



# The effect of spiritual leadership

## and spiritual intelligence on low nurse burnout in a hospital during the COVID-19 pandemic

*El efecto del liderazgo espiritual y la inteligencia espiritual en el bajo agotamiento de las enfermeras en el hospital durante la pandemia de COVID-19*

 Millatul Aisyah Ardhani, Master of Hospital Administration, Postgraduate Program, University of Muhammadiyah Yogyakarta; 2nd Floor Postgraduate Building, UMY Integrated Campus, Jl. Brawijaya, Kasihan, Bantul, Yogyakarta, Indonesia. 55183; 0274-387656, Email: [nawardhani65@gmail.com](mailto:nawardhani65@gmail.com)

 Qurratul Aini, Master of Hospital Administration, University of Muhammadiyah Yogyakarta; 2nd Floor Postgraduate Building, UMY Integrated Campus, Jl. Brawijaya, Kasihan, Bantul, Yogyakarta, Indonesia. 55183; 0274-387656, Corresponding, Email: [q.ainiumy@gmail.com](mailto:q.ainiumy@gmail.com)

Received/Recibido: 11/28/2021 Accepted/Aceptado: 02/15/2022 Published/Publicado: 03/30/2022 DOI: <http://doi.org/10.5281/zenodo.6571128>

### Abstract

During the COVID-19 pandemic crisis, hospital nurses who are one of the spearheads in dealing with COVID-19 and non-COVID-19 sufferers are very at risk of experiencing psychological disorders due to feelings of depression called Burnout. Spiritual leadership that exists in the leader's personal and spiritual intelligence possessed by nurses is expected to influence prevention of nurse burnout. This study aims to determine the extent of the influence of spiritual leadership and spiritual intelligence on the low Burnout of hospital employees during the COVID-19 pandemic. This study is quantitative. The data collection uses a questionnaire technique. The subjects of this study were the nurses of Siti Khodijah Muhammadiyah Hospital in Gurah Kediri, Indonesia. Data analysis was performed using Multiple Linear Regression. The regression line equation obtained is  $Y = 43.79 + 0.889 + 0.102 + e$ . H1 test shows the value of  $t$  count  $2,314 > t$  table  $2,019$ ; the significance value is  $0.026 < 0.05$ , and the correlation coefficient H1 shows a value of  $0.457$ . H2 test shows the value of  $t$  arithmetic  $0.26 < t$  table  $2.019$ ; significance value  $0.790 > 0.05$ ; and the correlation coefficient H2 shows a value of  $0.331$ . The H3 test shows the calculated  $F$  value of  $5.584 >$  from  $F$  table  $3.2$ ; significance value  $0.007 < 0.05$ ; and the value of the correlation coefficient H3 is  $0.458$ . The determinant coefficient ( $R^2$ ) H3 is  $0.210$  which means that the results of this study can explain 21% of the variation in the high or low Burnout of hospital nurses which is influenced by spiritual leadership and spiritual intelligence, while the rest, 79% is influenced by other things that are not used as a model for this research. Spiritual leadership has a positive and significant effect on the low Burnout of nurses with a strong influence. Spiritual intelligence has no significant effect on the low Burnout of nurses. Spiritual leadership combined with spiritual intelligence has a positive and significant effect on the low Burnout of nurses with a strong influence.

**Keywords:** Spiritual Leadership, Spiritual Intelligence, Burnout

### Resumen

Durante la crisis de la pandemia de COVID-19, las enfermeras de los hospitales, que son una de las puntas de lanza en el tratamiento de los enfermos de COVID-19 y no COVID-19, corren un gran riesgo de experimentar trastornos psicológicos debido a sentimientos de depresión llamados burnout. Se espera que el liderazgo espiritual que existe en la inteligencia personal y espiritual del líder que poseen las enfermeras pueda influir en la prevención del agotamiento de las enfermeras. Este estudio tiene como objetivo determinar el alcance de la influencia del liderazgo espiritual y la inteligencia espiritual en el bajo desgaste profesional de los empleados del hospital durante la pandemia de COVID-19. Este estudio es un estudio cuantitativo. La recolección de los datos utiliza una técnica de cuestionario. Los sujetos de este estudio fueron las enfermeras del Hospital Siti Khodijah Muhammadiyah en Gurah Kediri, Indonesia. El análisis de datos se realizó mediante Regresión Lineal Múltiple. La ecuación de la recta de regresión obtenida es  $Y = 43,79 + 0,889 + 0,102 + e$ . La prueba H1 muestra el valor de  $t$  cuenta  $2.314 > t$  tabla  $2.019$ ; el valor de significancia es  $0.026 < 0.05$ , y el coeficiente de correlación H1 muestra un valor de  $0.457$ . La prueba H2 muestra el valor de  $t$  aritmética  $0.26 < t$  table  $2.019$ ; valor de significación  $0,790 > 0,05$ ; y el coeficiente de correlación H2 muestra un valor de  $0.331$ . La prueba H3 muestra el valor  $F$  calculado de  $5.584 >$  de la tabla  $F 3.2$ ; valor de significación  $0,007 < 0,05$ ; y el valor del coeficiente de correlación H3 es  $0,458$ . El coeficiente determinante ( $R^2$ ) H3 es  $0,210$  lo que significa que los resultados de este estudio pueden explicar el 21% de la variación en el alto o bajo burnout de las enfermeras hospitalarias que está influenciado por el liderazgo y la inteligencia espiritual, mientras que el resto, 79 % está influenciado por otros aspectos que no se utilizan como modelo para esta investigación. El liderazgo espiritual tiene un efecto positivo y significativo en el bajo desgaste de las enfermeras con una fuerte influencia. La inteligencia espiritual no tiene un efecto significativo en el bajo desgaste de las enfermeras. El liderazgo espiritual combinado con la inteligencia espiritual

tiene un efecto positivo y significativo en el bajo desgaste de las enfermeras con una fuerte influencia.

