

The Effect of Emotional and Spiritual Intelligence on Nurses' Burnout and Caring Behavior

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DOI: 10.6007/IJARBS/v7-i12/3753 URL: <http://dx.doi.org/10.6007/IJARBS/v7-i12/3753>

Abstract: This study seeks to highlight the key value in propose and empirically test a theoretical model positing relationship between emotional intelligence, spiritual intelligence, job burnout, and caring behavior among nurses. The aim of the present study was to analyze the direct and indirect relationships between emotional, spiritual intelligence and caring behavior using structural equation modeling, also including job burnout in the model as a mediator of these relationships. A cross-sectional study was designed and conducted in this research, and a questionnaire survey was completed by a purposive sample among 172 nurses from two Islamic Hospitals in Malang, East Java, Indonesia. The results exhibited a negative effect of spiritual intelligence on job burnout; the positive effect of emotional and spiritual intelligence on caring behavior, and the negative effect of job burnout on caring behavior. It was indicated that the best predictors for job burnout were spiritual intelligence, for caring behavior were job burnout. Interestingly, emotional intelligence would not be as important as spiritual intelligence in predicting job burnout and caring behavior. This finding may be seen as prospects and advantages to both nurses and patients is a motivating factor for future researchers.

Keywords: Emotional Intelligence, Spiritual Intelligence, Job Burnout, Caring Behavior.

Introduction

Nursing profession has increasingly been faced with human resource challenges. Health care organizations – where nurses are belonging – are not factories and, in comparison with industrial model of management, they require a different set of human resources practices and systems to support a particular kind of service. Health care settings are plagued by a wide variety of which increasing job demands due to the introduction of sophisticated technologies and greater concern of patients' satisfaction. Nursing is a health care profession focused on people's health. Health care providers spend their entire lives providing services to the people and community health.

Nurses are professionals whose role could not be ignored from all forms of health services in hospitals. The primary duty of the nurse is to interact with patients. The interaction takes even longer than the doctors and physicians' interaction with the patient. Gillies (2000) stated that 60-70 percent of human resources in the hospital are nurses. This would lead nursing to an integral part of healthcare that has a major contribution in determining the quality of hospital

services. The performance of nurses is recognized as an integral component in the provision of quality health care. Nursing care quality has been indicated as the largest predictor of patients' satisfaction with their care. Jean Watson, who is recognized as a pioneer who emphasizes caring that is essential in nursing practice (Watson, 1985). Caring is an essential element of nursing, in which could be exceeded and communicated outside time, space, and physical boundaries (Watson, 2008). Caring is also a general concept that encompasses various behaviors, and demonstrates the important convergence of professional values in caring and use of healthcare professionals in order to maintain quality of health (Greenhalgh, Vanhanen, & Kyngas, 1998; Henderson et al., 2007). In its development, the concept of caring in terms of the Islamic context has been of particular concern and gained more focus than nurses, especially in the areas of cultural and spiritual care (Ismail, Hatthakit, & Chinawong, 2015).

As a health care organization, hospital requires nurses to be more committed and have better cohesive working relationships. Therefore, organization recognized the importance of emotional and spiritual intelligence of individuals (King, Mara, & Decicco, 2012). Emotional intelligence is defined as ability to perceive, understand and apply the power and sharpness of emotions effectively (Salovey & Mayer, 1990) as well as a source of energy, information, building connections and influence among humans. While spiritual intelligence is a set of abilities that individuals use to apply, manifest and realize spiritual resources, values and qualities (King & Decicco, 2009) that enhance daily function and spiritual well-being. With these two intelligences used by nurses effectively, work environment will be more conducive and cohesive. A better work environment deals with higher productivity levels.

Considering their emotional, psychological and physical fragilities, patients are not "normal" customers. In spite of this, there does not seem to be a heavy emphasis on this concept in the practice within the nursing profession. Nurses are assumed to develop those psychological characteristics that allow them to provide health care services in which holistic and individualized care is apparent. Nursing research on stress and burnout has traditionally focused on task-related variables such as workload, caring for the critically and terminally ill, inadequate preparation.

