

The Influence of Spiritual Leadership on Work Discipline has an Impact on the Nurse Performance of Hospital in Denpasar Bali

Made Ani Suprpta¹, Anak Agung Gede Agung², Kadek Rihendra Dantes³ and Gede Ratnaya⁴

Abstract

The transfer of knowledge is critical for a company to expand and transform. Regarding a country's socioeconomic development, micro-enterprises are crucial for creating employment opportunities and reducing poverty. However, micro-enterprises ability to repay their debts is influenced by various factors, with saving literacy and knowledge transfer being essential components in enhancing their repayment capacity. To address the knowledge transfer gap, this study examined the factors affecting the ability of Malaysian micro-enterprises to repay their debts, including financial management, with data collected from 127 micro-enterprises in Klang Valley. The study utilized the PLS-SEM technique to analyze the data and test hypotheses to achieve research objectives, with the results showing that saving literacy and the role of knowledge transfer as a mediator positively impact micro-enterprises' ability to repay their debts. This article also provides recommendations for the growth of Malaysia's micro-enterprise sector and suggests the need for additional research in this area.

Keywords: Saving Literacy, Ability to Repay Debt, Knowledge Transfer, PLS-SEM

INTRODUCTION

Nursing is a profession and contains values that care about helping people who are sick or who have been struck by disaster, in this case, working in emergency units in hospitals. Nursing personnel are increasingly needed as the population increases (Price & Reichert, 2017). To carry out this noble task, nursing staff must have humanistic abilities and character because they interact directly with patients. However, the competency and professionalism of nurses in general still need to be improved to provide better services. Increasing professionalism in the health sector in terms of quantity, type, quality, and equity needs to continue. Human resources in the health sector must be developed and improved to support national development in the health sector and achieve public health. Achieving health development goals depends on the professionalism of health workers (Shirey, 2007). When compared with other health workers, nurses are the health workers with the largest numbers and needs (Gunawan, 2016). According to WHO, the number of nurses throughout the world is 9.3, and in Indonesia only 47.264 people. The ratio of nurses at 87.65 per 100,000 people is far from the target in 2019 of 180 per 100,000 people. The problem regarding nurses also occurs in hospitals in Bali province, including Denpasar.

Nurses of health providers are faced with problems as long working, and work pressure. (Wu & Lee, 2020). This problem indicates a lack of attention to nurses so health service managers need to take immediate action (Keyko et al., 2016).

The problem is that nursing staff at hospitals in Bali do not dare to take risks so they decide to quit as nursing staff. There were 60% during the *COVID-19* pandemic who wanted to stop working because of excessive workload (Nakai et al., 2022). The data before and after the Covid 19 pandemic is not much different because there are still many health service places where the performance of nurses is still not optimal due to several factors such as the number of nurses and patient visits being unbalanced so that the workload becomes heavier. This will affect the evaluation of nurses' work performance (Astuti & Lesmana, 2018).

The existence of nurses has so far received little attention, even though to become a nurse a person must take nursing education and must take a professional nursing competency test. (Lestari, 2014). In addition, to ensure

¹ Ganesha University of Education Singaraja, Bali Indonesia. E-mail: anikajus05@gmail.com

² Ganesha University of Education Singaraja, Bali Indonesia. E-mail: agung2056@undiksha.ac.id

³ Ganesha University of Education Singaraja, Bali Indonesia. E-mail: rihendradantes@pasca.undiksha.ac.id

⁴ Ganesha University of Education Singaraja, Bali Indonesia. E-mail: gederatnaya@undiksha.ac.id

the safety and comfort of patients and their families, nursing services offered to the public must meet international quality standards (Gunawan & Aunguroch, 2017). In providing nursing care, nurses must present themselves professionally and be able to work well with others to meet patients' basic needs, including physical, psychological, social, and spiritual needs (Vandali, 2017).

Steps taken in managing human resources, in the nursing field, are implementing appropriate leadership patterns (Caldeira & Hall, 2012). Spiritual leadership is the culmination of the development of form and is a leadership approach because it departs from the paradigm of people as logical, emotional, and spiritual beings or humans whose personality consists of body, desires, and mind (Rafsanjan, 2017).

