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Original Article

# Spiritual Leadership and Empowerment of Hospital Staff: A Cross-Sectional Study

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**Abstract**

**Background:** Spiritual leadership emphasizes ethics, justice, and the greater good, promoting responsibility, trust, and respect within organizations. This study examines the relationship between spiritual leadership and employee empowerment in Saqqez Hospitals.

**Methods:** This cross-sectional study was conducted among 181 medical and administrative staff of Saqqez hospitals. Participants were selected through stratified random sampling, with simple random sampling within each stratum, to cover approximately 50% of each staff category. The Fry Spiritual Leadership Questionnaire and Spreitzer Psychological Empowerment Questionnaire were used to collect data. To describe qualitative variables, frequency and percentage were utilized, and mean and standard deviation were applied for quantitative variables. The Pearson correlation test and linear regression were employed to examine the hypotheses.

**Results:** Out of 181 participants at Saqqez Hospitals, 98 (54.1%) were female, and 120 (66.3%) were married. Most (39.8%) were aged 31 to 40 years. Additionally, 90 participants (49.7%) had less than five years of work experience, and 102 (56.4%) held a bachelor's degree. Multivariate linear regression analysis revealed that membership ($\beta=0.178$, $P=0.023$), organizational commitment ($\beta=0.148$, $P=0.008$), and performance feedback ($\beta=0.168$, $P<0.001$) were significantly associated with employee empowerment. In contrast, no significant relationship was found between the vision ($\beta=0.049$, $P=0.365$) and altruism ($\beta=-0.013$, $P=0.875$) subscales and employee empowerment.

**Conclusion:** There is a positive correlation between components of spiritual leadership and employee empowerment. Enhancing these components can lead to greater empowerment, ultimately improving the organization's effectiveness in achieving its objectives.

**Keywords:** Leadership, Spiritual, Empowerment, Hospital administration, Hospital personnel

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## Introduction

Leadership is a fundamental component of any organization, providing direction and guidance to achieve goals. In healthcare systems, effective leadership is particularly crucial for addressing challenges such as staff shortages, patient safety, and the increasing complexity of medical care. (1,2). To meet these challenges, various leadership models have been introduced, including transformational, transactional, ethical, and spiritual leadership. (3). Transformational leadership focuses on motivation and ideas, while corporate structuring is characteristic of transactional leadership. Besides, spiritual leadership is known for placing greater focus on ethics, integrity, and welfare (4). It is particularly important in sensitive environments such as hospitals and other areas that are trusted for human care (5,6).

Spiritual leadership refers to leadership founded upon ethics, justice, and concern for the greater good. It transcends individual interests, instead fostering a culture of responsibility, trust, and respect within an organization. Leaders who engage in spiritual leadership are genuine, of high ethics, and take an interest in the well-being of both their employees and the populations that they serve (7,8). In medical practice, spiritual leadership is characterized by decisions that weigh clinical effectiveness and compassion without compromising patient care and worker well-being under external pressure. Such leadership works very well within the internal ethical drives of health professionals, who typically begin their careers driven by a sense of responsibility and ethical calling, and therefore can be

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an extremely effective mechanism for consolidating organizational dynamics and personnel empowerment (9,10).

Empowerment of personnel is the process of granting autonomy, resources, and decision-making powers to employees so they perceive a sense of control and impact in their work. In hospitals, where hospital workers perform high-risk work, empowerment is extremely significant for morale development, burnout prevention, and increased job satisfaction. Informed staff are more likely to innovate, drive initiative, and drive organizational goals in the healthcare sector, translating into improved patient care and operational efficiency (11,12). Empowerment matters because of its ability to bridge the distance between vertical structures and ground-level staff to provide an open culture in which employees feel that they are being listened to and empowered to make a difference (13). This is particularly important in healthcare settings, where the outcomes of decision-making have immediate consequences on human life immediately (11).

