

## Association between Nursing Spiritual Management on Quality of Life: Meta-Analysis

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### ABSTRACT

**Background:** Religion and spirituality play a role in coping with illness for many patients. This study examined religiousness and spiritual support in patients of diverse racial or ethnic backgrounds and associations with quality of life (QOL), treatment preferences, and advance care planning. This study aimed to analyze the association between nursing spiritual management on quality of life based on previous studies.

**Subjects and Method:** This study is a meta-analysis with PICO, population: inpatient. Intervention: nursing spiritual management. Comparison: without nursing spiritual management. Outcome: quality of life. The articles used in this study were obtained from three databases, namely Google Scholar, Pubmed, and Science Direct. Keywords to search for articles are “Nursing” OR “Nursing Management” AND “Nursing Spiritual Management” AND “Quality of Life” OR “QoL” AND “Multivariate”. Articles included are full-text English from 2007 to 2022. Articles were selected using a PRISMA flow diagram. Articles were analyzed using the Review Manager 5.3 application.

**Results:** A total of 8 cross-sectional study articles from Asia (Indonesia), Europe (Germany), South America (Brazil and Peru), and North America (Boston and US) were reviewed in the meta-analysis. Based on the results of the analysis, it was found that implementing of nursing spiritual management increase quality of life among patients 2.79 times compared to nurse does not implementing spiritual management (aOR= 2.79; 95% CI= 2.43 to 3.35; p< 0.001) and the result is statistically significant.

**Conclusion:** Good hospital management increase nurse work motivation.

**Keywords:** nursing management, spiritual points, quality of life, QoL.

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### BACKGROUND

The hospital is part of integral part of health care experienced a change in value orientation and thinking. In order to survive and thrive in an environment that fast changing and competitive, hospital have to change the management paradigm hospital to the point of view consumer. Service quality approach and customer satisfaction is one of the im-

portant strategies that cannot be ignored (Jannah, 2017).

The success of health services is also based on factors of nursing services commonly referred to as care nursing, Therefore, for self-development and organizational survival, hospital management needs improve employee performance. In this case, the expected increase in employee performance

is to be able to improve their performance as much as possible to provide satisfactory service (Banakhar, 2018).

Another thing that affects the success of an organization is employee performance. Every organization or company will always try to improve the performance of its employees in the hope that the company's goals are achieved. To achieve these results, factors that influence the achievement of performance are needed, including work motivation, work discipline and job satisfaction (Willis-Shattuck et al., 2008).

Motivation is behavior that includes existing strengths within a person to initiate and direct behavior in order to achieve goals, motivation will not arise if there is no impulse or need that comes from him. Work motivation is a work drive that is owned by employees to carry out their duties as expected, with work motivation to make a job more well done (Tella et al., 2007).

Ryandini et al. (2020) stated that an effort to improve employee performance, of course the role of the hospital must have efforts that aim to motivate employees to be able to be disciplined and have a work spirit in doing their work, while the efforts that can be made are to implement good hospital management.

Based on this background, a comprehensive study is needed from various primary studies on the implementing hospital management on work motivation among nurse. This study aimed to analyze the relationship between hospital management on nurse work motivation.

## SUBJECTS AND METHOD

### 1. Study Design

This research is a systematic review and meta-analysis. Data collection was obtained from 3 databases, namely: Google Scholar, PubMed, and Science Direct. The analysis of this research was carried out using RevMan

5.3 software. The keywords used were "Nursing" OR "Nursing Management" AND "Nursing Spiritual Management" AND "Quality of Life" OR "QoL" AND "Multivariate".

### 2. Inclusion Criteria

The inclusion criteria used are full English papers with a cross sectional design, the relationship measure used is the adjusted Odds Ratio (aOR), the research subjects are inpatient, the outcome of the study is work quality of life.

### 3. Exclusion Criteria

Exclusion criteria in this study were articles published in languages other than English, statistical results reported in the form of bivariate analysis.

### 4. Operational Definition of Variables

The search for articles was carried out by considering the eligibility criteria determined using the PICO model.

