

ORIGINAL ARTICLE

Determinant Factors of Supervisor Model 4S (Structure, Skill, Support, Sustainability) Against the Implementation of Islamic Spiritual Care

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ABSTRACT

Introduction: The supervision model commonly applied in nursing is the 4S model, namely the Structure, Skill, Support, and Sustainability (4S) stages. This supervision model can be applied by the head of the room and the head of the shift as a supervisor in overseeing Islamic spiritual nursing care in adult inpatient rooms. **Objective:** To analyze the relationship between the 4S supervisor model's role and the implementation of Islamic spiritual nursing care in adult inpatient rooms. **Methods:** This study used a cross-sectional method. The sampling technique with a proportionate stratified random sampling was 62 nurses. Data analysis used univariate analysis, bivariate analysis with Spearman test, and multivariate logistic regression. **Results:** Supervisor role model 4S was well performed (88.7%), and the implementation of Islamic nursing care was well delivered (52%). There was a relationship between the supervision role of the 4S model and Islamic spiritual care implementation, with a significance value of <0.0001 . The most substantial relationship of the 4S model with the implementation of Islamic spiritual care was skill and sustainability; it can be seen from the significance value for the skill of 0.05 (P -value ≤ 0.05), and sustainability was 0.01 (P -value ≤ 0.05). The relationship's strength was seen based on the OR value for the skill (0.194) and sustainability (0.109), respectively. **Conclusion:** The probability of nurses implementing Islamic nursing care well is 90% if Islamic spiritual nursing care skills are provided and the hospital supervisor's continuous supervision.

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1. Introduction

Supervision emphasizes professionally developing the unit and ensuring patient safety. Clinical supervision focuses on developing clinical practice through professional guidance and support (Rothwell, Kehoe, Farook, & Illing, 2019; Schriver, Kalumire Cubaka, Vedsted, & Kallestrup, 2018). Nursing services as an integral part of health services in hospitals need clinical supervision of the nursing profession. Supervision in nursing services has the function of developing education and skills, providing emotional support to nursing staff in the demands of clinical practice, and maintaining and monitoring clinical practice effectiveness (John Driscoll, Gemma Stacey, & Karen Harrison Denning, 2019). Holistic nursing services include the biological, psychological, social, and spiritual aspects of the patient. Providing spiritual nursing care may improve patients' quality of life (Chen, Lin, Yan, Wu, & Hu, 2018). Other non-pharmacological interventions with spiritual approaches such as Qur'anic therapy also can increase religious coping (IP Dewi & Widiyanti, 2018), lowering blood pressure (Nurhakim, Dewi, & Rohmah, 2018), improve mental health.

Through the nursing process stages, the implementation of holistic nursing care can be achieved. Nurses still think that fulfilling patients' spiritual needs are limited to providing worship

guidance when sick, prayer guidance, and depicting the body. Several hospitals in Indonesia that have an Islamic vision have not yet fully implemented spiritual care for patients. As revealed in the study (Estetika & Jannah, 2016), 59.7% in Banda Aceh Hospital, spiritual fulfillment was less accomplished. One of the causes of discontinuity of nursing care is that clinical supervision is carried out unscheduled, unstructured, not recorded, and not given good feedback. In the end, clinical supervision activities cannot provide objective results in improving the quality of nursing performance (Noor, Agianto, Nursalam, & Setiawan, 2019). Another study stated that nursing's clinical supervision model in Indonesia is still unclear about its implementation in hospitals. It is unknown how precise and practical the applicable model (Mohammadi, Nikan, Movasagh, Paymard, & Mirzaee, 2019).

In a preliminary study, an interview was done by interviewing ten nurses at Muhammadiyah Hospital Bandung. Four of them stated that they knew about the nursing process cycle in Islamic spiritual nursing care. However, they had difficulty practicing it due to a lack of insight and feeling insecure about taking spiritual actions on patients. Three nurses stated that spiritual care was done if supervised by a supervisor or the head of the shift, who asked the patient's spiritual condition. Nurses also stated that the supervisor is more dominant in providing supervision to their staff to meet patients' spiritual needs. Simultaneously, the other three people find it challenging to carry out the spiritual assessment because they have to spend more time, while nurses' workload to meet their physical needs is much greater.