In healthcare settings, the concomitance of empowerment and spiritual leadership is of specific importance, where ethical considerations in providing care are part of operational success (14). Spiritual leadership ensures a culture within which employees feel respected and appreciated, further supporting their empowerment (4). In hospitals, the dynamic can yield improved outcomes among patients, as empowered workers will be more likely to speak up for patients and maintain codes of ethics (15). Research indicates that leadership grounded in strong moral principles can generate healthcare providers whose personal values align with those of their organization. This coordination is especially significant in addressing contemporary issues such as staff retention and the emotional toll of health care provision. As a result, spiritual leadership has become a vital aspect of hospital management (16,17).

Spiritual leadership and personnel empowerment in healthcare settings have only recently begun to be investigated in the literature, though gaps remain. Some studies highlight the way spiritual leadership, closely related, influences nurses' moral courage and job satisfaction, and suggest empowerment (18). Zhao et al. (2024) also found that leadership support in Chinese hospitals significantly enhances healthcare workers' satisfaction and commitment, suggesting empowerment as a mediator (19). However, the majority of existing research focuses on transformational or ethical leadership, with less attention to spiritual leadership and its direct impact on hospital workers' levels of empowerment. This limited focus points to the need for a deeper analysis of how spiritual leadership uniquely impacts empowering healthcare workers.

Since spiritual leadership is associated with learning and growth, employee interest and satisfaction, it ultimately moves the organization towards continuous improvement in operations and higher-quality products and services. It eventually leads to higher customer and employee satisfaction and better financial performance (20). Therefore, examining employees' status in the context of spiritual leadership, along with attention to their motivation in the current organizational context, will clarify areas for organizational progress and facilitate the removal of existing obstacles. This study investigates the relationship between spiritual leadership and employee empowerment in Saqqez Hospitals, aiming to produce findings that significantly contribute to creating an environment that better attends to employee needs, especially by increasing employee empowerment.

## Methods

This study used a descriptive, cross-sectional, inferential method. The statistical population of this study was the medical and administrative staff of Saqqez hospitals, a city in western Iran.

### *Sampling and sample size*

The sample size was calculated using Morgan's table as 181 people. Sampling was done by stratified random sampling, with simple random sampling within strata. Given that the sample size was approximately 50% of the statistical population, 50% of each of the three main categories of personnel in Saqqez hospitals, including administrative personnel, medical personnel (including nurses, midwives, experts in laboratory, radiology, pharmacy, etc.), and physicians, were included in the study to reach the calculated sample size. For example, if a particular category of personnel had a total of 80 people, 50% (40 people) were included in the study by simple random sampling. To perform simple random sampling, the list of personnel in each category, provided by hospital management, was used.

### *Eligibility criteria*

Inclusion criteria: Hospital administrative and medical staff who were willing to participate in the study.

Exclusion criteria: Senior hospital managers and staff who were unwilling to participate were excluded.

### *Data gathering tools and methods*

The Fry Spiritual Leadership Questionnaire and the Spreitzer Psychological Empowerment Questionnaire were used to collect data for the study. The data collection process was as follows: First, randomly selected hospital staff members were invited, in groups of approximately 20, to a meeting room where the objectives of the study were explained and instructions on completing the questionnaires were provided. After the explanation, the questionnaires were distributed to participants to complete at their convenience, to enhance the accuracy

of their responses. The trained interviewer then visited each participant in person to collect the completed questionnaires. During this visit, the interviewer reviewed the questionnaires to ensure that all questions had been answered. If any questionnaires were found to be incomplete, the participants were given another opportunity to finish them.