Previous research findings provide an interesting picture of interrelationship patterns between intelligence, burnout, and caring. Considering about emotional factors inherent with individuals, emotional intelligence is seen highly related with nurses' caring behavior (Dharmanegara & Pradesa, 2015; Kaur, Sambasivan, & Kumar, 2013; Rego, Godinho, McQueen, & Cunha, 2010) and contributes importantly in decrease nurses burnout (Cohen & Abedallah, 2015; Kaur et al., 2013; Weng et al., 2011). Some author revealed spiritual intelligence has no important impact on job burnout (Kaur et al., 2013) and does not give meaning to nurses' caring behavior (Kaur et al., 2013). This condition is contrary to an overview of the concerns of the Islamic context, indicating that a person's concern form is a result of behavior based on spiritual values (Ismail et al., 2015), in addition to considering that spirituality emphasizes the search for the significance of each individual experience (Bryson, 2015), included in nursing activities (Narayanasamy, 2014) aimed at meeting the spiritual needs of the patient (Ku, 2016; Yildiz, Göktas, Malak, & Eren, 2015, 2014). This study is trying to reveal more clearly about the gap on the linkage between emotional intelligence and spiritual intelligence to the concern

mediated by the nurses' job burnout, especially for nurses who work in Islamic Hospital in Malang.

There has been substantial research conducted and literature published on intelligence, burnout, and caring behavior among nurses in various aspects of nursing. This study conducted in Islamic Hospital in Malang, East Java, Indonesia. Drawing on wider research, this paper examines the structural model in the relationship of emotional and spiritual intelligence on job burnout and caring behavior.

Theoretical and Practical Implications

The significance of this study will give nurses a greater understanding of how their caring behavior will be perceived by patients. Incorporating the views of relatives into the delivery of care in the context of critical care will allow nurses to create a patient-centered service. Nurses want to understand better about the appropriate approaches in coping with burnout, and still with interventions and strategies to build quality of care for patients. Also this research will improve on theoretical extent by analyzing the relationships between emotional intelligence, spiritual intelligence, job burnout and caring behavior. Practically, nurses must be assured to adapt to findings emerging from current research showing that they who have problems with burnout will continue to decrease their positive behavior in workplace. Furthermore, knowledge about nurses' perceptions of burnout can assist the effect of intelligence in order to improve their performance by developing appropriate caring behavior. The expectation of this research would show that both of intelligence (emotional and spiritual) would be treated as important predictors of caring behavior. It is also could be noticed that job burnout will mediate the relationship between intelligence and caring behavior. This will imply in the greater needs of nursing practice to promote the importance to prevent burnout among nurses, with the help of building strong emotional and spiritual intelligence.

Literature Review and Hypotheses Development

Emotional Intelligence

Long before emotional intelligence was recognized and conceptualized as a learning tool in business, the emotions of people in the workplace, those of potential recruits and those marked out for promotion, was noticed and noted as was their intelligence and their perceived abilities to do the job. Much research has been carried out on aspects related to both its development and to how it affects the lives of individuals and organizations. While a number of theories associated with EI currently exist, one that has generated a great deal of scientific research is the work of (Salovey & Mayer, 1990) .

According to (Goleman, 1995), "emotional intelligence includes abilities such as being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one's mood and keep distress from swamping the ability to think; to empathize and hope" (p. 34). Although it is difficult to provide a definition of EI that is accepted by all, at a theoretical level EI reflects the extent to which a person attends to, processes, and acts upon information of an emotion nature intra-personally and inter-personally (Salovey & Mayer, 1990).

(Mayer & Salovey, 1997) defined emotional intelligence as a ability to recognize feelings, reach out and arouse feelings in order to help mind, to understand feelings and their meaning, to control feelings deeply so as to foster emotional and intellectual development. This emotional intelligence greatly affects the life of a person as a whole from the life in the family, the work, to the interaction with his social environment (Goleman, 1995) says mood coordination is the essence of good social relations. When a clever person adjusts to the mood of another individual or can empathize, the person will have a good emotional level and will more easily adjust in social and environmental relationships. Further explained that emotional intelligence is the more ability a person has in self-motivating, resilience in the face of failure, controlling emotions and delaying satisfaction, and regulate the soul. Having a high emotional intelligence can place emotions in the right portion, have satisfaction and set the mood.