**Palabras clave:** Liderazgo Espiritual, Inteligencia Espiritual, Burnout

## Introduction

At the time of the COVID-19 pandemic crisis today, almost all sectors in society are affected, including hospital nurses who are the spearheads in treating COVID-19 and non-COVID-19 patients<sup>1-3</sup>. Nurses in hospitals risk experiencing psychological disorders in treating COVID-19 patients. COVID-19 due to feelings of depression, one of which is severe stress triggered by work termed Burnout<sup>4-7</sup>. Burnout conditions among hospital nurses occur amid high work intensity and mobility in serving patients<sup>8-10</sup>.

Indonesia's highest COVID-19 daily case spike occurred in early 2021 and continued until July of the same year. New COVID-19 daily cases experienced a significant decline in August 2021, in line with the intensification of the implementation of the COVID-19 vaccination<sup>10-13</sup>. A surge in patients, most of whom need severe treatment in hospitals, shows that the coronavirus pandemic has proven to be a formidable challenge for many hospital employees who must work extra to look after patients. In fact, with the heavy burden that must be borne by health workers, from the beginning of the emergence of COVID-19 cases in Indonesia (March 2020) to October 2021, it was recorded that a total of 2,032 health workers died due to COVID-19 as well as due to fatigue and other physical problems due to the heavy-duty that must be done—carried<sup>14-17</sup>.

One of the hospitals that are also struggling in carrying out the task of treating COVID-19 patients in Kediri Regency is the Siti Khodijah Gurah Muhammadiyah Hospital (RSM). Kediri Regency is one of the districts that have been seriously affected by COVID-19<sup>5,18,19</sup>. Data compiled by the Kediri Regency Government from March 2020 to December 2021, there were 14,123 positive COVID-19 patients with 1,201 of them dying. This means that the percentage of victims who died due to COVID-19 in Kediri Regency reached 8.504%, a very astonishing statistic because the figure was more than double the national death percentage due to COVID-19, which was 3.4%.

In undergoing these days full of struggle, hospital health workers are vulnerable to fatigue, both physically and psychologically which of course can affect the performance of health workers<sup>8,19</sup>. Moreover, they must face difficult situations during the pandemic. To cope with this threat, the leader of a hospital organization that is in a crisis of the COVID-19 pandemic requires the capacity of leadership character needed to run the organization in dealing with extraordinary conditions that are difficult to predict<sup>11,20,21</sup>. In addition to good leadership, the intelligence of hospital staff in controlling emotions is also very influential in helping them get out of the pressure of difficult situations like this<sup>7,22</sup>.

The above concerns are quite reasonable because based on research conducted by Ahmed et al.<sup>18</sup> on the effect of workload and compensation on the performance of nurses at Siti Khodijah Gurah Muhammadiyah Hospital showed that results where workload and compensation had a positive and significant effect on the performance of nurses at Siti Khodijah Gurah Hospital. The results of the observations also show an initial picture of the condition of health workers at RSM Siti Khodijah Gurah Kediri where there are several problems such as indications of low performance of the paramedic unit (nurses), which include service to patients, the collaboration between nurses, and work shift schedules.

Based on the description of the background of the problem, the aim was to assess the influence of spiritual leadership and spiritual intelligence on the Burnout of nurses in hospitals during the COVID-19 pandemic. The results of this study are expected to contribute to the scientific development of human resource management based on spiritual values, especially in situations COVID-19 pandemic at RSM Siti Khodijah Gurah Kediri.

Spirituality is an awareness of life that enables people to think about life, who they are, and where they come from. Badrudin et al.<sup>7</sup> 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 a multisensory approach includes intuition, meditation, and visualization in accessing one's inner knowledge to solve problems. They see that spiritual intelligence can contribute to positive life outcomes such as emotional well-being, positive functioning, and improved overall quality of life.

## Methods

### Characteristics of Subjects and Research Design

This research was carried out at the Siti Khodijah Gurah Muhammadiyah Hospital in Sukorejo Village, Gurah District, Kediri Regency, East Java, Indonesia. Researchers have distributed questionnaires with a research period of 20 October – 10 November 2021. Respondents or subjects are individuals who act as sources of information needed in data collection in response to a treatment directed at them. The subjects were nurses at the Muhammadiyah Hospital Siti Khodijah Gurah Kediri Regency, who had worked for at least 2 (two) years. The object of this research is spiritual leadership, spiritual intelligence, and Burnout for nurses at Muhammadiyah Siti Khodijah Hospital Gurah Kediri during the COVID-19 pandemic. The population is a general domain consisting of subjects with a certain number and characteristics for a study<sup>22-26</sup>.

### Sampling Procedure

This study uses a non-probability sampling method in taking the sample in this study, while the purposive sampling technique is used for the sampling technique by considering

the characteristics of the subject and the objectives set in the sample<sup>21</sup>.

The inclusion and exclusion criteria that had been set according to the Rosa et al.<sup>16</sup> are as follows:

Inclusion Criteria Were Employees who work as nurses, give consent to be a respondent in the study. While the Exclusion Criteria were Nurses who are on business trips, Nurses who refused as respondents.

### Sample Size, Strength, and Accuracy

In non-probability sampling, it is divided into several types, including accidental sampling and judgment sampling. Based on the types of sampling in non-probability sampling, the selection is made based on the decision of the researcher so that it will specifically choose people who meet the goals or criteria<sup>9</sup>. There is a deliberate choice of these people because they can function as informants (people who can provide information) and are deemed to be able to represent the population.