The evaluation of the discipline and performance is not adequate or can be said to be unsatisfactory (Darma Yanti et al., 2020). The work discipline and nurse's performance greatly influence the public's assessment of the quality of services provided by hospitals. Hospital accreditation assessments also depend on the quality of nurse performance. The ability of nurses is influenced by spiritual leadership, as well as compliance with activities and the situation of the place, but the skills of nurses in hospitals in Denpasar are categorized as small. The problems related to the low performance of nurses in hospitals in Denpasar Bali are carried out research aimed at finding factors that influence and solutions to improve nurse performance.

LITERATURE REVIEW

The variables in this research must be studied referring to the theoretical basis of expert opinion and linked to relevant research described as follows.

Spiritual Leadership (X)

(Robbins et al., 2017) says that leadership capacity to persuade people to achieve objectives. Competence and expertise are needed by a superior to focus and invite members or subordinates for the good of the institution. Leadership style greatly influences employee performance (Wen et al., 2019). A leadership that suits employee conditions will bring the organization towards the desired goals. A leader is a decision and is more the result of a process of character change or internal transformation within a person (Setiyati, 2018). Spiritual leadership is a way in which a person helps others understand the meaning and significance of a job and assists them in achieving work success (Pirkola et al., 2016). In the work environment, spiritual leadership can help organizational development which can also create a good work environment (Yudaningsih et al., 2016). The importance of leadership has been researched and proven to affect employee well-being (Ismail, 2000).

Some opinions conclude that spiritual leadership is a style of managing to understand the spiritual desires of subordinates by observing attitudes and values such as honesty, trustworthiness, and love based on real vision and goals. Indicators are: (1) Honesty, (2) Trust, (3) Commitment, (4) Love, (5) Motivate.

Work Discipline (Y1)

Work discipline in a nursing context is the key to providing excellent service to patients (Rahmah et al., 2021). A disciplined nurse can provide appropriate health services in emergency conditions (Sani, 2020). Nurse discipline of time is also important in saving someone's life. High work discipline plays a very important role in efforts to improve nurse performance (Rumoning, 2018). The current work discipline of nurses does not seem to be good. The problem of declining work discipline among nurses is visible in the decline in nurses' performance. The problem of declining work discipline among nurses is visible in the decline in nurses' performance. From the researcher's experience as a nurse and hospital assessor at the regional level and the results of interviews and head nurses in several hospitals in Bali, it can be indicated that nurses' work discipline is not good. from the level of attendance of nurses who are often absent, and the incomplete completion given following the completion of tasks that do not comply with the SOP. This situation is contrary to the expectations of nursing professional organizations that nurses have good work discipline to goals.

This theoretical opinion concluded that work discipline is an attitude to follow the regulations that apply within an organization, whether written or not, to create a good work climate and achieve organizational goals.

Indicators of work discipline (1) abilities, (2) Leader's example, (3) Reward, (4) Justice, (5) attached supervision, (6) Punishment sanctions, (7) Firmness

Nurses Performance (Y2)

(Al Mehrzi et al., 2016) defines nurse performance as the level of success during a certain in predetermined that is determined and mutually upon. (Yang et al, 2016) the performance is basically for employees. According to (Shmailan, 2016) Abilities are actions that employees take to carry out a profession in the industry. Useful abilities do not stand alone, but are always related to the motivation of employee activities and the level of reward provided, and are influenced by the skills, expertise, and character of the person. (Bernardin and Russell, 1993) explains that the abilities demonstrated by a person or something are related to the professional obligations assigned. Performance is not the end of the arrangement of activity but rather the totality of forms starting from activity output factors or even outcomes. Nurse's performance ability of success of nurses in their duties and responsibilities in providing health services that can achieve hospital goals. Markers of ability (1) quality, (2) number of professions, (3) accuracy of duration, (4) responsibility (5) cooperation, (6) supervision

METHOD

Design Research

The research type is a survey that studies large or small populations by selecting examples related to events, distributions, sociological and intellectual dependent, and elastic variables. (Sugiyoyo, 2010) reported that survey research aims to draw abstractions from those that are not in-depth with the information being studied. However, the abstraction obtained will depend on the accuracy and representativeness of the illustrations used. The nature of this concept is descriptive and correlational, trying to obtain data regarding the event being observed (Arikunto, 2009). The factors that will be studied are (1) Nurse performance (2) Spiritual leadership and (3) Work discipline. The research design can be seen in Figure 1 below.