Based on several definitions that have been described, it can be concluded that emotional intelligence is the ability of a person in using or managing self-emotion and also when dealing with others (Mayer, Roberts, & Barsade, 2008; Mayer & Salovey, 1997; Salovey & Mayer, 1990) and use effectively to self-motivation and surviving from the pressure (Rego et al., 2010; Sobhi & Jenaabadi, 2015). In the perspective of nursing, a nurse is expected always to take care of the patients (Wurzbach, 1999). Patients not only treated as objects, but also as subjects who participate in deciding treatment, therapy or treatment. Intrapersonal intelligence is also demanded in nursing when nurses empathize with patients, try to understand their perspectives and engage in counseling skills. The nurse must be able to view a patient holistically or thoroughly (O'Connell & Landers, 2008), that is why in building interpersonal relationship with patients; emotional intelligence becomes one of the important things.

(Mayer, Caruso, & Salovey, 2000) define emotional intelligence widely include the following:

1. The ability to see, assess and express emotions accurately and adaptively,
2. The ability to understand emotions and emotional knowledge,
3. The ability to access and arouse feelings in which it facilitates cognitive activity and adaptive action,
4. Ability to regulate emotions on self and others.

(Goleman, 1995) mentions the five dimensions or components of emotional intelligence that are explained below:

1. "Self-awareness - the basis of emotional intelligence, knowing oneself means trying to understand the person's own personality, personality, personality, temperament and temperament, natural gifts, strengths, weaknesses and self-difficulties which are owned.
2. Self-regulation - a cautious and intelligent attitude in managing life, balance and controlled policies, and the goal is to balance emotions rather than suppress emotions, because each feeling has value and meaning.
3. Motivation (Motivation) - a concept used to describe the forces that work against the individual self to start and direct the behavior or any attitudes that encourage the emergence of a behavior
4. Empathy - a feeling of sympathy and concern for others, especially to share experiences or indirectly feel the pain of others.

5. Social skills - a range of choices that can encourage effective communication with others.

Spiritual Intelligence

Spirituality is an awareness of life which enables people to think about life, who they are and where they come from. Sisk (2002) explains spiritual intelligence can be described as a deep self-consciousness in which a person becomes increasingly aware of the dimensions of self, not only as a body, but also as a body-mind and soul. Spiritual intelligence as a capacity to use multisensory approach includes intuition, meditation, and visualization in accessing one's inner knowledge to solve problems (Sisk, 2002). Emmons (2000) sees that spiritual intelligence can contribute to positive life outcomes such as emotional well-being, positive functioning, and improved overall quality of life. Seeking self-awareness and understanding inner identity is a benefit to accessing spiritual intelligence. Self-awareness and the search for one's inner identity can be accessed through the efforts of utilizing the most important personal spiritual intelligence for a person to maximize his function and perform better in achieving goals. While (King & Decicco, 2009) define spiritual intelligence (SI) as "a group of mental capacities that contribute to awareness, integration, and adaptive nonmaterial application and transcendent aspects of one's existence, resulting in results such as deep reflection of existence, transcendent self-confidence, and mastery of spiritual status".

(Narayanasamy, 2014) explains that spirituality and special spiritual care have evolved in science and health care because health care professionals are deeply concerned about patients who have no spirit as a consequence of the illness. (Mumtaz, 2017) argued that workplace spirituality could enhance nurses' job satisfaction, but (Asghari & Shirvani, 2015) stated that spiritual intelligence will improve hospital performance. Nursing profession has its main job in trying to understand human beings both in health and illness, from birth to death, as a way to consider the existence of humanity as a whole and to be acquainted with all aspects (Yildiz et al., 2014). Spirituality is the essence of human existence give meaning and purpose to human existence (George, Larson, Keonig, & McCullough, 2000), then spiritual care is the greatest form of gift that health professionals can provide, including nurses to patients who feel psychic, so the nurse must be willing to direct the patient to be able through difficult things and personal suffering (Narayanasamy, 2014). Spirituality can clearly be multidimensional because basically a human is the output or output of a multidimensional relationship (Bryson, 2015). While the spiritual dimension began to receive much attention as physical, emotional, psychological and social dimensions after health care began to be given through a holistic or integral approach (Yildiz et al., 2014). King & Decicco (2009) identified four major dimensions of spiritual intelligence, in which the explanations for each of the dimensions of spiritual intelligence:

1. Critical Existential Thinking (CET) is the existential thought of which means the ability to think about the meaning of life, its purpose and its metaphysical problems or other worlds (eg, presence, reality, death, universe). In addition, the existing thinking includes the ability to think of non-existential issues with respect to human existence from life to death.