According to Zhang et al.<sup>21</sup>, the correct number of samples is above thirty and below five hundred, so multivariate research is suggested that the sample size is ten times larger than the size of the variables in the study. With the theoretical basis, the researchers determined a sample size of 45 respondents.

The variables in this study are spiritual leadership and spiritual intelligence which are positioned as independent variables, and Burnout which is positioned as the dependent variable. While the research hypotheses are:

1. Spiritual leadership influences the low Burnout of nurses in hospitals during the COVID-19 pandemic.
2. Spiritual Intelligence affects the low Burnout of nurses in hospitals during the COVID-19 pandemic.
3. Spiritual Leadership and Spiritual Intelligence together influence the low Burnout of nurses in hospitals during the COVID-19 pandemic.

### Data Collection and Research Instruments

Collecting data in this study using a questionnaire instrument, namely distributing questionnaires to respondents according to established criteria. Some of the advantages of using a questionnaire are that it is convenient to use because it can be administered to many people at the same time, it is more economical when compared to in-depth interviews, and respondents feel more secure because their names cannot be known by the public (if asked)<sup>17</sup>. This questionnaire will identify the material based on the knowledge and understanding of the respondents<sup>5</sup>.

In the preparation of this questionnaire, the authors compiled it based on the theoretical framework that the author uses. The theoretical framework is structured based on each variable which is derived into several dimensions. From these dimensions, the questions in the questionnaire were

determined. Spiritual leadership has 5 dimensions<sup>1</sup> as follows:

1. Able to inspire;
2. Able to raise employee morale;
3. Able to influence;
4. Able to move through example, service, and compassion;
5. Able to implement the values and attributes of divinity.

Spiritual intelligence has 4 dimensions<sup>7</sup> as follows:

1. Self-integrity;
2. Respect (commitment) to life;
3. Reluctance to cause harm;
4. Ability to face Suffering.

Burnout has three dimensions<sup>15-17</sup> as follows:

1. Fatigue;
2. Depersonalization;
3. A low desire for self-achievement.

The scale used in this study is the Likert Scale, which is a scale used to measure attitudes, opinions, and perceptions of a person or group of people about social phenomena<sup>21</sup>. This Likert scale is used to measure the spiritual leadership variable (X1), spiritual intelligence variable (X2), and nurse burnout variable (Y) which are translated into several dimensions, then these dimensions are translated into measurable indicators to obtain answers that produce quantitative data about the two variables to be processed statistically.

The Likert scale in this study consisted of 5 alternative answers for each item, ranging from strongly agree to strongly disagree. Then the researchers set a score from 1 to 5. There are two types of statements in this Likert scale, namely favorable statements which indicate indications that support the theory, while unfavorable statements indicate indications that they do not support the theory. The scoring is based on the following Likert Scale table:

Answer	Favorite Scale	Unfavorable Scale
Strongly agree (SS)	5	1
Agree (S)	4	2
Neutral	3	3
Disagree (TS)	2	4
Strongly disagree (STS)	1	5

Source: Sugiyono, 2011: 134

Validity testing is carried out to determine whether a scale can produce accurate data according to its measurement objectives. To test the validity, this study uses the Pearson Product Moment formula to calculate using the SPSS 26.0 program. The decision-making criteria in the validity test are: If  $r$  count  $r$  table at a significance level of 5%, then the items tested are said to be valid. Suppose the value of  $r$  count  $<$   $r$  table, the question items of the instrument being tested are invalid. Invalid question items are deleted in the research instrument<sup>11</sup>.

Based on the validity test results, it is known that of the 11 statement items of the X1 instrument, no invalid statement items were found. For the question items X2, which amounted to 11 statement items, there were no invalid questions after the trial was carried out. There are also no invalid questions for the variable Y question items, which amount to 22 items. Overall, from 44 questions, after testing the instrument's validity, the questions that are valid and can be used remain 44 questions.

Reliability testing of a scale is carried out to see the reliability of determination or consistency of an instrument scale<sup>6</sup>. To test the magnitude of the reliability of the research instrument, in this study, the author used the Alpha Cronbach formula with calculations using the SPSS 26.0 program. The decision-making criteria in the reliability test are: If the Cronbach's Alpha value is more significant than 0.7 ( $r_{11} > 0.7$ ), then the answers from respondents on the questionnaire are declared reliable. Suppose the Cronbach's Alpha value is less than 0.7 ( $r_{11} < 0.7$ ), the respondent's answer to the questionnaire is declared unreliable. The complete reliability test results can be seen in the following table:

**Table 2. Summary of Questionnaire Instrument Reliability Test Results**

Variable	Number of Questions	Alpha Coefficient	Critical Value	Description
X1	11	0.850	0.7	Reliable
X2	11	0.917	0.7	Reliable
Y	22	0.887	0.7	Reliable

Source: Primary Data, processed 2021

Based on Table 2, it is known that all variables have a Cronbach alpha value greater than 0.7 so all variables are said to be reliable. Thus, the reliability requirements of the measuring instrument are met.

### Data analysis

This study uses a cross-sectional quantitative study by testing the effect of variables by measuring and observing simultaneously. This study uses a causal study design to analyze two independent variables, namely spiritual leadership, and spiritual intelligence, and one dependent variable, namely Burnout.

In this study, the data analysis used the multiple linear regression techniques by first doing the classical assumption test as a prerequisite test for the analysis. The classical assumption test includes normality test, linearity test, multicollinearity test, and heteroscedasticity test. Partial effect test using t-test and simultaneous effect test using F test.

