

Case Report**Determining the Relation between Nurses Spiritual Intelligence and Nursing Care Quality in Estahban City Imam Khomeini Hospital (the Relation of Spiritual Intelligence and Nursing Care Quality)**

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ABSTRACT

Introduction: Nurses' human traits and beliefs could help in better performance of their professional role. Care quality has been the most important priority of nursing whose promotion causes the patients satisfaction increase, efficiency increase and reduction of hospital costs. The present study was conducted for examining the relation between nurses' spiritual intelligence and nurses care quality in Estahban city.

Study method: The study method used in this study is descriptive of correlation type and it was performed by accessible sampling method and participation of 80 nurses with bachelor and master's degree. 42- Question spiritual intelligence questionnaire of Badie et.al (2010) and Kioalpak nursing care quality (1975) was used that their reliability was confirmed by content method and their validity with Cronbach alpha method with coefficients 0.8 and 0.85 respectively. The relation between nurses' spiritual intelligence and nursing cares quality was examined by statistical test of Pearson correlation coefficient.

Findings: There is a significant positive relation between spiritual intelligence and nursing cares quality ($p=0.00$, $r=0.502$). There is a significant and positive relation between spiritual intelligence and communicational skills quality of nursing cares ($p=0.00$, $r=0.398$). There is a significant and positive relation between spiritual intelligence and mental and social quality of nursing cares ($p=0.000$, $r=0.366$).

Conclusion: Spiritual intelligence in reinforcing beliefs and personality of nurses could help in improving the quality of patients care. Therefore, benefiting from higher spiritual intelligence of nurses in workplace could be effective in promoting better performance and implementing of role which by itself leads to promotion of patients' health.

Keywords: spiritual intelligence, nursing care quality, care quality, nurses

INTRODUCTION

At the present time, significance of nursing cares quality promotion and elevating nursing personnel capability has been placed at the top of nursing managers' plans. Then, nurses as a part of efficient human forces in healthcare

service provider centres require special attention and care. Due to great changes which have been created in organizations and health occupations about promotion of cares quality, a high necessity is felt about promotion of abilities and

competencies of human force. Nurses and nursing managers have been the greatest group among health personnel and in ethical and legal viewpoint should be responsive to quality of provided cares. Studies have shown that increasing of care costs, reduction of professional nurses and utilizing untrained nurses or other personnel of medical group instead of specialized nurses have adverse impacts on nursing care quality. Today, due to great emphasis on resources management, cost control, effectiveness of care from patients and quality and responsibility promotion, good care of the patient is necessary. Nurses learning facilitation by utilizing nursing personnel from clinical settings is widely administered.

The variable which could be influenced by nursing care quality is spiritual intelligence. Intelligence as a cognitive ability was introduced in early 20th century by Alfred Binet. He, also, invent a test for measuring the rate of people intelligence quotient. After extension of intelligence concept to other domains, human abilities and capabilities and especially introduction of emotional intelligence in psychology, Emmons by observation in behaviours and dispositions of spiritual people, combined intelligence and spirituality structures inside a new structure and created the word spiritual intelligence. He defines spiritual intelligence as follows: a framework for identifying and organizing skills and abilities required for deep perception of vital questions and insight values for multiple levels of spiritual awareness that besides improving personnel working life quality, promotes the organization total efficiency.

In his opinion, spiritual intelligence includes human capacity for asking final question about life meaning and integrates relation between us and the world we live in it. He propounds various definitions from intelligence but he considers the main core of all these definitions as focus on solving problems for adaptability and achieving goals. Piedmont introduces spirituality intelligence as internal core which could present peace especially in stressful conditions and connect him to a superior force in this world (Piedmont, 1999). In fact, spiritual

intelligence is infrastructure of individual beliefs which influence his performance and cause increasing of people flexibility against problems (Misheri et.al, 2002). Vaughan believes that spiritual intelligence is one of multiple intelligences which could develop and grow independently.