### Questionnaires

*a) Fry Spiritual Leadership Questionnaire*

This questionnaire, developed by Fry et al. in 2006 (21), has 16 questions on a five-point Likert scale (strongly disagree = 1; disagree = 2; neither agree nor disagree = 3; agree = 4; strongly agree = 5). A mean score is calculated for each participant based on their answers, ranging from 1 to 5, with a value of 3 considered the midpoint. The interpretation of mean scores is as follows: scores below 2 indicate weak spiritual leadership, scores between 2 and 3 indicate average spiritual leadership, and scores above 3 indicate very good spiritual leadership. This questionnaire includes five components (subscales): vision (questions 1 to 3), altruism (questions 4 to 7), membership (questions 8 to 10), organizational commitment (questions 11 to 13), and performance feedback (questions 14 to 16). The reliability of this questionnaire has been confirmed with a Cronbach's alpha of 0.89.

*b) Spreitzer Psychological Empowerment Questionnaire*

This questionnaire was developed by Spreitzer in 1997 to examine psychological empowerment in five dimensions (22). The dimensions of this questionnaire include a sense of meaningfulness in the job, a sense of competence in the job, a sense of having the right to choose, a sense of effectiveness, and a sense of participation. This questionnaire has 19 questions on a five-point Likert scale from completely disagree (1) to completely agree (5). The range of mean scores for this questionnaire is 1 to 5, with higher scores indicating greater empowerment. The reliability of this questionnaire has been confirmed by a Cronbach's alpha of 0.91.

### Statistical analysis

The data from the paper questionnaires were entered into SPSS version 19. After entering the data, its quality was checked, and any necessary corrections were made. Once the data's accuracy was confirmed, data analysis was conducted. According to the instructions for each questionnaire, the average responses of each individual were calculated, creating a new variable for each questionnaire. Additionally, the subscales of each questionnaire were calculated according to the relevant instructions, yielding corresponding variables.

To describe qualitative demographic variables, frequency and percentage were used, while mean and standard deviation were employed for quantitative demographic variables. For inferential analyses, the Kolmogorov-Smirnov test was used to assess data normality. The Pearson correlation test and linear regression were utilized to test the hypotheses. All analyses were conducted using SPSS version 19 software, with a significance level set at 0.05.

### Ethical considerations

The questionnaires were completed without the names and identification details of the individuals, and the participants were assured that the information obtained would be used solely for research purposes and would remain confidential with the researchers. All participants read and signed a written consent form attached to the original questionnaire.

This project was approved by the Ethical Committee of Kerman University of Medical Sciences. The Ethical approval Code is IR.KMU.REC.1404.531.

## Results

Of 181 participants working at Saqqez Hospitals, 98 (54.1%) were female and 120 (66.3%) were married. Most participants (39.8%) were in the 31-40 age group. Additionally, 90 participants (49.7%) had less than five years of work experience, and 102 (56.4%) held a bachelor's degree (Table 1).

Table 2 presents the means and standard deviations for the spiritual leadership and employee empowerment questionnaires, as well as the spiritual leadership questionnaire's subscales. In this study, the overall mean

**Table 1.** Characteristics of study participants

| Variables | | Frequency | Percent |
|---|---|---|---|
| Gender | Male | 83 | 45.9 |
| | Female | 98 | 54.1 |
| Marital Status | Single | 61 | 33.7 |
| | Married | 120 | 66.3 |
| Age Group | Under 30 Years | 67 | 37.0 |
| | 31 to 40 Years | 72 | 39.8 |
| | 41 to 50 Years | 38 | 21.0 |
| | Over 50 Years | 4 | 2.2 |
| Work Experience | Under 5 Years | 90 | 49.7 |
| | 6 to 15 Years | 49 | 27.1 |
| | 16 to 20 Years | 25 | 13.8 |
| | Over 20 Years | 17 | 9.4 |
| Education | Associate degree | 46 | 25.4 |
| | Bachelor's Degree | 102 | 56.4 |
| | Master's Degree | 10 | 5.5 |
| | MD | 23 | 12.7 |
| Job Group in Hospital | Medical Staff | 144 | 79.6 |
| | Administrative staff | 14 | 7.7 |
| | Doctors | 23 | 12.7 |