## Results and Discussion

### Classic assumption test

Before performing multiple linear regression analysis, the Classical Assumption Test (Ordinary Least Square) was first performed so that the parameter estimation and regression coefficients were not biased. The classical assumption tests include normality, linearity, multicollinearity, and data homogeneity<sup>11</sup>.

### Normality test

The normality test of the data obtained the following results:

**Table 3. Normality Test (One-Sample Kolmogorov-Smirnov Test)**

		Unstandardized Residual
N		45
Normal Parameter	mean	0
	Std. Deviation	9.47666
Most Extreme Differences	Absolute	0.159
	Positive	0.093
	negative	-0.159
Test Statistics		0.159
asym. Sig. (2-tailed)		.006c
a. Test distribution is Normal.		
b. Calculated from data.		
c. Lilliefors Significance Correction.		

Based on the results of the normality test in Table 3, it is known that the significance value is 0.06, meaning that the value is greater than 0.05 so it can be concluded that the residual value is normally distributed. Thus, the results of the analysis can be continued to the next regression test.

### Linearity Test

The linearity test of the data obtained the following results.

Table 4. Linearity Test							
ANOVA Tabel table							
			Sum of Squares	df	Mean Square	F	Sig.
Burnout (Y) * Spiritual Leadership (X1)	Between Groups	(Combined)	2563.11	18	142,395	1.518	0.162
		linearity	1044.03	1	1044.03	11,129	0.003
		Deviation from Linearity	1519.09	17	89,358	0.952	0.531
	Within Groups		1795.08	2439.2	26	93,815	
	Total		3422	5002.31	44		
ANOVA Tabel table							
			Sum of Squares	df	Mean Square	F	Sig.
Burnout (Y) * Spiritual Intelligence (X2)	Between Groups	(Combined)	2317.26	17	136,309	1.371	0.226
		linearity	546,821	1	546,821	5.499	0.027
		Deviation from Linearity	1770.44	16	110,653	1.113	0.391
	Within Groups		1891.72	2685.05	27	99,446	
	Total		3422	5002.31	44		

Source: Primary Data, processed 2021

To see the linear relationship between variables, this research was carried out in two stages. The first stage is to see the linearity relationship between X1 and Y, the second stage is to see the linearity relationship between X2 and Y.

Based on the results of the linearity test between the Burnout variable (Y) and Spiritual Leadership (X1), it is known that the significance value is  $0.531 > 0.05$ , so it can be concluded that there is a linear relationship between the Burnout variable (Y) and Spiritual Leadership (X1).

While the results of the linearity test between the Burnout variable (Y) and Spiritual Intelligence (X2), it is known that the significance value is  $0.391 > 0.05$ , so it can be concluded that there is a linear relationship between the Spiritual Intelligence variable (X2).

**Multicollinearity Test**

The results of the multicollinearity test are shown as follows:

Table 5. Multicollinearity Test						
Model	Unstandardized Coefficients		t	Sig.	Collinearity Statistics	
	B	Std. Error			Tolerance	VIF
(Constant)	43.79	14.43	3.035	0.004		
Spiritual Leadership (X1)	0.889	0.384	2.314	0.026	0.56	1,786
Spiritual Intelligence (X2)	0.102	0.381	0.268	0.79	0.56	1,786

a. Dependent Variable: Burnout (Y)

Source: Primary Data, processed 2021

Based on Table 4, it is known that the tolerance value of each variable is:  $X1 = 0.560$  and  $X2 = 0.560$  which is greater than 0.10 so there is no multicollinearity of data. In addition, when viewed from the VIF value, the VIF value of each variable is  $X1 = 1.786$  and  $X2 = 1.786$  which is less than 10.00 so there is no multicollinearity of data. Thus, data analysis can be continued to the multiple linear regression stage.

**Heteroscedasticity Test**

Heteroscedasticity test obtained the following results:

Table 6. Heteroscedasticity Test					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	7.07	10,197		0.693	0.492
Spiritual Leadership (X1)	0.201	0.272	0.152	0.742	0.462
Spiritual Intelligence (X2)	-0.198	0.269	-0.15	-0.735	0.466

a. Dependent Variable: RES2

Source: Primary Data, processed 2021

Based on Table 6, it is known that the residual significance value of each variable is:  $X1 = 0.462$  and  $X2 = 0.466$  which is greater than 0.05 so it can be concluded that there is no symptom of heteroscedasticity. Thus, data analysis can be continued to the multiple linear regression stage.

**Table 7. Multiple Linear Regression Test**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	43.79	14.43		3.035	0.004
Spiritual Leadership (X1)	0.889	0.384	0.424	2.314	0.026
Spiritual Intelligence (X2)	0.102	0.381	0.049	0.268	0.79

a. Dependent Variable: Burnout (Y)

Source: Primary Data, processed 2021

**Equation of Multiple Linear Regression**

From the results of the multiple linear regression test above, the regression equation model is obtained as follows:

$$Y = a + b_1 X_1 + b_2 X_2 + e$$

$$\text{Burnout (Y)} = 43.79 + 0.889 X_1 + 0.102 X_2 + e$$

Description:

Y: Burnout

X1: Spiritual Leadership

X2: Spiritual Intelligence

a: Constant

b1: Spiritual Leadership regression coefficient

b2: Spiritual Intelligence regression coefficient

e: error

The equation shows that the value of the Spiritual Leadership coefficient (X1) is 0.889, meaning that if the respondent's Perception value increases by 1 point, then the Low Burnout Nurse (Y) value will increase by 0.889 points, assuming the Nurse's Spiritual Intelligence (X2) remains. The coefficient of Spiritual Intelligence (X2) is 0.102, meaning that if the Spiritual Intelligence of the Nurse increases by 1 point, then the value added to the Low Burnout of Nurses (Y) is 0.827, assuming that Spiritual Leadership X1 remains. The constant value of 43.79 indicates that if there is no Spiritual Leadership (X1) and Nurse Spiritual Intelligence (X2), the Low Burnout Nurse (Y) is worth 43.79 or has a value of 43.79%.