Generally we could consider emergence of spiritual intelligence structure as utilization of capacities and spiritual resources in scientific fields and situations. People use spiritual intelligence when they want to use capacities and spiritual resources for important decision makings and thought in existential issues or effort for solving daily issues. Conscious use of spiritual intelligence in individual life could lead to increasing of relation with self, others and bigger world. An article entitled the relation between spiritual intelligence of nurses with nursing care quality in nurses and patients view by Miri et.al concluded that there was a significant linear positive relation between spiritual intelligence and nursing cares quality. No statistically significant relation was observed between demographic specifications like gender, educational degree and work record with spiritual intelligence and nursing cares quality. Keshvarz et.al in his study entitled the relation of nurses' spiritual intelligence with nursing care quality in their view in Gonabad training hospitals states that there was a significant linear positive correlation between spiritual intelligence and nursing cares quality. No statistically significant relation was observed between demographic specifications like gender, educational degree, work record and so on with spiritual intelligence and nursing cares quality. In a study under the title of the relation between nurses spirituality with the patient satisfaction rate from nursing cares, Fatemi et.al (2011) concluded that the relation between nursing spirituality and patients' satisfaction is significant. Abdolrani et.al (2013) in a research under the title of the impact of spiritual intelligence on work performance: the cases of studies performed in governmental hospitals from Malaysia west coast concluded that work performance influences spiritual intelligence. Also, the factor of age and record adjustment is

not considerable. Kaor et.al (2013) in a study under the title of the impact of spiritual intelligence, emotional intelligence, mental possession and burnout on nurses care behaviours : a cross sectional study, concluded that there is a significant relation between the impacts of spiritual intelligence, emotional intelligence and mental possession, there is a significant relation between the impact of emotional intelligence, mental possession, burnout and nurses care behaviour, there is a significant relation between mental possession, burnout impacts and nurses care behaviour, mental possession is intermediate of spiritual intelligence and care behaviour and there is a relation between emotional intelligence and nurses care behaviour. Burnout is the intermediate of relation of spiritual intelligence, care behaviour and there is a relation between mental possession and nurses care behaviour. The aim of performing this study is determining the relation between nurses' spiritual intelligence and nursing care quality in Estahban city Imam Khomeini hospital.

RESEARCH METHOD

The present study is a descriptive – survey study and of correlation type. The research statistical society were selected by census method that those nurses who had bachelor's degree or higher in Estahban city Imam Khomeini and 80 nurses having these conditions completed the questionnaire. The research tool is spiritual intelligence questionnaire of Badie et.al (2010) which includes 42 items and 4 components. The component of general thought and belief dimension has 12 items, the component of ability to contrast and interact with problems has 14 items, the component of addressing ethical competencies has 9 items, the component of self-awareness and love has 7 items. This scale scoring based on Liker range has been considered as quite accordant, accordant, somewhat adverse, and quite adverse. For determining the spiritual intelligence questionnaire reliability, two methods of Cronbach alpha and fifty – fifty was used that for whole questionnaire, it is 0.78 and 0.85 respectively which indicates acceptable

reliability of the mentioned questionnaire. Reliability factors of spiritual intelligence scale ranges from 0.69 to 0.85, which indicates acceptable reliability factors and Kioalpack nursing cares quality questionnaire (1975) has been used in US, England and Nigeria. The above questionnaire has been studied in Tabriz in 2003 and has been adopted with Iran culture. Nursing care quality questionnaire includes two parts, part one includes individual specifications and second part includes three social mental dimensions including 28 questions, physical dimension includes 24 questions and finally communicational dimension includes 13 questions. The questionnaire terms are in Liker positional method. Positional responses are rarely, sometimes, often that scores 1 to 3 were designated to them respectively. For analysing the findings Pearson correlation factor was used.

FINDINGS

Regarding table 1, we can infer that there is a significant positive relation between spiritual intelligence and nursing cares quality in level 0.01, the higher the nurses' spiritual intelligence, the higher is the rate of nursing cares quality. As it is observed in table 2, the correlation coefficient between spiritual intelligence and quality of communicational skills of nursing cares is equal to 0.398 in which is significant in 0.001 level, in this sense that there is a significant and positive relation between spiritual intelligence and nursing cares communicational skills quality. Based on table 3, it is shown that between spiritual intelligence and social and mental quality of nursing cares correlation coefficient of 0.547 has been obtained and since decision criteria rate (sig.) has been obtained 0.001 and is less than 0.05. So, this obtained correlation coefficient is significant, that is there is a significant positive relation between spiritual intelligence and social- mental quality. The higher the nurses spiritual intelligence, the more becomes nursing cares of social and mental quality. Regarding table 4, we can infer that correlation coefficient between spiritual intelligence and physical quality of nursing cares is equal to 0.366 which is significant in level 0.001, in this sense that

there is a significant and positive relation between spiritual intelligence and nursing cares physical quality.