**Table 2.** Mean, standard deviation, and interpretations of spiritual leadership, its subscales, and employee empowerment

| Variables | | Mean | Standard Deviation | spiritual leadership status | P-value for Kolmogorov-Smirnov Test |
|---|---|---|---|---|---|
| Spiritual Leadership | | 3.12 | 0.72 | Very good | 0.492 |
| Spiritual Leadership Subscales | Vision | 3.76 | 0.80 | Very good | 0.244 |
| | Altruism | 2.89 | 0.85 | Average | 0.206 |
| | Membership | 2.69 | 0.88 | Average | 0.509 |
| | Organizational Commitment | 3.27 | 0.91 | Very Good | 0.718 |
| | Performance Feedback | 3.08 | 0.93 | Very good | 0.408 |
| Employee Empowerment | | 3.61 | 0.61 | - | 0.525 |

score for spiritual leadership was 3.12 out of 5. Among the spiritual leadership subscales, 'vision' had the highest mean score of 3.76, while 'membership' had the lowest, 2.69. The mean score for employee empowerment was 3.61 out of 5.

The findings indicate that the mean scores for both spiritual leadership and employee empowerment exceeded 3, the midpoint on a scale of 1 to 5. Specifically, the mean scores for the 'vision,' 'organizational commitment,' and 'performance feedback' subscales of spiritual leadership were above the midpoint, whereas the subscales of 'altruism' and 'membership' fell below it.

Additionally, the results of the Kolmogorov-Smirnov test, conducted to assess the normality of the distributions of the variables within both questionnaires, revealed that all variables and their subscales exhibited normal distributions (Table 2).

Table 3 presents the means and standard deviations of spiritual leadership and employee empowerment by demographic variables. The levels of both spiritual leadership and employee empowerment were higher among males, personnel with 20 or more years of work experience, and personnel with a master's degree. Females, personnel with less than 5 years of work experience, and personnel with an associate's degree had lower means for spiritual leadership and employee empowerment.

Table 4 presents the Pearson correlation coefficients between spiritual leadership and its subscales with employee empowerment at Saqqez Hospitals. The results indicated a positive and significant correlation between spiritual leadership and employee empowerment, suggesting that as spiritual leadership improves, so does employee empowerment. Additionally, all five spiritual leadership subscales demonstrated a positive, significant relationship with employee empowerment. Among these subscales, the membership subscale showed the highest correlation coefficient (0.575), while the vision subscale had the lowest (0.377).

Table 5 demonstrates that the subscales of membership ($\beta = 0.178$, $P = 0.023$), organizational commitment ($\beta = 0.148$, $P = 0.008$), and performance feedback ($\beta = 0.168$, $P < 0.001$) have statistically significant correlations with employee empowerment when controlling for the effects of other subscales. In this study, no significant relationship was observed between the Vision ($\beta = 0.049$, $P = 0.365$) and altruism ($\beta = -0.013$, $P = 0.875$) subscales and employee empowerment in the multivariate linear regression model. The coefficient of determination for the multivariate regression model relating the spiritual leadership subscales to employee empowerment was 0.425. This indicates that the spiritual leadership dimensions explain 42.5% of the variation in employee empowerment.

## Discussion

This study investigated the relationship between spiritual leadership and employee empowerment in 181 employees of Saqqez Hospitals using a cross-sectional method. The analyses indicated that the study's main hypothesis was confirmed and that there was a significant relationship between spiritual leadership and employee empowerment. A closer examination of the results of the correlation coefficient analysis regarding other hypotheses indicated that the dimensions of spiritual leadership and employee empowerment showed different patterns of correlation, with vision and membership having the lowest and highest correlation coefficients with empowerment, respectively.