**Partial Effect Significance Test (t-Test)**

T-test aims to determine the effect of each independent variable on the dependent variable. This partial test used a t-test. SPSS 26.0 processing results in Table 8:

**Table 8. t-test**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	43.79	14.43		3.035	0.004
Spiritual Leadership (X1)	0.889	0.384	0.424	2.314	0.026
Spiritual Intelligence (X2)	0.102	0.381	0.049	0.268	0.79

Source: Primary Data, processed 2021

The decision-making criteria in the t-test or partial influence test are as follows:

1. If the value of t count > t table or if the significance value is < 0.05, then the independent variable (independent) has a significant effect on the dependent variable (dependent).
2. If the value of t arithmetic < t table or if the significance value > 0.05 then the independent variable has no significant effect on the dependent variable<sup>12</sup>.

The research hypothesis for the partial effect test can be explained as follows:

1. H1: Spiritual leadership influences the low Burnout of nurses in hospitals during the COVID-19 pandemic.

Based on the results of the partial effect test or t-test above, the regression equation can be expressed in the following equation:  $Y = 43,790 + 0.889 X_1$ . From this equation, the t-count value is 2.314 which is greater than t-table = 2.019. When viewed from the significance value, it is known that the significance value is 0.026 < 0.05. This shows that spiritual leadership has a significant positive effect on the low Burnout of nurses. Thus, H1 is accepted.

2. H2: Spiritual Intelligence affects the low Burnout of nurses in hospitals during the COVID-19 pandemic.

Based on the results of the partial effect test, the regression equation can be expressed in the following equation:  $Y = 43,790 + 0.102 X_2$ . From this equation, the value of t count t count is 0.268 < t table = 2.019. When viewed from the significance value, it is known that the significance value is 0.790 > 0.05. This shows that spiritual intelligence has no significant effect on nurse burnout. Thus, H2 is rejected.

## Simultaneous Effect Significance Test (F Test)

This F test aims to determine the effect of the two independent variables together on the dependent variable. This partial test used a t-test. SPSS 26.0 processing results in the following table:

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1050,801	2	525,401	5.584	0.007b
Residual	3951.51	42	94,084		
Total	5002,311	44			

a. Dependent Variable: Burnout (Y)

b. Predictors: (Constant), Spiritual Intelligence (X2), Spiritual Leadership (X1)

Source: Primary Data, processed 2021

The decision-making criteria in the F test or simultaneous influence test are as follows:

1. If F count is more than equal to F table (F count > F table) with a significance level of 5%, then the independent variables together (simultaneously) have a positive effect on the dependent variable.
2. If F count < F table with a significance level of 5%, then the independent variables together (simultaneously) have a positive effect on the dependent variable<sup>12</sup>.

The research hypothesis for the simultaneous test can be explained as follows:

- H3: Spiritual Leadership and Spiritual Intelligence together influence the low Burnout of nurses in hospitals during the COVID-19 pandemic.

Based on the results of the simultaneous influence test or F test, the calculated F value is 5.584 > from F table = 3.21. When viewed from the significance value, it is known that the significance value is 0.007 < 0.05. This shows that spiritual leadership and spiritual intelligence simultaneously (simultaneously) have a positive effect on the low Burnout of nurses. Thus, H3 is accepted.

### Correlation Coefficient and Coefficient of Determination (R2)

The correlation coefficient values H1 and H2 are shown in the following table:

Model	R	R Square
1	0.457a	0.209

a. Predictors: (Constant), Spiritual Leadership (X1)

Model	R	R Square
1	0.331a	0.109

a. Predictors: (Constant), Spiritual Intelligence (X2)

Source: Primary Data, processed 2021

The correlation coefficient H1 shows a value of 0.457 which means that the influence given by the Spiritual Leadership variable on the low Burnout of nurses (Y) is strong. The interpretation of the strength and weakness of this influence can be seen from the Pearson r correlation Table 11. The R2 value of 0.209 indicates that the contribution given by the Spiritual Leadership variable to the low Burnout of nurses (Y) is 20.9% while the rest is given by other things.

The correlation coefficient H2 shows a value of 0.331 which means that the influence given by the Spiritual intelligence variable on the low Burnout of nurses (Y) is low. The R2 value of 0.109 indicates that the contribution given by the Spiritual Leadership variable to the low Burnout of nurses (Y) is 10.9% while the rest is given by other things.

Coefficient Interval	Relationship Level
0.80 – 1,000	Very strong
0.60 – 0.799	Strong
0.40 – 0.599	Strong enough
0.20 – 0.399	Low
0.00 – 0.199	Very low

Source: Sugiyono, 2007, p. 162

The correlation coefficient and the determinant coefficient of H3 are shown in Table 12

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.458a	0.21	0.172	9.7

a. Predictors: (Constant), Spiritual Intelligence (X2), Spiritual Leadership (X1)

Source: Primary Data, processed 2021

Based on Table 12, it is known that the R-value or correlation coefficient of 0.458 indicates that the influence of spiritual leadership and spiritual intelligence variables on nurses' low Burnout is strong. The determinant coefficient (R2) is 0.210, which means that 21% of the variation in low Burnout can be explained by the variables of spiritual leadership and spiritual intelligence, while the rest is influenced by other factors outside this research model.