2. Personal Meaning Production (PMP) is the ability to form and interpret all mental and physical experiences, including the ability to generate and know the reasons for human existence.
3. Transcendental Awareness (TA), or transcendental awareness, is the ability to recognize extraordinary measurements for oneself, others, and the physical world among the unique state of consciousness, in line with the ability to recognize relationships between oneself and with the physical environment.
4. Conscious State Expansion (CSE), described as a development or expansion of the state of consciousness, is the capacity of a human to move in a higher level of spiritual awareness of the wisdom of the self.

Job Burnout

Job burnout is seen as a serious psychological phenomenon that can lead to higher levels of depression, anxiety, somatic complaints, and even suicide (Maslach & Leiter, 1997). The concept of burnout was started to be developed and tested in the context of human services such as social work, teaching, and health care. One of the most outstanding definitions of burnout is “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (Maslach, Jackson, & Leiter, 1996). According to Maslach & Jackson (1981), a key point of the burnout syndrome is increased feelings of emotional exhaustion.

Burnout is often studied in nursing populations for several reasons; one of it is the fact that nursing is a large body of health care professionals, linked with high levels of fatigue. For health care workers such as nurses, job burnout is a construct used to describe psychological state due to periods of stress levels prolonged height in professional (Altun, 2002). Compassion fatigue and burnout are the two most frequently talked about aspects of professional quality of nursing profession. Nurses are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their profession.

The nature of nursing is based on empathy, compassion and humanization of the treatment provided in health care not only in the form of medicines. Nursing profession is directly interacting with the patient at a very personal level in the work environment, in which is not always conducive to positive consequences. Dullness begins with physical, emotional or psychological demands and institutional demands (Maslach, Schaufeli, & Leiter, 2001). It has been argued that the underlying cause of fatigue lays in the disturbing emotional aspects of patient care, such as overly demanding patients, unreasonable patient behavior, painful patient illnesses (especially pain or uncertainty of death) that can cause a response emotionally strong for the nurses. Job burnout also encourages the recognition that sometimes there is a denial by the caregiver of the emotional response of the patient's painkiller.

Nurses are strongly advised to not experience burnout, because it will destroy creativity, decrease productivity and quality of performance, and increase the chance to make mistakes or act with poor judgment (Altun, 2002). The role of individual work patterns and individual factors in nurses' burnout research has received little attention (Allen & Mellor, 2002). Burnout is described as a reduction in a person's mental or physical state to a certain extent and thus

exhausts energy after a chronic tired period in work is not reduced, burnout is also a continuing response to chronic emotional and interpersonal stress in work (Schaufeli, Leiter, & Maslach, 2009). Burnout has long been recognized as a matter of leaving professional enthusiasm cynical and ineffective, and Maslach and Goldberg (1998) proposed two new approaches to burnout prevention focusing on interaction between personal and situational factors. The first approach, based on Maslach and Leiter (1997) multidimensional model, focuses on the opposite of burnout, improves work attachment by making better conformity between individuals and jobs. The second approach draws from the decision-making literature and framing the burnout in terms of how perceptions of the risk of burnout may be able to bring suboptimal choices that actually increase the propensity of job burnout. The new approach provides a direct strategy to prevent burnout because this new approach provides (1) specific criteria in evaluating outcomes, and (2) the focus of attention on the relationship between a person in a particular situation and another in isolation. A major review of work fatigue is about the three steps or stages of the process from burnout, namely: emotional exhaustion, depersonalization or cynicism, and personal achievement are reduced (Maslach *et al.*, 2001).

Caring Behavior

Nursing is a nurturing profession, and caring is the essential component of its holistic practice. Caring is considered an integral component of nursing practice. Unlike traditional science that requires its own descriptions, one of the problems in nursing science is to recognize its own phenomenon and requires its own method to clarify concepts with meaning, its relationship to its own context (Watson, 1985). This would led to greater understanding that science of caring could not be assumed so simply, due to theoretical attempts that require sustained explanations and developments.

The study of human caring as an essential characteristic of nursing practice has gradually expanded from early definitional, philosophical meaning of caring. Caring behavior rooted in human caring theory, such a philosophical, theoretical and ethical framework that guides professional practice in the health setting with nurses and other team members. The philosophy of human caring is an integral component of nursing and which is essential for healthcare professionals. Working in the construction of the theory of human concern requires a paradigm shift from a traditional mechanistic medical model to a model of healing holistic (Watson, 2008). Spiritual concepts are influenced by the theory of human concerns respecting human dignity, unity of mind, body, and spirit, while realizing the seriousness of the action form of caring (Watson, 2008). The basic premise of Jean Watson's human-caring theory is a relationship-based model that includes healing in the context of sincere, reciprocal and transpersonal relationships, a relationship that respects the myriad cultural and individual diversity that is relevant to all health professionals. Theories of human awareness further advance the concept of approach holistic and give hope how health care can be done better.