**Nursing spiritual management** is activities in nursing to help patients carried out through attitudes and actions of nursing practice based on spiritual nursing values, namely acknowledging human dignity, kindness, compassion, calmness and gentleness.

**Quality of life** is individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. assessment of this item using measurement tools from WHO (WHOQoL).

### 5. Study Instruments

The instrument used in this research is the Critical Appraisal Checklist Center for Evidence Based Management (CEBMA).

The following are indicators in critical assessment:

- Do the research objectives clearly address the focus/problem of the research?
- Is the research method (research design) suitable for answering the research question?

- c. Is the research subject selection method clearly written?
- d. Does the sampling method give rise to bias (selection)?
- e. Does the research sample take represent the designated population?
- f. Was the sample size based on pre-study considerations?
- g. Is the measurement method achievable?
- h. Are the research instruments valid and reliable?
- i. Was statistical significance assessed?
- j. Was a confidence interval given for the main outcome?
- k. Are there any confounding factors that have not been taken into account?
- l. Are the results applicable to your research?

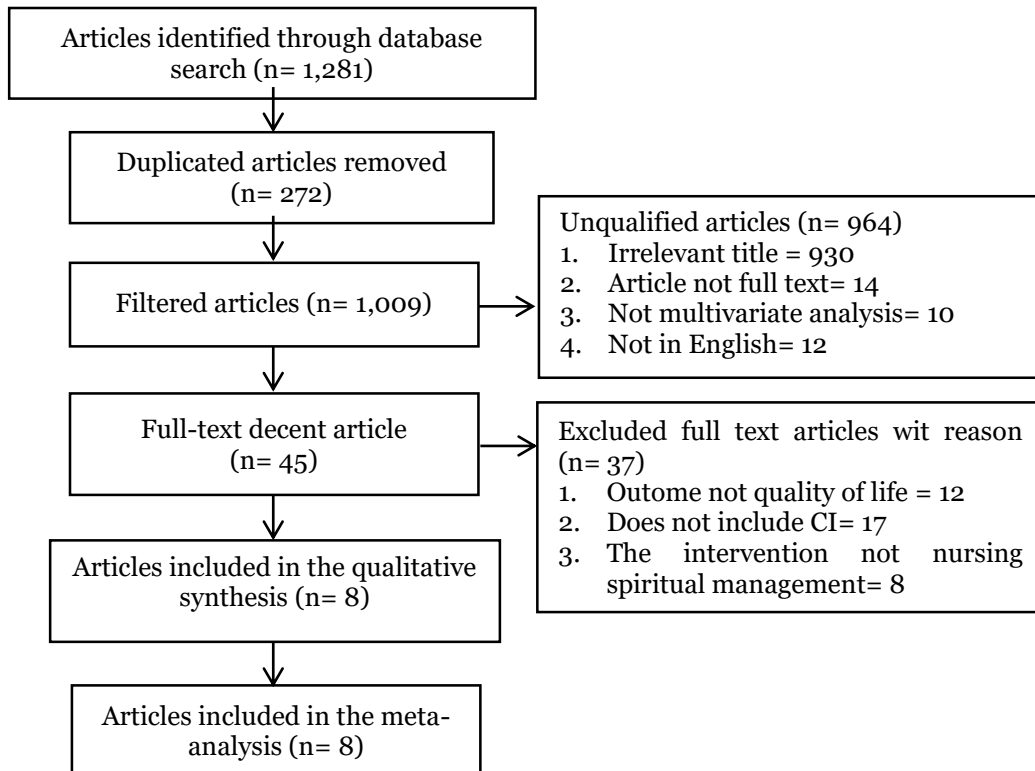
### 6. Data Analysis

The collected articles were then processed using the Review Manager (RevMan 5.3). Data processing is done by calculating aOR. Forest plots and funnel plots are used to determine the size of the relationship and the heterogeneity of the data.