In an interview with the nursing department head at the Muhammadiyah hospital, Bandung, he said that this hospital's nursing supervision model was the 4S model. Supervision of the 4S model includes structure, namely supervisors making supervision plans, skills, namely supervisors providing skills guidance to nurses, support, namely supervisors encouraging nurses and sustainability, namely supervisors providing continuous and continuous supervision, but often the supervision is carried out focusing on situations of physical development patient and nurse performance in meeting these needs. The head of the nursing field admits that this supervision's implementation often experiences problems, especially in skills guidance, where supervisors' abilities vary widely in providing Islamic spiritual care. However, in terms of support, supervisors provide opportunities for adult inpatient nurses to attend training. According to the head nursing department, the head of the room and the team leader was given training on the 4S model of nursing clinic supervision in 2013, training on the primary team nursing service model in 2014, and training on spiritual care in 2015.

The impact that arises from inadequate clinical supervision in nursing services can reduce the quality of nursing care and patient safety (Noor et al., 2019), decreased performance (Asif Qureshi & bin Ab Hamid, 2017), as well as influencing affective staff commitment (Mohamed & Ali, 2016). The decline in the quality of holistic nursing care in patients impacts the patient's spiritual needs that are not fulfilled. As a result, the patient's quality of life will decline (IP Dewi & Anugerah, 2020).

Research on clinical supervision has been carried out (Mohammadi et al., 2019). Regarding the effect of supervision on clinical decisions, with a systematic review method, this study does not specialize in supervision research with a specific model. Other research on improving the quality of clinical supervision in nursing practice (John Driscoll et al., 2019), using the case study method, observing the supervision function performed by clinical supervisors on the performance of nursing staff, in this study supervision was carried out based on the care given by nurses to the care of dementia patients (Noor et al., 2019). Regarding clinical supervision training to improve nurses' work performance in the hospital choosing to use the quasi-experimental study method, there was no explanation regarding the content of the supervisor training module used in his research, so the type of supervision used was unclear. Researchers have not found 4S model supervision (Structure, Skill, Support, Sustainability) on implementing Islamic spiritual nursing care in hospitals. This study aims to determine the 4S model supervision's determinant factor with implementing Islamic spiritual nursing care in the hospital.

2. Methods

This study used a cross-sectional study design to determine the relationship between the 4S supervisor model (structure, skills, support, sustainability) and implementation of Islamic spiritual care in the hospital inpatient room. The population in this study were all nurses in the adult inpatient room, with 165 nurses. The determination of the sample size using the Slovin formula, with a minimum error limit of 10%, the number of samples used was 62 nurses with inclusion criteria for adult inpatient nurses, a minimum length of work of one year, and the inclusion criteria were nurses who were on sick leave or giving birth, has the status of head of the room. The sample selection in this study using proportionate stratified random sampling, as in [table 1](#).

Table 1. Results of proportionate stratified random sampling

Room	Number of nurses	Sample count	Number of samples
Multazam 2	15	(15/165) x 62	6
Multazam 3	18	(18/165) x 62	7
Multazam 4	17	(17/165) x 62	6
Multazam 5	18	(18/165) x 62	7
Raudhah 3	15	(15/165) x 62	6
Raudhah 4	15	(15/165) x 62	6
Raudhah 5	15	(15/165) x 62	6
Dewi Sartika	17	(17/165) x 62	6
Arafah	20	(20/165) x 62	8
Perinatology	15	(15/165) x 62	6

This study's independent variable was the 4S supervision model (structure, skills, support, sustainability) so that the research instrument to measure the 4S model supervision using a questionnaire containing 40 statements. The instrument comprised a Likert scale and carried out a validity test at the Al-Islam Bandung hospital to 30 implementing nurses, with a value of α Cronbach of 0.9381. This research's dependent variable was implementing Islamic nursing care using a questionnaire for implementing Islamic spiritual nursing care. The instrument contained 13 statements and was given to the patient. The instrument used in this research modified the instrument Spiritual Care Competency Scale and then performed the validity test, with the Cronbach α result of 0.82.

The research procedure was carried out after getting research approval from the research institution. The researcher made the sheet research explanation and signing of informed consent. For data collection, the researcher collaborated with the head of the room. The nurse respondents filled out the consent sheet and questionnaire about the 4S supervision model, while the patient respondents filled in the consent sheet and questionnaire about the implementation of Islamic spiritual nursing care, which was distributed for approximately 15 minutes. After the data was collected, the researcher analyzed the data

Univariate data analysis was done to determine the frequency distribution of respondent characteristics and categories of implementation of the 4S model supervision (good or inadequate) and Islamic spiritual nursing care (implemented or not implemented). The bivariate analysis used the Spearman correlation test as the data were categorical, where the results are significant if they have a p-value of 0.05. Multivariate analysis used logistic regression because the data were categorical. The results were significant if they had a value of 0.05.