## Discussion

This sub-section of the discussion will be present the results of the cross-tabulation (crosstabulation) of each dimension in each variable X (spiritual leadership and spiritual intelligence) to variable Y (low employee burnout). In this study, it was determined two independent variables (spiritual leadership and spiritual intelligence) and one dependent variable (low employee burnout). Each variable can be reduced to several

dimensions that make up the variable. Each dimension of each variable is shown in Table 13

Variable	Dimension
Spiritual Leadership	Able to inspire
	Able to inspire employee morale,
	Able to influence
	Able to move through example, service, compassion
	Able to implement the values and attributes of divinity
Spiritual Intelligence	Self-Integrity
	Respect (commitment) to life
	The reluctance that causes harm
	Ability face suffering
Burnout	Fatigue
	Depersonalization
	Low desire for self-achievement

Each of the variables were cross-tabulated with variable Y. The purpose of this cross-tabulation is to see the effect of each dimension of each independent variable on the dependent variable. The cross tabulation is explained in the following discussion:

Dimensions	Chi-Square Tests		
	Value	Asymptotic Significance (2-sided)	
Dimensions Able to inspire * Low Burnout	12,957	0.044	
Dimensions Able to raise employee morale, * Low Burnout	16,068a	0.041	
Dimensions Able to affect * Low Burnout	13,838a	0.031	
Dimensions Able to move through example, service, and compassion * Low Burnout	6780a	0.148	
Dimensions Able to implement divine values and attributes * Low Burnout	15,234	0.004	

Source: Primary Data, processed 2021

Of the five dimensions, the dimension “able to move through example, service, and compassion” has no significant effect on the low Burnout of employees. In this dimension, which is revealed to be a research question instrument, there is one statement item, namely “I do my job according to the direction of the leader”.

The absence of a significant influence from the dimension “able to move through example, service, and compassion” in reducing employee burnout levels at least indicates that at RSM Siti Khodijah, the role of a figure has not much influence on employees. This can be read from two perspectives. First, at RSM Siti Khodijah Gurah, the hospital organization leader does not provide exemplary, service and love.

Second, during an increasingly modern organizational climate and society, society is increasingly not in need of the role of a figure. They are better able to be influenced and driven by good systems and rules, which strictly regulate the division of labor, as stated by Emile Durkheim. The condition of the people who have experienced a high division of labor then gives rise to a culture of urban society which is marked by the emergence of a new morality with organic solidarity.

Organic Solidarity is characterized by a high division of labor, weak collective consciousness, more dominant restitutive laws, higher individuality, consensus on abstract values, in general, is important, social control in punishing people who commit deviant actions, high interdependence, character urban industrial.<sup>14</sup> In an increasingly modern work society where the division of labor is clearly defined, workers are focused only on what they have to do according to their part of the job. There is no longer a central figure who does many things, so this character is seen as the most prominent among other workers.

Dimensions	Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)	
Self Integrity * Low Burnout	10.022a	4	0.04	
Respect (commitment) to life * Low Burnout	2800a	4	0.592	
The aversion that causes harm * Low Burnout	3.183a	4	0.528	
Ability to deal with Suffering * Low Burnout	3.186a	4	0.527	

Source: Primary Data, processed 2021



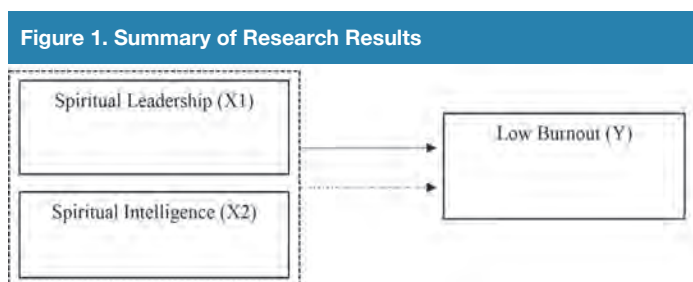
From the five dimensions, the dimension of “respect (commitment) to life” obtained the least significant effect on the low Burnout of employees. In this dimension, which is reduced to several research question items, there are three statement items, namely: “I know the vision and mission of my life, so I know from my life”; “I always train myself to see things with my heart’s eye”; “I always use the spiritual aspect in facing and solving various problems”.

Judging from the statement items of these dimensions, the absence of a significant effect of the dimension of respect (commitment) on life” in reducing employee burnout levels is consistent and supports the explanation why the dimensions “able to move through example, service, and compassion” have no effect. In a society that is increasingly moving towards a modern society that is characterized by low classical social solidarity and directs society to move towards an increasingly individualistic lifestyle, individuals are vulnerable to experiencing situations of anomie or loss of direction in life.

Anomie’s situation is defined as a meaningless life. This condition occurs when the individual structure of society is difficult to integrate into society as a logical consequence of the increasingly individualistic direction of the movement of community culture<sup>22</sup>. In this difficult condition of social integration, the individual is also faced with many norms that he must do. In the absence of social integration and high work pressure, not many individuals can carry out normative actions so that they lose their vision, direction, and life guidelines. In this condition, Burnout rises.

## Summary of Research Results

A summary of the research results can be seen in the following figure:



Based on the summary image of the research results, the discussion is as follows:

1. Spiritual Leadership has a positive and significant effect on the low Burnout of nurses in hospitals during the COVID-19 pandemic with a strong influence.