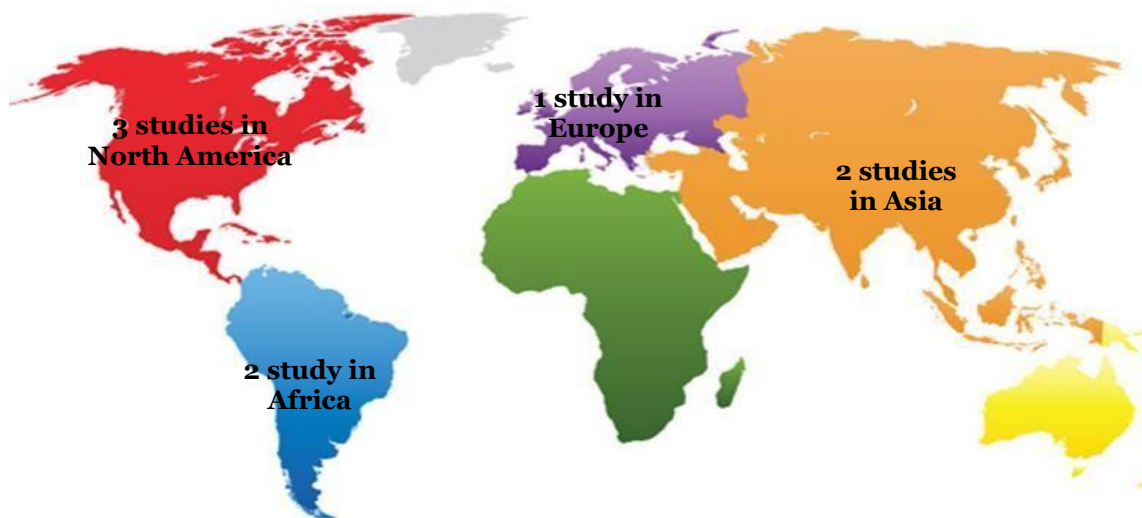
## RESULTS

Process of searching article was carried out by searching several journal databases PubMed, Google Scholar, and Science Direct it can be seen using the PRISMA FLOW flow-chart shown in Figure 1.

The initial search process resulted in a total of 1,281 articles, after deleting the duplicated articles, 1,009 articles were found, of which 45 articles were eligible for a full text review. A total of 8 articles that meet the criteria according to the quantitative synthesis meta-analysis.



**Figure 1. Results of Prisma Flow Diagrams**



**Figure 2. Resarch Distribution Map**

It can be seen in figure 2 that the research articles come from fourth continents such as Asia, North America, South America, and Europe.

Table 1 showed about study quality assessment using CEBM, then table 2 showed the details of the articles provide nursing spiritual management on quality of life.

**a. Forest plot relationship between nursing spiritual management on quality of life.**

Implementing of nursing spiritual management increased quality of life among patients 2.79 times compared to nurse does not

implementing spiritual management (aOR= 2.79; 95% CI= 2.43 to 3.35; p< 0.001) and the result is statistically significant.

**b. Funnel plot the nursing spiritual management on quality of life.**

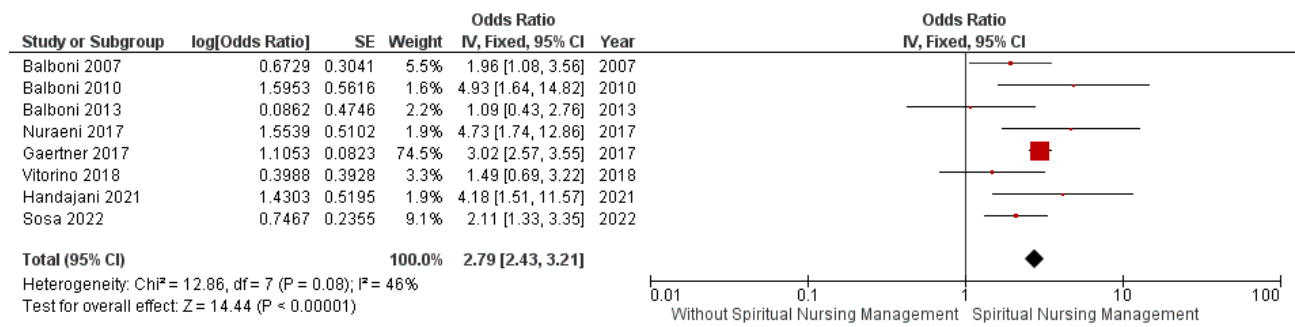
This study showed an indication of publication bias that underestimates the true effect, which is characterized by an asymmetric distribution between the right and left plots. The plot on the right has 4 with standard error between 0.2 and 0.6, then the plots on the left has 3 with standard error between 0.4 and 0.8, and 1 plot touch the vertical line.