3. Results and Discussion

[Table 2](#) shows more female (74%) respondents than male nurses, graduated from Diploma III Nursing (77%), and have <10 years working experience (61%). Meanwhile, the characteristics of patient respondents, male sex more than female sex, namely (56%), with the highest level of education is a high school or equivalent (40%), and almost all have a stay of more than three days (81%). Based on the Gamma-Somers correlation statistical test, the value of P-

value ≤ 0.005 shows that the gender of the nurse, education level, and years of service are correlated with the implementation of Islamic Spiritual Nursing, as well as gender and education level.

Table 2. Characteristics of respondents (n = 124)

Characteristics	Nurse		P-value	Patient		P-value
	N	%		N	%	
Gender						
Man	16	26	0.000	35	56	0.000
Women	46	74		27	44	
Level of education						
Elementary			0.000	12	19	0.000
Junior high				18	29	
High school				25	40	
Diploma III	48	77				
Bachelor degree	14	23		7	11	
Years of experience						
<10 years	38	61	0.000			
≥ 10 years	24	39				
Length of stay						
<3 days				12	19	0.000
≥ 3 days				50	81	

Table 3. The mean, median, standard deviation, minimum-maximum, and normality test of the variable data of the supervisor role model 4S and ISNC

Variables and sub-variables	Mean	Median	Standard deviation	Min	Max	P-value
4S supervision	131.08	137.50	37,519	51	178	0,000
<i>Structure</i>	37.63	44	11,881	16	50	0,000
<i>Skill</i>	20.56	22	8,683	8	36	0,000
<i>Support</i>	32.98	35	7,350	11	40	0,000
<i>Sustainability</i>	39.90	42	13,320	14	57	0,000
ISNC	30.29	31	9,827	17	47	0.001

Table 3 is the basis for researchers in making decisions for categorizing the implementation of the 4S and ISNC supervision models, namely the cut of point based on the median value. This decision is based on the data normality test results using Kolmogorov Smirnov, where the 4S and ISNC model supervision variables' distribution value is ≤ 0.05 . The 4S model's supervision was categorized as good if the score is $\geq 137,5$, and inadequate if the score is $<137,5$. The implementation of ISNC was categorized as good, if the score was ≥ 31 and categorized as inadequate if the score is <31 .

Table 4 shows that most (52%) of the implementation of the 4S model supervision is in good category, in more detail about the implementation of the 4S model supervision, with the best sub-variables being the support aspect (58%), and the aspects that are still inadequate (lacking in implementation) and sustainability (52%). Implementation of Islamic Spiritual Nursing Care (ISNC) is in good category (52%), but almost the majority (48%) of respondents still feel the lack of implementation of ISNC (inadequate category). Table 5 shows significance values for each sub variable of the 4S supervision model with the implementation of Islamic spiritual nursing care of ≤ 0.05 (95% confidence level). Therefore, the 4S model sub-variables have a relationship with the implementation of Islamic spiritual nursing care, and the significance value is ≤ 0.25 . All sub-variables were tested in multivariate logistic regression to determine the determinant factor of implementing the 4S model supervision to implement Islamic spiritual nursing care.

Table 4 Frequency distribution of the implementation of the 4S model supervisor (Structure, Skill, Support, Sustainability) and ISNC (n = 62)

Variables and sub-variables	Good		Inadequate	
	N	%	N	%
Supervision of 4S models				
<i>Structure</i>	35	57%	27	43%
<i>Skill</i>	33	53%	29	47%
<i>Support</i>	36	58%	26	42%
<i>Sustainability</i>	32	48%	30	52%
	32	52%	30	48%

Table 5. Spearman correlation test for sub variable 4S model supervision with Islamic Spiritual Nursing Care (ISNC)

	<i>Structure</i>	<i>Skill</i>	<i>Support</i>	<i>Sustainability</i>
ISNC				
Correlation coefficient	0.321	0.645	0.354	0.677
P-value	0.011	0,000	0.005	0,000
N	62	62	62	62