The results of this study are supported by the research findings put forward by<sup>20,3</sup> where spiritual leadership has a direct effect on improving employee performance and motivation. In addition, the study

also shows that leaders with spiritual leadership will be more responsible in carrying out their roles by always prioritizing the interests of the people, serving, caring for the surrounding environment, and being able to make meaningful changes to their organizations. In addition, the results of this study are also supported by the theory put forward by Abdizadeh and Malekalketab Khiabani<sup>1</sup> which suggests that managers who apply the spiritual leadership dimension can encourage employees to better understand the organization’s vision, increase employee loyalty and commitment to the organization, and can increase employee awareness that their work is meaningful.

The results of this study are also in line with the results of research conducted by Yang and Fry<sup>23</sup>, who concluded that spiritual leadership has a positive effect on organizational commitment and unit productivity and life satisfaction and the role of spiritual leadership indicates that the application of the spiritual leadership model can support the performance of medical laboratory personnel.

2. Spiritual Intelligence has no significant effect on the low Burnout of nurses in hospitals during the COVID-19 pandemic.

The results of this study indicate that spiritual intelligence formed by self-integrity, commitment, a reluctance that causes loss, and the ability to face suffering has not been able to reduce Burnout of hospital nurses during the COVID-19 pandemic. The results of this study have also not been able to prove the theory put forward by Hasan (2006)<sup>13</sup> who argues that spiritual intelligence plays an important role in solving life problems faced by humans. By having spiritual intelligence, a person is directed to act creatively to change suffering into a high spirit of life so that suffering turns into happiness in life. By having spiritual intelligence, an employee should be able to change the workload during a pandemic into a spirit of life by interpreting it as a form of fighting for the right to human life (hifdz al-nafs).

On the other hand, the results of this study are in line with the results of the research by Badrudin et al.<sup>7</sup> which shows that emotional intelligence significantly affects the performance of nurses, spiritual intelligence also significantly affects the performance of nurses. Intellectual intelligence has a significant influence on the performance of nurses. Emotional intelligence, spiritual intelligence, and intellectual intelligence together have a positive influence on the performance of nurses during the COVID-19 pandemic at Surya Insani Pasir Pangaraian Hospital Rokan Hulu.

3. Spiritual Leadership and Spiritual Intelligence together have a positive and significant effect on

the low Burnout of nurses in hospitals during the COVID-19 pandemic.

The results of this study can explain 21% of the variation in low Burnout while the rest is influenced by other factors outside the research model.

The results of this study are in line with the theory put forward by Cherniss<sup>8</sup> who indicated that the factors causing work stress were poor orientation, high workload, routine, narrow scope of client contact, lack of autonomy or freedom (lack of work), of autonomy), incongruent institutional goals, lack of leadership and supervision (poor leadership and supervision practices), and social isolation. Of the several factors that cause employee burnout, at least there is a social support variable, one of which is the presence of spiritual-based leadership as a causal factor as well as a determining factor in reducing Burnout.

If we look more closely, some of the factors mentioned are not related to several indicators of spiritual intelligence that are used as the theoretical basis which include: self-integrity, commitment, aversion to causing harm, and the ability to face suffering. Thus, it can be concluded that the presence of spiritual leadership combined with the spiritual intelligence of nurses can affect the low Burnout of hospital nurses during the pandemic.

### Limitations of the Research

As the findings of the research above, the results of research on the influence of spiritual leadership and spiritual intelligence on the low Burnout of employees at RSM Siti Khodijah Gurah Kediri are only able to explain 21% of the variation in the low Burnout of employees, while the rest is influenced by other factors outside this research model. That is, this research model only slightly explains variations in employee burnout. Many other factors may influence employee burnout variations apart from spiritual leadership and spiritual intelligence.

### Conclusions and Suggestions

Based on the data analysis, the following conclusions were obtained:

1. Spiritual Leadership has a positive and significant effect on the low Burnout of nurses in hospitals during the COVID-19 pandemic with a strong influence. This means that if spiritual leadership has a high value, then the burnout level experienced by employees will be lower.
2. Spiritual Intelligence has no significant effect on the low Burnout of nurses in hospitals during the

COVID-19 pandemic. This means that the spiritual intelligence of hospital nurses has no significant effect on the high or low levels of nurse burnout.

3. Spiritual Leadership and Spiritual Intelligence together (simultaneously) have a positive and significant effect on the low Burnout of nurses in hospitals during the COVID-19 pandemic with a strong influence. This means that spiritual leadership combined with spiritual intelligence can have a positive and significant effect on the high or low level of nurse burnout.

To overcome Burnout due to the workload faced during the COVID-19 pandemic, the management of Muhammadiyah Siti Khodijah Hospital in Gurah Kediri needs to hold regular on-job training on mental health for nurses, gatherings, or activities that are refreshing together to reduce work saturation and foster good social interaction between fellow nurses and superiors.

In addition, employees of RSM Siti Khodijah in Gurah Kediri also need to improve psychological skills in self-control, maintain fitness, and improve emotional, intellectual, and spiritual intelligence as well as intensify social relations with their environment to form good and conducive social support.

Funding: not applied.

Acknowledgments: not applied.

Conflict of interest: none.