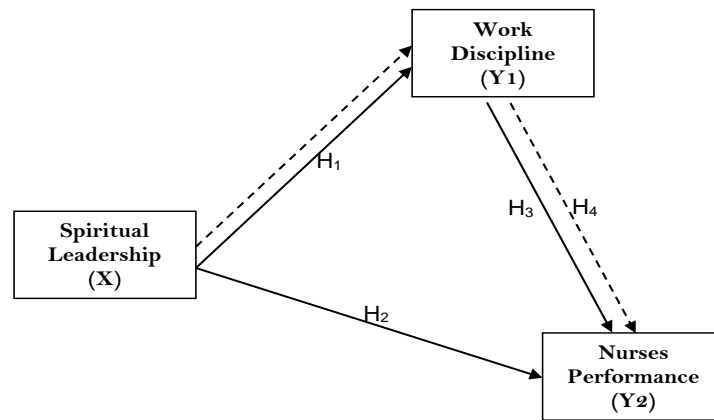


Figure 1. Research Design

Subjects and Research Samples

Research subject refers to a group or group of objects that are the target of research, which is the entire population (Creswell, 2014). Sampling by rounding up is certainly better to anticipate the possibility that the questionnaires returned will not be complete, incomplete, or too filled with doubt, the researcher will distribute more questionnaires than the minimum number (Rawung, 2020). In this study, the research population was all nurses in the emergency department at hospitals in Denpasar, Bali. The population used was 265 nurses, on the other hand, the number of emergency room nurses at one of the hospitals in Denpasar as an illustration for Morgan, which was corrected using the Warwick and Lininger method, was 189 nurses. (Agung, 2014).

Research Instrument

These variables are measured using an instrument called a questionnaire on a Likert ratio which is a method to determine feelings about spiritual leadership (X), activity discipline (Y1), and nursing skills (Y2) by choosing

the appropriate elastic. prepared reply. The comparison used consists of 5 substitutes, namely; Strongly Agree number 5; Agree on number 4; Ofcourse number 3; Disagree with number 2; and Strongly Disagree with a value of 1. Next, the Likert ratio is changed from 5 substitutes to 4 substitutes by eliminating alternatives that have not been decided. To clarify the indicators measured in each research flexible, a questionnaire grid was prepared below

Table 1. Instruments and Indicators

Variable;es	Indicators	Number of Items
Spiritual leadership (X)	X1 Honesty	5
	X2 Trust	6
	X3 Commitment	5
	X4 Love	9
	X5 Motivating	9
	Total	34
Work discipline (Y1)	Y1.1 Goals and capabilities	6
	Y1.2 Leadership role model	5
	Y1.3 Remuneration/Compensation	5
	Y1.4 Justice	5
	Y1.5 Supervision	4
	Y1.6 sanctions	4
	Y1.7 Assertiveness	4
Total	33	
Nurses' performance (Y2)	Y2.1 Quality of work	6
	Y2.2 Quantity	5
	Y2.3 Time	6
	Y2.4 Commitment	5
	Y2.5 Cooperation	5
	Y2.6 Supervision	8
Total	35	

Procedure

Questionnaires were given to nurses randomly using a random sampling technique, namely randomly estimating each group of the population of hospital nurses in Denpasar Bali to fill out the questionnaire correctly and return it to the researcher, and then the results from the questionnaire became research that shown to all students. Random sampling is the collection of information that originates from balance levels, areas, or groups of data and depicts representative information, after which the research results are analyzed and presented.

Data Analysis

The collected research information is then analyzed using Smart-PLS. This analysis is Structural Modeling with Partial Least Squares. The results will show direct and indirect effects along with elasticity and explain both the connection according to the concept (structural form) or reliability and validity

RESULTS

Measurement of the quality of the observed variables is related to the mean and standard digression. The results of efforts to analyze this data using Structural Equation Modeling by the smart PLS are shown below.