The findings of this study indicate a significant positive relationship between spiritual leadership and employee empowerment at Saqqez Hospitals. Spiritual leadership appears to enhance multiple aspects of empowerment. Employees report a greater sense of freedom, feeling authorized to make decisions and carry out their tasks independently. They also exhibit greater competence, believing in their ability to perform assigned duties effectively, along with increased self-belief, reflecting confidence in their internal capabilities. Moreover, spiritual leadership fosters a sense of effectiveness, enabling employees to perceive their influence on organizational goals and their impact on others. Finally, it promotes a sense of significance, as employees recognize their potential for growth, perform meaningful and unique tasks, and appreciate the skills they have acquired that contribute to organizational success.

Similar findings have emerged in other studies. Arabshahi and Zanganeh (2023) demonstrated that spiritual leadership significantly positively affects organizational vitality and employee empowerment

**Table 3.** Mean and standard deviation of spiritual leadership and employee empowerment by demographic variables

| Variables | | Spiritual Leadership | | *P* value | Employee Empowerment | | *P* value |
|---|---|---|---|---|---|---|---|
| | | Mean | Standard Deviation | | Mean | Standard Deviation | |
| Gender | Male | 3.14 | 0.71 | 0.709 | 3.62 | 0.60 | 0.826 |
| | Female | 3.10 | 0.73 | | 3.60 | 0.62 | |
| Work Experience | Under 5 Years | 3.10 | 0.73 | 0.975 | 3.60 | 0.63 | 0.991 |
| | 6 to 15 Years | 3.13 | 0.72 | | 3.60 | 0.61 | |
| | 16 to 20 Years | 3.14 | 0.70 | | 3.63 | 0.59 | |
| | Over 20 Years | 3.18 | 0.69 | | 3.64 | 0.59 | |
| Education | Associate's degree | 3.11 | 0.71 | 0.995 | 3.60 | 0.61 | 0.989 |
| | Bachelor's Degree | 3.12 | 0.74 | | 3.61 | 0.63 | |
| | Master's Degree | 3.17 | 0.69 | | 3.67 | 0.58 | |
| | MD | 3.14 | 0.70 | | 3.63 | 0.59 | |

**Table 4.** Correlation between spiritual leadership and its subscales with employee empowerment in Saqqez Hospitals

| Variables | | Employee empowerment | |
|---|---|---|---|
| | | Pearson correlation coefficient | *P* value |
| Spiritual leadership | | 0.636 | <0.001 |
| Spiritual Leadership Subscales | Vision | 0.377 | <0.001 |
| | Altruism | 0.542 | <0.001 |
| | Membership | 0.575 | <0.001 |
| | Organizational Commitment | 0.543 | <0.001 |
| | Performance Feedback | 0.557 | <0.001 |

**Table 5.** Multivariate linear regression model for spiritual leadership subscales with employee empowerment in Saqqez Hospitals

| Spiritual Leadership Subscales | Beta | Standard error | Standardized Beta | *P* value |
|---|---|---|---|---|
| Constant | 1.981 | 0.178 | | <0.001 |
| Vision | 0.049 | 0.053 | 0.065 | 0.356 |
| Altruism | -0.013 | 0.083 | -0.018 | 0.875 |
| Membership | 0.178 | 0.078 | 0.258 | 0.023 |
| Organizational Commitment | 0.148 | 0.056 | 0.221 | 0.008 |
| Performance Feedback | 0.168 | 0.052 | 0.256 | <0.001 |

Dependent variable: Employee empowerment, Coefficient of determination ($R^2$)=0.425

among workers at an industrial complex (23). Baghaie and Sadeghi (2022) reported a similar significant relationship between spiritual leadership, employee empowerment, and perceptions of organizational justice among employees in a steel company (24).

Additionally, Seifpanahi and Rezaei (2017) found a significant positive correlation between spiritual leadership, quality of work life, and employee empowerment within the Sports and Youth Department (25). In a study involving various industries in Jordan, Abuzaid et al. identified a significant positive correlation between spiritual leadership and innovative work behaviors, with employee empowerment, job skills, and active personality as mediating variables. They concluded that spiritual leadership practices foster innovation, thereby enhancing employee empowerment (26).