Table 6. Logistic regression test for the 4S model supervision variable

Sub variable 4S model supervision	B	SE	Wald	df	Sig.	Exp (B)	95% Cifor EXP (B)	
							Lower	Upper
Step 1a								
<i>structure (1)</i>	-,002	1,020	,000	1	0.99	0.998	0.135	7,368
<i>skill (1)</i>	-1,689	1,081	2,440	1	0.12	0.185	0.022	1,538
<i>support (1)</i>	,081	1,164	,005	1	0.95	1,084	0.111	10,613
<i>sustainability</i>	-2,207	0.945	5,453	1	0.02	0.110	0.017	0.701
<i>Constant</i>	1,908	0.552	11,954	1	0.001	6,742		
Step 2a								
<i>skill (1)</i>	-1,689	1,045	2,610	1	0.11	0.185	0.024	1,433
<i>support (1)</i>	,080	0.922	,008	1	0.93	1,083	0.178	6,597
<i>sustainability</i>	-2,207	0.867	6,489	1	0.01	0.110	0.020	0.601
<i>Constant</i>	1,908	0.543	12,360	1	0.00	6,740		
Step 3a								
<i>skill (1)</i>	-1,639	0.867	3,570	1	0.05	0.194	0.035	1,063
<i>sustainability</i>	-2,212	0.865	6,545	1	0.01	0.109	0.020	0.596
<i>Constant</i>	1,920	0.527	13,270	1	0.00	6,818		

The determinant factor of implementing the 4S model supervision with the implementation of Islamic spiritual nursing care. The analysis was carried out by multivariate, using logistic regression, because the data type was categorical. The multivariate analysis steps are as follows: Researchers performed bivariate data processing for each sub variable 4S model supervision to implement Islamic spiritual nursing care. If the bivariate test results obtained a p-value <0.25, the variable could be analyzed using multivariate analysis. Seeing the OR value to assess the relationship between the 4S model supervision sub-variables Interpret the logistic regression test results.

Based on [table 6](#), the skill and sustainability variables have a relationship that affects the implementation of Islamic spiritual nursing care, seen from the significance value for skills of 0.05 (P-value ≤ 0.05) and sustainability of 0.01 (P-value ≤ 0.05). The strength of the relationship is seen based on the OR [EXP {B}] value, respectively, skill (0.194) and sustainability (0.109). Then, nurses' probability of carrying out Islamic spiritual nursing care if supervision is carried out through skills (skills) and sustainability, continuous and continuous supervision, is calculated based on a formula. To determine y-value, based on the equation below: $p = 1 / (1 + e^{-y})$

$$y = constant + a1x1 + a2x2 + aixi, \text{ the result is } 2,223$$
$$p = 1 / (1 + 2.7^{-2,223}) = 0.902$$

Thus, nurses' probability of carrying out Islamic nursing care is 90% if Islamic spiritual nursing care skills are provided and the hospital supervisor's continuous supervision. The results showed that most respondents stated that the supervisor's role in the inpatient room was in a good category in terms of structure, skills, support, sustainability, and Islamic Spiritual Nursing (ISNC) implementation. This condition appears because the hospital has an Islamic vision, which is to become a leading Islamic hospital in health services oriented to the benefit of the people, even though some respondents stated that the implementation of this ISNC was in an inadequate category or was not carried out properly, this could happen because it met the spiritual needs of the patient. , influenced by the level of education of the nurse as well as the length of service of the nurse in the hospital, it can also fulfill spiritual needs depending on the patient's age, length of stay, and education level of patients as can be seen in the table of respondent characteristics associated with the implementation of ISNC in the hospital all have a significant relationship (≤ 0.005). This study was in line with [Mustikaningsih, Aisyah, & Rahayu \(2020\)](#), who stated that the nurse's behavior in providing Islamic spiritual care is influenced by a lack of spiritual knowledge, fear of making mistakes, the nurse is less able to communicate, ambiguous, the number of nurses is insufficient, difficulty managing time, educational background of nurses, organization and management.