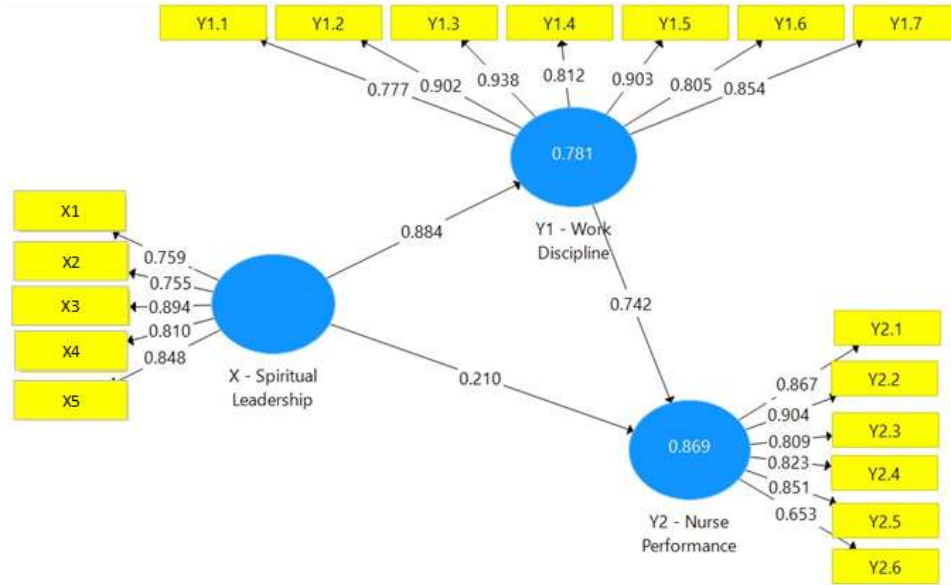


Figure 2. Analysis results on Structural Equation Models

Evaluate the Outer Model

The external construction of the marker and the results of the validity and reliability of the Structural Modeling method for the Partial Least Squares procedure are presented in Figure 2 below.

Table 2 Outer Loading of Spiritual Leadership, Work Discipline and Nurse Performance

Reflective variables to indicators	Loading	Mean	Standard Deviation	T Statistics	P Values
X1 <- X - Spiritual Leadership	0,759	0,756	0,036	21,388	0,000
X2 <- X - Spiritual Leadership	0,755	0,755	0,031	24,163	0,000
X3 <- X - Spiritual Leadership	0,894	0,894	0,014	64,913	0,000
X4 <- X - Spiritual Leadership	0,810	0,810	0,029	28,178	0,000
X5 <- X - Spiritual Leadership	0,848	0,848	0,027	31,359	0,000
Y1.1 <- Y1 - Work Discipline	0,777	0,772	0,034	22,748	0,000
Y1.2 <- Y1 - Work Dicipline	0,902	0,901	0,017	53,554	0,000
Y1.3 <- Y1 - Work Dicipline	0,938	0,937	0,010	90,214	0,000
Y1.4 <- Y1 - Work Dicipline	0,812	0,810	0,025	32,389	0,000
Y1.5 <- Y1 - Work Dicipline	0,903	0,902	0,017	54,031	0,000
Y1.6 <- Y1 - Work Dicipline	0,805	0,803	0,027	29,443	0,000
Y1.7 <- Y1 - Work Discipline	0,854	0,850	0,023	36,893	0,000
Y2.1 <- Y2 - Nurse Performance	0,867	0,864	0,019	45,441	0,000
Y2.2 <- Y2 - Nurse Performance	0,904	0,904	0,013	67,054	0,000
Y2.3 <- Y2 - Nurse Performance	0,809	0,808	0,025	32,980	0,000
Y2.4 <- Y2 - Nurse Performance	0,823	0,824	0,028	28,907	0,000
Y2.5 <- Y2 - Nurse Performance	0,851	0,849	0,024	35,202	0,000
Y2.6 <- Y2 - Nurse Performance	0,653	0,650	0,046	14,146	0,000

In Diagram 2, it can be said that the assessment of the external form of each flexibility on the marker shows a coefficient greater than 0.70. It can be concluded that the flexibility of Spiritual Leadership, work discipline, and nurse performance (Y2) are determined by all indicators claimed to be valid.

Validity and Reliability

Convergent validity is a statistical value for a potential construct, a set of indicators citing changes and underlying a flexible ability. The factorial of each flex must be greater than 0.60 to ensure good convergent validity. Construct reliability is estimated by the reliability that occurs at Cronbach's alpha which is higher than 0.70, not only that it does not depend on the number of personalities associated with each design. The lowest number that is assumed to correspond to the coefficient is 0.70, whereas the Average Variance Extracted provides data regarding the totality of indicators accumulated based on flexible capacity. It is recommended that the number be higher than 0.50 so that the marker can depict the construct well. The results are presented below

Table-3. Validity and Reliability Analysis

Variables	Cronbach's Alpha	Rho A	Composite Reliability	Average Variance Extracted
Spiritual Leadership	0,873	0,880	0,908	0,664
Work Discipline	0,939	0,943	0,951	0,736
Nurse Performance	0,902	0,913	0,925	0,675

The assessment regarding reliability shown in Cronbach's Alpha is beyond 0.70. On the other hand, Composite Reliability shows a number greater than 0.60, then Average Variance Extracted shows a number higher than 0.50. The conclusion is that Spiritual Leadership 0,873, Activity Compliance with the number 0.939, and Nursing Ability with the number 0.902 have met validity and reliability.