Conversely, a study by Ahmed et al. on nurses in public and private hospitals in Pakistan found an unexpected positive relationship between spiritual leadership and employee law-breaking behavior, mediated by psychological empowerment. This finding challenges the conventional view of spiritual leadership's positive influence, highlighting potential unintended consequences (27). While spiritual leadership may increase employee empowerment, it does not always yield positive outcomes and can sometimes lead to misconduct. Therefore, understanding this complex relationship requires careful consideration of employee psychological processes and individual differences.

The present study found significant positive relationships between all dimensions of spiritual leadership and employee empowerment at Saqqez Hospitals, with the vision component showing the lowest correlation. Organizational vision guides long-term goals and shapes employees' aspirations, fostering effort, identity, and capability within the organization (25,28–30). Previous studies reported mixed findings, with some indicating that vision was the strongest predictor of empowerment (25) and others that it was the weakest (28). Loyalty and altruism were also shown to enhance understanding of the organization's vision, sense of belonging, and commitment (31–33).

The *altruism* component positively influenced empowerment by fostering empathy, unity, and job motivation, thereby increasing productivity (25,28,29,31,33,34). However, Nazem (2018) reported no significant predictive effect of altruism on empowerment, which is inconsistent with the literature (30).

*Membership* strengthened employees' sense of belonging and recognition, enhancing satisfaction and empowerment, consistent with previous research (25,28–30,35,36). *Organizational commitment* fostered loyalty and motivation to contribute, leading to greater efficiency and empowerment, aligning with studies by Seifpanahi &

Rezaei (2017), Samiei (2016), Mahdian (2017), Frimpong (2024), Riana (2021), and Lahmar et al. (2023), although Nazem (2018) found no predictive effect in educational staff (25,28,29,30,37–39).

Finally, *performance feedback* was positively associated with empowerment by enhancing reflection, satisfaction, and work quality, supporting previous findings (25,28–30). Moon et al. (2020) also emphasized that spiritual leadership strengthens employees' understanding of the significance of their work, further promoting empowerment (40).

## Limitations

One limitation of this study was the reliance on self-report tools for data collection, which introduced the possibility of response bias due to participants feeling tired or lacking sufficient time to complete the questionnaire. As a result, some hospital personnel may not have been able to answer the questions accurately. Another limitation was the presence of confounding variables, such as the factors affecting hospital personnel's concentration due to their heavy workloads, which could not be controlled in this study. Moreover, the external validity may be limited, as the study focused on a specific group of hospital staff from a single city, which may render the results less applicable to hospital personnel across Iran.

## Conclusion

Considering that there is a positive and significant correlation between various aspects of spiritual leadership, including vision, altruism, membership, organizational commitment, and performance feedback, and employee empowerment, this suggests that enhancing these components can lead to greater employee empowerment. In turn, this empowerment is likely to improve the organization's effectiveness in achieving its objectives. Furthermore, since membership is the strongest predictor of empowerment-related changes, it is advisable for managers to engage employees more actively in the organization's operations, allowing them to recognize their vital role in shaping the direction of their work unit and feel like an integral part of the organization.

Given that this study observed a relationship between spiritual leadership and employee empowerment, it is recommended that future studies examine appropriate strategies for implementing spiritual leadership in hospitals and its obstacles and problems, so that more effective health services can be provided to the public by implementing spiritual leadership in hospitals and having more empowered employees.

### Authors' Contribution

Conceptualization and design: Sahar Zari
Data Curation: Sahar Zari, Ali Jafari-Khounigh
Formal analysis: Sahar Zari, Ali Jafari-Khounigh
Investigation: Monir Kangari, Sahar Zari
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### Competing Interests

The authors declare no competing interests.

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