Fulfilling Muslim patients' spiritual needs is very relevant to the nursing paradigm, where nurses see humans as a whole, including biological, psychological, social, and spiritual aspects. Fulfilling the spiritual aspects can increase patient satisfaction while in hospital ([Musviro, 2017](#)). Providing nursing care to meet patients' spiritual needs often experiences obstacles due to spiritual assessment difficulties and depending on the nurse's competence in meeting the patient's spiritual needs ([Baldacchino, 2016](#)) and research ([Liefbroer, Olsman, Ganzevoort, & van Etten-Jamaludin, 2017](#)). The benefits of providing spiritual services to patients can provide satisfaction to the patients they care for ([Nurdina & Putra, 2016](#)). Patient satisfaction can also be obtained through empathy and caring for nurses in providing care, through therapeutic communication ([Ariani & Aini, 2018](#)), while in research ([Mustikaningsih et al., 2020](#)), mentioning that there are still (44.8%) nurses who have bad attitudes when providing services in sharia hospitals.

The implementation of Islamic spiritual care for Muslim patients can run well, one of which is the hospital management or organization's support. Support is provided by nursing management in the hospital in the form of supervision. The 4S supervision model was first introduced by Page and Wosket in 1995 but is still relevant to current conditions ([Nursalam, 2015](#)). This model consists of four elements; structure, skills, support, and sustainability structure activities to guide nurses in conducting assessments and patient care. This activity aims to develop nurses' experience in consulting, assessing, and facilitating care for their patients. Supervisors carry out skills activities to improve practical skills (giving patients spiritual actions according to patient beliefs). Support activities are carried out to support nurses' needs in increasing their knowledge, skills, and attitudes in nursing services. Sustainability activities aim to sustainably maintain experience, skills, and an excellent working atmosphere. Supervision is an essential part of management as well as the overall responsibility of the leader. As a leader in providing nursing

care in the hospital, the team leader must have the ability to supervise to manage nursing care (Marquis & Huston, 2010).

The results showed that structure, skill, support, and sustainability have a significant relationship with the implementation of ISNC. The determinant factors in implementing ISNC are skills and sustainability. In the hospital where this research is located, it is known that spiritual care training is still not routinely implemented or has become a program to support the upholding of the hospital's vision and mission, the last training conducted for spiritual care was 2015, even then it only covers the aspects of guiding patient worship in the hospital. In contrast, the fulfillment of patients' spiritual needs in the hospital includes spiritual assessment, enforcement of spiritual nursing diagnoses, planning, implementation, and evaluation (IP Dewi, Rahmat, & Alamsyah, 2017; Inggriane, 2017). Supervision from supervisors in the hospital is routine, but the focus of supervision is more on the patient's situation in general or the development of physical complaints and nurses' performance in meeting biological aspects' needs.

Training is an effort to improve nurses' technical, theoretical, and conceptual skills and morale following their needs through education and training. Prawesti et al. (2018) conducted research on the effect of training on increasing nurses' ability, where community health nurses' ability in handling cardiac arrest increased after being given training. A similar study was also carried out by Noor et al. (2019), which states that there are differences in clinical supervision of ability before and after training in the intervention group (0.000) and the control group (0.153). Hospitals need to increase the implementation of clinical supervision through education and training programs. This implementation can be done continuously by all supervisors to improve nurses' quality of service and work performance in the hospital.

Providing opportunities for nurses to improve their competence through education and training is part of the supervisor's support for their subordinates. This support can provide job satisfaction to employees under his supervision (Mohamed & Ali, 2016). Meanwhile, clinical supervision's sustainability or continuity provides an advantage in improving hospital service quality, reducing implementation errors in service delivery (Cruz, Carvalho, & Sousa, 2012). Sustainability in the work environment can affect the work environment's quality so that the nursing care provided can be carried out correctly (Ardiana, Purwandari, Rochmawati, & Wahyuni, 2020).

Nurses must be aware of the goals and stages of clinical supervision. Supervisors are also required to understand the different approaches that can be used. There are challenges in implementing clinical supervision by nurses, but with exemplary commitment, all aspects of supervision can be carried out correctly (John Driscoll et al., 2019).

4. Conclusion

This research showed a significant relationship between the 4S model supervision and Islamic spiritual nursing care implementation. Skill and sustainability are determinant factors in the implementation of Islamic spiritual nursing care in this hospital.

For hospitals, it can provide benefits for the nursing profession in developing training related to improving Islamic spiritual care skills and being the basis for further research in Islamic spiritual care research. As for the limitations of this study, not all Islamic hospitals in Bandung were used as samples, so that the subsequent research has the opportunity to conduct similar research with a broader sample size.

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