-24 years, with 78 respondents (51%). Most were female, totaling 136 respondents (89%), had a Diploma III education (80 respondents, 52%), had more than five years of work experience (114 respondents, 75%), and had attended spiritual care training (81 respondents, 53%).

According to Table 1, most respondents perceived the ward head's actuating function as high, with 82 respondents (54%), and the majority had implemented spiritual nursing care (51%).

Table 1. Respondents' characteristics (n=153)

Variable	Category	n	%
Age	24-34 years	78	51
	≥35 years	75	49
Gender	Male	136	89
	Female	17	11
Education	D3 Nursing	80	52
	Ners (Bachelor)	73	48
Spiritual care training	Yes	81	53
	None	72	47
Head of Ward Actuating Function	Low	71	46
	High	82	54
Spiritual Nursing Care	No	76	49
	Yes	77	51

Table 2 shows that there is no significant relationship between respondent characteristics and the implementation of spiritual nursing care (all p-values > 0.05), but there was a significant relationship between the ward head's actuating function and the implementation of spiritual nursing care (p-value = 0.000).

Table 2. The relationship of implementation of Spiritual Nursing Care towards respondents' characteristics.

Variable	Category	Implementation of Spiritual Nursing Care			OR (95% CI)	p-value
		No	Yes	Total		
Age	24 - 34 years	40 (53%)	38 (49%)	78 (51%)	0.877 (0.465 - 1.654)	0.807
	≥ 35 years	36 (47%)	39 (51%)	75 (49%)		
Gender	Female	67 (88%)	69 (90%)	136 (89%)	1.159 (0.422 - 3.181)	0.977
	Male	9 (12%)	8 (10%)	17 (11%)		
Education	Diploma III	40 (53%)	40 (52%)	80 (52%)	0.973 (0.516 - 1.835)	1.0
	Ners (Bachelor)	36 (47%)	37 (48%)	73 (48%)		
Work Experience	< 5 years	18 (24%)	21 (27%)	39 (25%)	1.208 (0.583 - 2.504)	0.746
	≥ 5 years	58 (76%)	56 (73%)	114 (75%)		
Spiritual Care Training	Yes	37 (49%)	44 (57%)	81 (53%)	1.405 (0.743 - 2.658)	0.376
	No	39 (51%)	33 (43%)	72 (47%)		
Head of ward's actuating function	Low	51 (67%)	20 (26%)	71 (46%)	5.814 (2.890 - 11.695)	0.000
	High	25 (33%)	57 (74%)	82 (54%)		

DISCUSSION

The study results indicate that the majority of respondents were aged 24-34 years (51%). The researcher suggests that early adulthood is a phase where individuals are more receptive to changes in nursing paradigms, shifting from purely physical care to a more holistic approach that includes psychological and spiritual aspects. According to Estetika & Jannah (2020), nurses in this age group are more likely to provide spiritual nursing care, from assessment to evaluation.

The findings also show that most respondents were female (89%). Due to interest and professional perception, more women choose nursing as a career than men. Professionally, both genders share the same responsibilities in nursing care (Asante et al., 2023). In terms of educational background, 52% of respondents had a Diploma III degree. Education influences the perception and implementation of nursing care. Higher education levels tend to result in a stronger understanding and application of spiritually based nursing care (Kaddourah et al., 2018). This is because problem-solving skills and knowledge related to spiritual aspects develop with increasing education levels (Baysal et al., 2024).

Most respondents had more than five years of work experience (75%). The researcher suggests that work experience shapes a nurse's perspective on clinical situations and patient needs. Nurses with over five years of experience have more diverse exposure, better communication skills, and a deeper understanding of holistic patient care. Longer work experience enhances knowledge and productivity by familiarizing nurses with work patterns, environments, and necessary skills.