The theory of human caring proposed by Watson (1985, and 2008) provides the foundation to examine the relationships of nurse caring behaviors and patient, which it is build in interpersonal process that occurs between two people and involves both the provider of care and the receiver of the care. Human Caring Theory recognizes the relationship of one who

develops with oneself, others, society, and the world based on transpersonal theory. The transpersonal and spiritual terms are transposable. So the human concern theory of Watson is related to the spiritual interconnection of man to each other and the universe. This is not an ordinary relationship, but according to Watson it is more of a deliberate form of connectivity. The theory of human concern facilitates the renewal and evolution of nursing into distinct professions. Nursing cohorts include morality, spirituality, and scientific practices related to the effort to preserve humanity. The actions, thoughts, and feelings are harmoniously in harmony with the practice of care in all aspects of nursing (Hoffmans, 2006).

The results of the initial factor analysis of Caring Behavior Inventory by (Wolf, Giardino, Osborne, & Ambrose, 1994) has revealed the five dimensions of the caring process emerging in nursing work, with reference to Watson's concept of caring behavior (Watson, 1988). These five dimensions are:

1. Respectful deference to others, incorporating the attention and courtesy of other people or parties (such as patients).
2. Assurance of human presence, reflecting investment for other needs and security.
3. Positive connectedness, indicating the optimistic and constant readiness of the nurses to help others (such as patients).
4. Professional knowledge and skills (Professional knowledge and skill), which is the expertise, information and skills possessed by the nurse.
5. Attention to other's experience, appreciation and attention in the perspective and experience of others.

The fifth review indicates conformity with the dimensions of nursing profession. (Watson, 1988) defines caring as a form of nursing assignment that implies physical care, body care, aspects of action or external behavior toward the patient. Especially with regard to Transpersonal Caring Theory at the nurse who is in the consciousness of the nurse. For example, dimensions of certainty of nurse attendance, positive relationships, and attention to the experiences of others reflect the transcendental aspect of the nurse's attention. These factors are consistent with the perspective that awareness of patient healing efforts is contained in a single moment of concern that occurs between the nurse and the patient, and exists throughout the interaction time between the two parties.

Hypotheses Development

This paper addresses the following research question: In an Islamic hospital, how do nurses perceive their emotional and spiritual intelligence with job burnout influence nurses' perceptions of caring behavior? In this study several research hypotheses are proposed and test them in a field study employing a survey of registered nurses employed within a large Islamic hospital system, and test the research hypotheses using the partial least squares (PLS) approach to structural equation modeling (SEM).

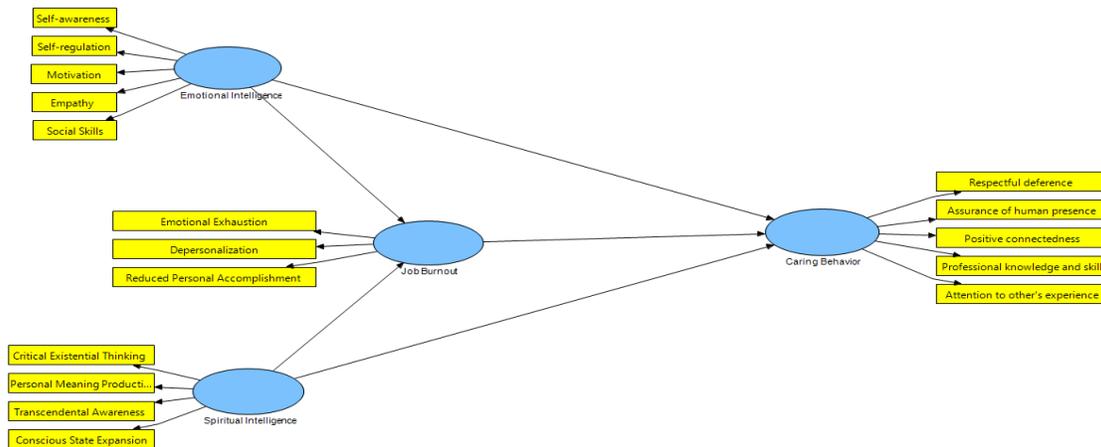


Fig.1. Conceptual Model Proposed in This Study

According to our previous discussion, we put forward the following hypotheses:

- H₁ : Higher emotional and spiritual intelligence will led to decrease job burnout among nurses.
- H₂ : Higher emotional and spiritual intelligence will increase caring behavior performed by nurses.
- H₃ : Higher job burnout will decrease caring behavior among nurses.
- H₄ : Job burnout will have an important mediating effect in the effect of emotional and spiritual intelligence on caring behavior among nurses.