**Table 1. Critical Appraisal Checklist Center for Evidence Based Management (CEBMA) for Association between Nursing Spiritual Management on Quality of Life among Patients.**

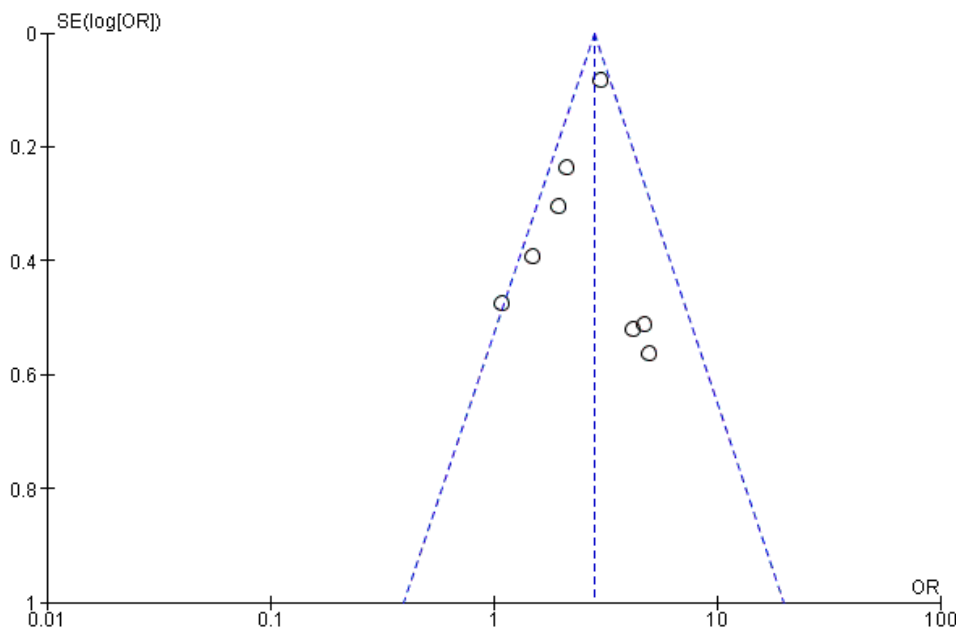
Primary Study	Criteria												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Balboni et al. (2007)	2	2	2	2	2	2	2	2	2	2	2	2	24
Balboni et al. (2010)	2	2	2	2	2	2	2	2	2	2	2	2	24
Balboni et al. (2013)	2	2	2	2	2	2	2	2	2	2	2	2	24
Nuraeni et al. 2017	2	2	2	2	2	2	2	2	2	2	2	2	24
Gaertner et al. (2017)	2	2	2	2	2	2	2	2	2	2	2	2	24
Vitorino et al. (2010)	2	2	2	2	2	2	2	2	2	1	2	2	23
Vinsalia and Handajani (2021)	2	2	0	2	2	2	2	2	2	2	2	2	22
Sosa et al. (2022)	2	2	2	2	2	2	2	2	2	2	2	2	24

**Table 2. Summary of Articles Sources of The Relationship between Nursing Spiritual Management on Quality of Life among Patients.**