Discriminant Validity

The route that the simultaneous differentiation of potential constructs can explain that the variance related to the variable being studied is higher than the variance of the unmeasured construct which is related to measurement error. The discriminant of the relationships accompanying the constructs on the benchmark is shown in Table 4 below.

Table 4. Discriminant Validity

Variables	Spiritual Leadership	Work Discipline	Nurse Performance
Spiritual Leadership	0,815		
Work Discipline	0,814	0,858	
Nurse Performance	0,054	0,817	0,822

Goodness of Fit

The evaluation covers two important things, namely, an evaluation of independent to dependent effects with assumption testing. Both evaluations refer to the results of the model analysis. Regarding the results of the assessment carried out, what is called the exogenous variable is Spiritual Leadership (X), and the endogenous variables work discipline (Y1) and nurses performance (Y2).

The results of structural equation model analysis with the Smart-PLS are to be evaluated on the R² of the bound elastic, and the R-square will predict the discipline to influence the construct from free elastic to bound elastic. The results are presented in Chart 5 below.

Table 5. R-Square of dependent construct

Dependent construct	R-Square	Adjusted R Square	Category
Y1 - Work Discipline	0,781	0,780	good
Y2 - Nurse Performance	0,869	0,868	good

In the analysis results such as the table above, an R² score of 0.67-1.00 is a good model, an R² of 0.34-0.66 indicates a medium model and an R² lower than 0.33 is a low model. The results are an R² score for work discipline of 0.781 in the good category, and nurse performance of 0.869 in the good category. The Geiser Stone Q-square test calculation is below.

$$Q^2 = 1 - (1 - 0,781) (1 - 0,869)$$

$$Q^2 = 1 - 0,219 \times 0,131$$

$$Q^2 = 1 - 0,029$$

$$Q^2 = 0,971$$

Obtaining Q² calculation is 0.971, can be concluded that 97.1% of changes in nurses' performance can be supported by the construct of spiritual leadership and work discipline, whereas around 2.90% is supported by other elasticities outside the construct. The model has very good estimates.

Hypothesis Measurement Results

The measuring of direct impacts and indirect effects of other constructs according to the assumptions of this research can be observed in the coefficients accompanied by statistical tests and probability values can be presented below.

Table 6. Direct and Indirect Effects

Total	Loading	Standard Deviation	Test-Statistics	P-Values	Results
X - Spiritual Leadership -> Y1 - Work Discipline	0,884	0,016	53,732	0,000	H ₁ accepted
X - Spiritual Leadership -> Y2 - Nurse Performance	0,210	0,053	3,939	0,000	H ₁ accepted
Y1 - Work Discipline -> Y2 - Nurse Performance	0,742	0,051	14,437	0,000	H ₁ accepted
X - Spiritual Leadership -> Y1 - Work Discipline -> Y2 - Nurse Performance	0,656	0,045	14,641	0,000	H ₁ accepted

- (1) The direct relationship with spiritual leadership has a coefficient of 0.884, the statistical test number of 53.732 is higher than 1.96 and the P-value is 0.000, significant. (H₁ is obtained, otherwise H₀ is rejected). If spiritual leadership has a direct and significant impact on compliance with activities.
- (2) The direct relationship with spiritual leadership has a coefficient of 0.210, the statistical test number of 3,939 is higher than 1.96 and the P-value is 0.000 significant (H₁ is obtained and the opposite H₀ is rejected). Spiritual leadership has a direct and significant impact on the ability of nurses.
- (3) The direct relationship between compliance with discipline and nurses is shown in the coefficient of 0.742, the statistical test number of 14.437 is higher than 1.96 and the P-value is 0.000 significant. (H₁ is obtained and H₀ is rejected). Discipline with activities affects the ability of nurses.
- (4) The indirect relationship with spiritual leadership has a coefficient of 0.656, the statistical test number of 14,641 is higher than 1.96 and the P-value is 0,000. (H₁ is obtained and H₀ is rejected). Spiritual leadership has an indirect effect on the will and ability of nurses through obedient activities.