Methodology

As a quantitative research, this study was conducted in Malang, as a second well-known city in East Java, Indonesia. Data collection used in this study is questionnaire as a primary data gathering tool, with generating samples which are chosen from population.

Population and Sample

Based on the hypothesis in the research design, there are four observed latent variables, which consist of emotional intelligence, spiritual intelligence, work fatigue, and caring nurses. This quantitative research is classified into causality research using the subjects of Nurses Islamic Hospital in Malang, especially on nurses who work at Islamic Hospital of UNISMA at Jalan Mayjen Haryono 139 Malang City and Aisyiyah Islam Hospital Malang at Jalan Sulawesi No 16 Malang. Sampling using purposive sampling method is nurse who has job assignment with direct interaction with patient, which consists of 80 nurses from RSI Unisma Malang and 92 nurses from RSI Aisyiyah Malang.

Measures Development

All observed variables in this study were assessed via self-report questionnaire. Previous empirical and theoretical literature is reviewed in order to develop the measures for the key constructs in the study: emotional intelligence, spiritual intelligence, job burnout and caring

behavior. The issue of content validity was tackled from the beginning of the study during the development of measurement items and instruments. The questionnaire scale used was a 5-point Likert-type scale, with 1 representing *strongly disagree* and 5 representing *strongly agree*. Additionally, the questionnaire was pilot tested in the field and changes were made to both the measurement items and instrument. As such, the measurement instrument and constructs were deemed to have content validity and reliability in pilot test result.

Analysis

Measurement of latent variables that developed in this study were based on the previous empirical and literature review were used to construct an SEM to analyze the relationship between each of the factors that are related. The original data was used as the input to test the proposed research model as represented in Figure 1. SmartPLS software package is employed in this study to analyze data. The final research model as represented with the indicators that have significant loading factor in Figure 2. The results of the confirmatory factor analysis suggest that not all of manifest variables or indicator from latent variables is adequately significant and could be used in the further analysis.

The research hypothesis was tested and analyzed with PLS-based structural equation modelling, SmartPLS Software. As a second generation multivariate technique, PLS can simultaneously evaluate the outer model and the inner model in order to minimize variance errors. In addition, PLS-SEM is a prediction-oriented variance-based approach that focuses on endogenous target constructs in the model and aims at maximizing their explained variance (i.e., their R2 value).

Findings and Discussion

The means and correlations for the study variables are shown in Table 1. Cronbach's reliability alphas for all measures were quite high. Cronbach's alpha coefficients for the four overall scale scores have been reported in this study which reveals that relative high reliabilities that ranged from 0.906 to 0.959, these are all very good reliability coefficients and acceptable. Means and standard deviations for each unit for measures were calculated and used for further analysis. Means, standard deviations, and ranges of scores on the scales used in this study for the 172 nurses who responded were as follows: (a) emotional intelligence (15 items; $M = 3.41, SD = 1.093$); (b) spiritual intelligence (16 items; $M = 3.48, SD = 1.009$); (c) job burnout (9 items; $M = 3.12, SD = 1.133$); and (d) caring behavior (15 items; $M = 3.04, SD = 1.102$). In Table 1 also presented the correlations between the latent variables; with all of the correlations were statistically significant ($p < .001$).

TABLE 1.AVE, CR, Mean and Correlation Coefficient

	AVE	√AVE	CR	Mean	SD	1	2	3	4
1.Emotional Intelligence	0.8590	0.9270	0.968	3.41	1,0930	<i>(0.959)</i>			
2.Spiritual Intelligence	0.8500	0.9220	0.958	3.48	1,0090	0.647	<i>(0.941)</i>		
3.Job Burnout	0.8420	0.9170	0.941	3.12	1,1337	-0.358	-0.374	<i>(0.906)</i>	
4.Caring Behavior	0.8350	0.9140	0.962	3.04	1,1022	0.569	0.585	-0.594	<i>(0.951)</i>

Notes : *p, 0.05; **p, 0.01; (two-tailed significance); Cronbach’s alphas for each scale are italicized and shown in the diagonal.