DISCUSSION AND CONCLUSION

The results obtained from table 1 showed that there is a significant and positive correlation between spiritual intelligence and nurses' cares quality. The results obtained from this hypothesis are consistent with the results of studies performed by Miri et.al (2015), Keshavarz et.al (2013), Atashzadeh et.al (2012), Fatemi et.al (2011), Abdolrani et.al (2013), Kaour et.al (2013), Kaour et.al (2015) and Plibone & Anderson (1999). In explaining this hypothesis, we can state that spiritual intelligence causes man to look at problems with more calmness and kindness, to have more effort for finding a solution, to tolerate life difficulties better and make his life dynamic. Spiritual intelligence utilization in workplace is creating peace, mutual perception and understanding between colleagues and as a result, satisfaction and quality of nurses care quality from patients. Since nurses deal with society people health and their function besides their own health has a direct impact on other people's health too and increases nursing cares quality, then spiritual intelligence have a direct impact on nursing cares quality.

The results obtained from table 2 showed that there is a significant and positive relation between spiritual intelligence and nursing cares communicational skills quality. The results of Bonnie et.al study (2010) are consistent with the aim of improving nurse-patient relation and care quality with the present study. Bonnie by forming Multilanguage and multicultural care team examined the improvement of care quality. This team nurses, immediately after acceptance of the patient with Russia, Hong Kong and Spain culture and language as help care nurse besides the ward nurse cared the patient till his discharge day that the results showed increasing quality of care from patients. Regarding the improvement of care quality in nurses and patients of similar culture and language, we can conclude that since high quality care is all

patients right and responsibility of all caring nurses and also communicational skills are learnable and by learning communicational skills, people could use various communicational approaches for answering a wide range of needs and patients different situations. The results obtained from table 3 showed that there is significant and positive relation between spiritual intelligence and mental and social quality of nursing cares. Findings of Haghighi Khoshkhou e.al study (2004) indicate that most patients reported care quality, undesirable in social- mental and communicational dimensions. In Shekhi & Javadi study (2003) the patients' satisfaction with mental cares was intermediate. In explaining this finding, we can say that nurses are legally and morally responsible for quality of care they provide and they should know that both social- mental aspects and their specialization and skill in the task of providing care is influential in patients perception from care quality. Since nurse duty in the first degree is meeting the patients' primary needs through making relation, intervention, help and cooperating in treatment task. If the nurse is able to establish suitable relation with the patient, nursing cares quality increases and if the provided cares are suitable and accurate, patients will be more satisfied.

The results obtained from table 4 showed that there is a significant and positive relation between spiritual intelligence and physical quality of nursing cares. Spiritual care from patients as a multidimensional concept includes issues such as practice and activity in fields like respect, preserving the patient privacy, listening carefully to the patient and helping patient for awareness from his illness procedure. Regarding that spirituality has been introduced as human existence basis, its impact on human redress and curativeness has been increasingly noticed in recent years that this issue is reflected in nursing cares quality so that interest in spirituality and providing spiritual cares for patients and its training in nursing faculty and merging spiritual theories in nursing profession is increasing.

Table1. Correlation coefficient of nurses spiritual intelligence with nursing cares quality

variable	r	Sig (significance level)
spiritual intelligence	0.502	0.0001
nursing cares quality		

Table 2- Correlation coefficient of nurses spiritual intelligence with nursing cares communicational skills quality

variable	r	Sig (significance level)
spiritual intelligence	0.398	0.0001
nursing cares communicational skills quality		

Table 3. Correlation coefficient of nurses spiritual intelligence with mental and social quality of nursing cares

variable	r	Sig (significance level)
spiritual intelligence	0.398	0.0001
mental and social quality of nursing cares		

Table 4. Correlation coefficient of nurses spiritual intelligence with physical quality of nursing cares

variable	r	Sig (significance level)
spiritual intelligence	0.366	0.0001
physical quality of nursing cares		

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