### References

1. Abdizadeh M, Khiabani MM. Implementing the spiritual leadership model in the healthcare industry in Iran. *International Journal of Business and Management*. 2014 Jun 1;9(11):92. <https://doi.org/10.5539/ijbm.v9n11p92>
2. Aini Q. Management skill and leadership: a case study from hospital managers of charity business in health. *The Journal of Social Sciences Research*. 2018;4(12):478-82. <https://doi.org/10.32861/jssr.412.478.482>
3. Aini Q. Analysis of the Effect of Islamic Leadership on Islamic Motivation and Performance of Employees Both Directly or Indirectly Through Islamic Work Ethics. 2020; 6(1): 6-14.
4. Hamzah Z, Basri YZ. The influence of Islamic leadership and Islamic work ethics on employee performance of Islamic banks in riau province mediated by Islamic organizational culture. *International Journal of Islamic Business & Management*. 2021 May 23;5(1):23-34.
5. Qasim M, Irshad M, Majeed M, Rizvi ST. Examining Impact of Islamic work ethic on task performance: mediating effect of psychological capital and a moderating role of ethical leadership. *Journal of Business Ethics*. 2021 Aug 20:1-3.
6. SOPIAH S, KAMALUDIN M, SANGADJI EM, NARMADITYA BS. Organizational culture and employee performance: An empirical study of Islamic banks in Indonesia. *The Journal of Asian Finance, Economics and Business*. 2021;8(6):395-406.

7. Badrudin B, Komariah A, Wijaya C, Barowi B, Akib A, Samrin S. Effect of spiritual intelligence on spiritual health during the COVID-19 pandemic. *HTS Teologiese Studies/Theological Studies*. 2021 Nov 11;77(1):5. <https://doi.org/10.4102/hts.v77i1.6594>
8. Cherniss C. *Staff burnout: Job stress in the human services*. Sage Publications. 1980
9. Davis CS, Powell H, Lachlan K. Straight talk about communication research methods. Dubuque, IA: Kendall. 2012.
10. Sprang G, Lei F, Bush H. Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry*. 2021 Apr 29.
11. Kruper A, Domeyer-Klenske A, Treat R, Pilarski A, Kaljo K. Secondary Traumatic Stress in Ob-Gyn: A Mixed Methods Analysis Assessing Physician Impact and Needs. *Journal of Surgical Education*. 2021 May 1;78(3):1024-34.
12. Hadi S. Analisis regresi. Penerbit Andi; 2004.
13. Aliabadi PK, Zazoly AZ, Sohrab M, Neyestani F, Nazari N, Mousavi SH, Fallah A, Youneszadeh M, Ghasemiyani M, Ferdowsi M. The role of spiritual intelligence in predicting the empathy levels of nurses with COVID-19 patients. *Archives of psychiatric nursing*. 2021 Dec 1;35(6):658-63.
14. Suprpto S, Linggi EB, Arda D. Personality Characteristics of Nursing Students with Stress Perception in Clinical Practice in the Era Covid-19 Pandemic. *Journal of Positive Psychology and Wellbeing*. 2022 Jan 29;6(1):534-8.
15. Leiter MP, Maslach C. Burnout and engagement: Contributions to a new vision. *Burnout research*. 2017 Jun 1;5:55-7. <https://doi.org/10.1016/j.burn.2017.04.003>
16. Rosa WE, Schlak AE, Rushton CH. A blueprint for leadership during COVID-19: minimizing Burnout and moral distress among the nursing workforce. *Nursing management*. 2020 Aug;51(8):28.
17. Ma Y, Faraz NA, Ahmed F, Iqbal MK, Saeed U, Mughal MF, Raza A. Curbing nurses' Burnout during COVID-19: The roles of servant leadership and psychological safety. *Journal of Nursing Management*. 2021 Nov;29(8):2383-91.
18. Ahmed A, Jan G, Barkat W, Ahmed R, Mahmood A. The Impact of Spirituality on Resilience and Engagement During the COVID-19 Pandemic. *Journal of Management, Spirituality & Religion*. 2021 Oct 1;18(5):400-24.
19. del Carmen Pérez-Fuentes M, Gázquez-Linares JJ, del Mar Molero-Jurado M, Martos-Martinez Á, Barragán-Martín AB, del Mar Simón-Márquez M. Student burnout and engagement: Relationship with adolescent use of alcohol and attitudes towards authority. *International Journal of Clinical and Health Psychology*. 2021 May 1;21(2):100225.
20. de Diego-Cordero R, Ávila-Mantilla A, Vega-Escaño J, Lucchetti G, Badanta B. The Role of Spirituality and Religiosity in Healthcare During the COVID-19 Pandemic: An Integrative Review of the Scientific Literature. *Journal of Religion and Health*. 2022 Mar 29:1-30.
21. Zhang X, Jiang X, Ni P, Li H, Li C, Zhou Q, Ou Z, Guo Y, Cao J. Association between resilience and Burnout of front-line nurses at the peak of the COVID-19 pandemic: Positive and negative affect as mediators in Wuhan. *International journal of mental health nursing*. 2021 Aug;30(4):939-54.
22. Wallace RA, Wolf A. *Contemporary sociological theory: Continuing the classical tradition*. 1995.
23. Yang M, Fry L. The role of spiritual leadership in reducing healthcare worker burnout. *Journal of Management, Spirituality & Religion*. 2018 Aug 8;15(4):305-24. <https://doi.org/10.1080/14766086.2018.1482562>
24. Albdairi AA, Al-Shalah MA. Study of the association between the congenital uterine septum and Polycystic ovarian syndrome in infertility tertiary center in Iraq. *Revista Latinoamericana de Hipertensión*. 2021;16(1):107-13.
25. Salih HM, Al-Nimer M, Mohammed NB. Patient's experience with pain influences the pain, anxiety and cardiovascular responses during extraction of tooth. *Revista Latinoamericana de Hipertensión*. 2021;16(1):77-83.
26. Zambrano AM, Díaz CE, Zamora EE, Laverde AJ, Adame FT, Ronda JR, Quintanilla SB, Uvidia VC. Salud mental de los pacientes con enfermedades crónicas durante la pandemia por COVID-19. *Síndrome Cardiometabólico*. 2020;10(1):20-4. <http://doi.org/10.5281/zenodo.4531178>.