From Table 1, the scale items, reliability, and fit statistics are all in the acceptable range. The results suggest that the outer loadings are significant for all items and the underlying constructs are valid. To explore the integrity and distinctness of the measures, items in the scales were examined for face validity and confirmed by discriminant validity. Discriminant validity assessed using the extracted average variance, and the AVE value for each factor compared with and should exceed the quadratic correlation between the factor and all other factors. The average variance extracted (AVE) for variables in model: emotional intelligence, spiritual intelligence, job burnout and caring behavior were 0.859, 0.850, 0.842 and 0.835, respectively. The results also show that the composite reliability (CR) is 0.968; 0.958, 0.941 and 0.962.

TABLE 2.Goodness of Fit Evaluation

Construct	R-Square	Communality
Emotional Intelligence		0.8586
Spiritual Intelligence		0.8500
Job Burnout	0.1594	0.8419
Caring Behavior	0.5350	0.8352
Average	0.8972	0.7747

Table 2 show the value of R square and communality among observed variables. *Goodness of Fit* in this study valued by the equation: $\sqrt{AR^2 * A.Com} = \sqrt{0.3472 \times 0.2938} = 0.5421$, in which this mean as a large predictive structural model. In addition, job burnout had the most significant impact on caring behavior, followed by spiritual intelligence, and emotional intelligence (see Table 2). The final model with significant standardized regression coefficients

(b) is presented in Figure 2. In summary, a total of 60.91% of Q-Square Predictive Relevance (Q^2 , calculated by : $Q^2 = 1 - [1 - R_1^2][1 - R_2^2]$) in caring behavior was explained by emotional intelligence, spiritual intelligence, and job burnout.

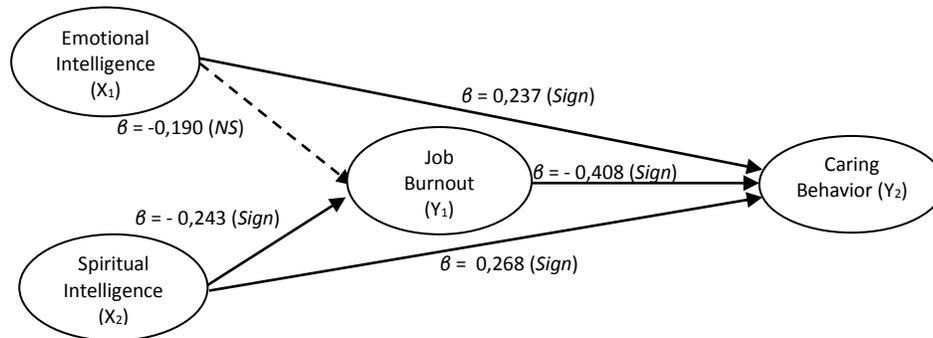


Figure 2 Final Research Model

The results indicate that nurses who believed that they feeling low in job burnout were more likely to increase their caring behavior in nursing work. On the other hand, emotional and spiritual intelligence had significantly positive direct effects on caring behavior. In addition, emotional intelligence was found to be insignificant to reduce nurses' job burnout.

TABLE 2. Direct Effects in Model Result

Relationship Between Variables	Direct Effect	Indirect Effect
1. Emotional Intelligence to Job Burnout	-0.190	
2. Spiritual Intelligence to Job Burnout	-0.243*	
3. Job Burnout to Caring Behavior	-0.408**	
4. Emotional Intelligence to Caring Behavior	0.237*	NA
5. Spiritual Intelligence to Caring Behavior	0.268*	0.099

Note: ** p, 0, 01; (2-tailed); * p, 0, 05; (2-tailed);

Based on Table 3 and Figure 2 above, all of the hypotheses were tested and analyzed using Partial Least Square method. The explanations of each hypothesis which have proposed in this study are stated below:

Hypothesis1. Path coefficients from the structural model in emotional intelligence to job burnout were -.190 ($p < .059$), spiritual intelligence to job burnout were -.243 ($p < .017$). Based on the statistical results hypothesis 1 is rejeited, emotional intelligence have no important effect on nurses' job burnout.