More than half of the respondents (53%) had attended training on spiritual care. Such training provides comprehensive insights into spirituality and its impact on patient well-being and recovery. Nurses who receive this training better understand the importance of integrating spiritual aspects into patient care, including faith, hope, and religious values that help patients cope with illness or health crises. Training also equips nurses with methods and techniques for fulfilling patients' spiritual needs (Hu et al., 2019).

A total of 54% of respondents rated the actuating function of their ward head as high. The ward head plays a crucial role in guiding nurses on integrating spiritual aspects into patient care, recognizing spiritual needs, and providing appropriate support. According to Suwarno (2023), effective nurse performance is influenced by leaders who lead by example. Clear and direct communication from leaders fosters enthusiasm in the workplace. Nurses benefit from leaders who engage directly with their teams, motivating them to perform better (Julistyanissa et al., 2022).

Ward heads are instrumental in motivating nurses to understand and appreciate the significance of spirituality in patient care. They encourage nurses to apply spiritual principles in patient interactions, fostering a supportive environment for holistic patient well-being. Effective communication is key in strengthening team performance, allowing nurses to express their opinions and exchange ideas (Alfadli & Al-Mehaisen, 2019).

In this study, 51% of respondents had implemented spiritually based nursing care. The researcher suggests that nurses recognize how patients often experience fear, anxiety, or even depression related to their health conditions. The need for divine protection tends to arise during illness or health crises. Spiritual support helps alleviate these concerns, reducing anxiety and stress while improving patient comfort and coping ability (Ramadhan et al., 2020). Each patient has unique perspectives and beliefs, influencing how nurses provide spiritual support. Spiritual nursing care interventions are not always religious; communication plays a crucial role, including active listening, open-ended questions about patients' spiritual beliefs, and maintaining good communication with patients' families.

The expected outcomes of spiritually based nursing care interventions include enhanced patient well-being and psychological stability. Spiritual care fosters hope, positive thinking, life satisfaction, faith, and comfort. It is an integral part of holistic care, recognizing patients as whole individuals with physical, emotional, social, and spiritual needs. Nurses are trained to provide care that not only addresses medical conditions but also considers patients' overall well-being.



This study found a significant relationship between the ward head's actuating function and the implementation of spiritually based nursing care (p -value = 0.000). The ward head's leadership role extends beyond providing technical nursing instructions; they also motivate nurses to consider patients' spiritual dimensions. Actuating involves empowering nurses to implement best practices, including spiritual care, thereby fostering a holistic patient support system. The initial step in implementing spiritual nursing care starts with the ward head's awareness and positive attitude (Kavosi et al., 2018). A leader who respects spiritual beliefs and values encourages their team to provide sincere and compassionate care.

By effectively exercising the actuating function, ward heads can emphasize the importance of training nurses in spiritual nursing care. This enables nurses to be more sensitive to patients' spiritual needs, ultimately improving the overall quality of nursing care. The significant relationship between leadership and spiritually based nursing care reflects a mutually reinforcing interaction—where effective leadership drives nursing teams, and spiritual nursing care enhances holistic patient well-being.

CONCLUSION

The respondents were aged 24-34 years (51%), female (89%), had a Diploma III in Nursing (52%), had more than five years of work experience (75%), and had attended spiritual care training (53%). A total of 54% of inpatient nurses in Building A assessed the actuating function of the head nurse as high. Additionally, 51% of inpatient nurses in Building A had implemented spiritual-based nursing care. There was a significant relationship between the actuating function of the head nurse and the implementation of spiritual-based nursing care (p -value = 0.000). Nurses working under a head nurse with a high actuating function were 5.814 times more likely to provide spiritual-based nursing care compared to those working under a head nurse with a low actuating function.

RECOMMENDATIONS

For the nursing department and training division to collaboratively develop a training program on the implementation of spiritual nursing care, conduct monitoring and evaluation, and supervise the implementation of spiritual nursing care, especially in inpatient units, to ensure better execution of spiritual nursing care.

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