Author (Year)	Country	Study Design	Sample	Population	Intervention	Comparison	Outcome	aOR (CI 95%)
Balboni et al. (2007)	Boston	Cross-sectional	230	Cancer patients in the Boston hospital.	Nursing spiritual management.	Without nursing spiritual management.	Quality of Life.	1.96 (1.08 to 3.57)
Balboni et al. (2010)	Amerika Serikat	Cross-sectional	343	Cancer patients in the cancer institute of US.	Implementing of spiritual point.	Not implementing of spiritual point.	Quality of Life.	4.93 (1.64 to 14.80)
Balboni et al. (2013)	Boston	Cross-sectional	75	Inpatients in Boston hospital.	Implementing of spiritual point.	Not implementing of spiritual point.	Quality of Life.	1.09 (0.43 to 2.79)
Nuraeni et al. 2017	Indonesia	Cross-sectional	100	Patients at emergency room.	Nursing spiritual management	Without nursing spiritual management.	Quality of Life.	4.73 (1.74 to 12.82)
Gaertner et al. (2017)	Germany	Cross-sectional	396	Patients in 3 hospitals in Germany, Europe.	Nursing spiritual management	Without nursing spiritual management.	Quality of Life.	1.88 (1.12 to 3.15)
Vitorino et al. (2010)	Brazil	Cross-sectional	77	Nurse in Tokyo with work experience >5 years	Nursing spiritual management	Without nursing spiritual management.	Quality of Life.	1.49 (0.69 to 3.22)
Vinsalia and Handajani (2021)	Indonesia	Cross-sectional	101	Nurse in Melaka hospitals	Nursing spiritual management	Without nursing spiritual management.	Quality of Life.	4.18 (1.51 to 11.59)
Sosa et al. (2022)	Peru	Cross-sectional	730	Nurse in Central Java	Nursing spiritual management	Without nursing spiritual management.	Quality of Life.	2.11 (1.33 to 3.36)



**Figure 3. Forest Plot Association between Nursing Spiritual Management on Quality of Life among Patients**



**Figure 4. Funnel Plot Association between Nursing Spiritual Management on Quality of Life among Patients**

**DISCUSSION**

This study is based on a systematic review and meta-analysis investigating the relationship between nursing management in patients satisfaction, from 8 cross-sectional studies conducted in Asia, Africa, North America, and Europe showed that hospital management is something that needs to be considered to increase work motivation especially in nurse.

Hospitals carry out their duties well, carry out health efforts effectively and efficiently by prioritizing recovery and recovery efforts that are carried out in a harmonious

and preventive manner and carry out referrals. Therefore, the role of nurses is needed to support the success of this role (Wendimagegn and Bezuidenhout, 2019).

Our study in Ghana showed that motivation n (OR= 0.74; 95% CI= 0.60 to 0.92) and job satisfaction (OR= 0.74; 95% CI= 0.57 to 0.96) were significantly associated with turnover intention and that higher levels of both reduced the risk of health workers having this intention. Health workers in the study districts achieved a good mean score of overall motivation and a



moderate mean score of overall job satisfaction (Bonenberger et al., 2014).

Moderate mean scores were also achieved in most of the motivational outcomes, but health workers rated themselves generally positive in timeliness and attendance and conscientiousness. The good mean scores achieved in these two areas, however, should be taken with caution, as it is possible that they are subject to social desirability bias in a way that subjects were reluctant to denote themselves negative attributes, such as being in efficient or reporting late to work (Terzioglu et al., 2016).

A person motivation comes from two main factors: intrinsic (motivators) are driving factors that come from within a person such as achievement, challenging work, and improvement, and extrinsic factors, namely factors that come from outside such as supervision, incentives, work environment, workload, organizational rules and policies. Nurses in hospitals not only provide services to patients, but they also of course, expect services from the hospital management so that their rights are given properly (Santoso, 2021).

According to (Tangkuman et al., 2015) stated that a person's performance proceeds with very dynamic within the individual and influenced by internal and external factors external where the individual is located.

Good employee performance can be achieved through harmonization of criteria and requirements for all staff, developing learning organizations, designing jobs for employees make full use of skills and abilities to provide information on organizational performance and prospects, use internal promotion where possible, use job security policies and use good elements in management and in determining employee wages (Sulaeman, 2014)

This study is line with research done by show the results that responsible mana-

gerial skills are one of the important factors in achieving high productivity in an organization and of course in employee motivation which will ultimately have an impact on the performance and quality of services provided (Rajhans et al., 2009)

#### **AUTHOR CONTRIBUTION**

Sarwoko, Eko Winarto, Nining Sulistyowati, is the main researcher who selects the topic, searches for and collects research data.

#### **CONFLICT OF INTEREST**

There is no conflict of interest in this study.

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