Hypothesis2. Path coefficients from the structural model in emotional intelligence to caring behavior were .237 ($p < .007$), spiritual intelligence to caring behavior were .268 ($p < .002$).

Based on the statistical results hypothesis 2 is accepted, both of emotional and spiritual intelligence have important effect on nurses' caring behavior.

Hypothesis3. Path coefficients from the structural model in job burnout to caring behavior were $-.408$ ($p < .000$). Based on the statistical results hypothesis 3 is accepted, job burnout has important effect on nurses' caring behavior.

Hypothesis4. From Sobel test result in each indirect relationship reveals that path coefficients from the structural model in emotional intelligence to caring behavior through job burnout were $.078$ ($p < .137$), spiritual intelligence to caring behavior through job burnout were $.102$ ($p < .045$). Based on the statistical results hypothesis 4 is rejected, because only one indirect path which is spiritual intelligence on caring behavior through job burnout found to be significant.

Conclusion

The original aim of the study from which this data was drawn was to explore intelligence and burnout that would affect caring behavior among nurses in Islamic Hospital. This analysis has shown that a quantitative understanding of emotional intelligence, spiritual intelligence and burnout could make a significant contribution to understanding the nurses caring behavior. As caring is a universal phenomenon practiced among all cultures, the specific context of Islamic Hospital will led to more interesting result. Perceptions of care and caring behaviors may be influenced by many variables and may best be captured by using quantitative methods.

The predictive model examined in this study presented all of constructs as a reflective rather than formative construct. This study demonstrated that emotional and spiritual intelligence have a direct, positive impact on generating caring behavior, while job burnout as another antecedents found significant to affect caring behavior. However, only spiritual intelligence could affect job burnout comparing with emotional intelligence. This suggests that spiritual intelligence play a more salient role in determining job burnout and caring behavior among nurses. Evidence emerged that the emotional intelligence has no important effect on burnout. A central research question addressed the prediction of burnout by emotional intelligence as opposed to the prediction of job burnout by spiritual intelligence. Meanwhile, it partially reflects on well-known work on 'emotional labor' and the delivery of nursing care, and wonders if care and compassion is still at the heart of nursing care.

This interesting and relevant paper addresses the debate on nursing work from a different angle and at different levels. The strengths of this study include the internal validity and consistency among its constructs in conceptual framework using a theoretical model. In conclusion, this study found evidence to suggest that in specific view on the uniqueness of this religiosity context (Islamic hospital) in which a core set of values has been set, an argument emerges in which kind of intelligence standards embraced by care and compassion are employed to deliver care. Interestingly, in an Islamic hospital with more localized focus and oversight, nurses can be identified as being predisposed to burnout due to their caring attitudes and behaviors, individual and workplace interventions might be developed and implemented to assist in identifying predisposing factors to burnout and, in turn, reduce or prevent burnout in

the future. Furthermore, nursing must keep its head and not respond piecemeal to new ill thought-through policy initiatives.

The suggestion that nurse's 'readiness for develop self-skills is increased by intelligence related to the concerns that are applied in formal relationships with individuals and groups. On the other hand nurses need to be alert and responsive to situations involving nursing leaders, patients or families with other specific needs. Nursing profession places a high value on caring as the most important basis of nursing work. In fact, nurses may face challenges that require balanced awareness activities with assigned tasks by hospitals that can affect both posture and work-related psychic states. Beyond that, nurse must still be able to develop a relationship that shows the level of concern with the patient to express the nursing professional's identity, which can be driven by the maximum effort to discover the meaning and value in personal and work.

Some limitations need to be addressed and should be noted. All data are self-reported, and further studies would ideally include data from another hospital context to improve validity of the constructs involved. Establishing correspondence between two surveys conducted independently and with distinct methods for identifying the wards on which nurses are worked and patients stayed resulted in the loss of potential data that would have permitted more extensive statistical analysis. The underlying dimensions of the latent factors used in this study are not exhaustive and were derived from the limited number of previous studies available. For example, little is known about spiritual intelligence and its indicators.

This constraint provides an opportunity for future research. Future studies should integrate patient and staff surveys to allow maximum data use. The model can be improved by including additional variables such as another attitudinal mechanism (e.g. satisfaction, commitment). These additional variables may help strengthen the model and provide another trajectory for future research.

Acknowledgment

The authors would thanks to: (1) Director of Islamic Hospital Unisma Malang and Islamic Hospital Aisyiyah Malang, (2) All of nurses who participated in this study.

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