DISCUSSION

The results of hypothesis 1 show that spiritual leadership has a direct and significant effect on work discipline. That a leader's personality that combines spiritual character is expected to improve nurses' work discipline. Because the leader has an honest, committed personality and loves his subordinates, his subordinates will be influenced to be disciplined at work. That spiritual leadership influenced nurses' work discipline. Spiritual leadership creates a high sense of appreciation, gaining deep meaning from the work they do, feeling meaningful in the workplace, especially for nurses, thereby creating a feeling of perfection in inner life and a sense of happiness in the organization or company. Research this was carried out (Setiyati, 2018) regarding spiritual

leadership at ESA Unggul University, Jakarta, shows leadership has a direct effect on improving discipline and nurse's performance.

The results of hypothesis 2 show that spiritual leadership which prioritizes honesty, commitment, love, and motivation influences subordinates as indicated by the quality and quantity of work, working together, and working conscientiously. The figure of spiritual leadership is very suitable for building subordinates' work enthusiasm and improvement. The influence of spiritual leadership on nurses has been carried out by other researchers. The research on the University of Indonesia nursing program by (Pramajat et al., 2022).

The results of hypothesis 3 so work discipline has a direct effect on nurses' performance. Work discipline with indicators of goals and abilities, leadership examples, compensation, justice, supervision, and punitive sanctions has a direct on nurses. High work discipline causes high nurse performance as well. This discipline directly has the effect and is significant on nurse performance. Changes in improving work discipline are described through compliance with work regulations, attendance, adherence to standards, high levels of vigilance, and working ethically and contribute to improving nurses' performance which is reflected through aspects of nurses' work targets. Similar (Setiawati & Jannah, 2016).

The results of hypothesis-4 measures show the indirect effect of spiritual leadership on nurses' performance through work discipline. If mediated by obedience to activities, influences the nurses' abilities, spiritual leadership as an independent elasticity directly the nurses' abilities, and obedience to activities as an elastic medium also influences directly the abilities of nurses, so spiritual leadership indirectly influences the abilities of nurses. care of it through consistent activities. The direct relationship between spiritual leadership influences the ability of nurses and spiritual leadership has a very strong impact on activity compliance, so if you use activity compliance as an effective medium it will provide positive and important effects. That strong effect of leadership on obedience to activities, the direct effect of obedience, and the very strong direct effect of spiritual leadership on the ability of nurses means that it can be concluded that spiritual leadership indirectly has an important impact on the ability of nurses. through obedient activities. A leader who applies spiritual leadership can provide discipline to nurses so that they can improve their performance. This leadership style does not just give directions but also directly sets an example. Research conducted (Diana & Dirdjo, 2022) confirmed that there is a close relationship between spiritual leadership and nurses' performance.

CONCLUSION

Referring to the research results, it can be concluded that: (1) spiritual leadership has a direct and significant impact on activity pressure as indicated by a coefficient of 0.884 and a T-statistic result of 53.732 which is higher than 1.96 and the P-value 0.000 is smaller than 0.05. If an increase in the quality of spiritual leadership can lead to an increase in the discipline of nurses' activities, (2) spiritual leadership has a direct and significant impact on nurses as indicated by a coefficient of 0.210 and T- results from statistics of 3.939 are higher than 1.96 and P-Values of 0.000 are smaller than 0.050 if an increase in spiritual leadership causes an increase in the skills of nurses, (3) discipline has a direct and significant impact on nurses as indicated by a coefficient of 0.742 and the T-Statistic results of 14.437 is higher than 1.96 and P-Values of 0.000 are smaller than 0.050 if there is an increase in activity discipline increasing the skills of nurses. (4) spiritual leadership has an impact indirectly on the skill of nurses in complying with activities as indicated by a coefficient of 0.656, T-Statistics results of 14.641 are higher than 1.96, and P-Values of 0.000 smaller than 0.050. The findings are leadership spirituality has very beneficial effects, whereas devotion to activity provides a very good effect in mediating the impact of spiritual leadership on the skills of nurses.

ACKNOWLEDGMENTS

The researcher would like to thank the Chairman of the Denpasar City Hospital, Bali, for allowing him to carry out. Not only that, words can also be given to the nurses who have supported the research by filling out questionnaires. This research can be useful for improving staff who are nurses who work very sincerely with intellectual capital full of emotion, social, and spirituality so that residents will be helped.

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