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Head Nurses' Spiritual Leadership and Staff Nurses' Autonomy: A Comparative Study

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Abstract: **Head nurses' spiritual leadership is new paradigm in health care system and dominant variable in shaping health care environment and staff nurses' autonomy.**

Aim: The study aimed to compare the relation between head nurses' spiritual leadership and staff nurses' autonomy at Gastroenterology Surgical Center and Specialized Medical Hospital.

Methods: A comparative research design was used in this study and conducted on 400 of staff nurses and 81 head nurse working at Gastroenterology Surgical Center (GESC) and Specialized Medical Hospital (SMH), using two tools: Head Nurses' Spiritual Leadership Questionnaire (SLQ) and Staff Nurses' Autonomy questionnaire (AQ).

Results: More than half of head nurses at GESC and the majority at SMH had moderate agreement level regarding overall spiritual leadership domains. The majority of staff nurses at SMH and GENS had a low agreement level regarding overall autonomy domain

Conclusion: Overall head nurses' spiritual leadership had significant correlated with staff nurses' autonomy at two settings.

Recommendation: The head nurse should be understand the overall vision and purpose of organization so that they act according to the organizational requirements. A training program for nurses to be more autonomous through explaining and expanding nurses' roles and responsibilities should be provided.

***Keywords*: Head nurses, Job autonomy, Spiritual Leadership, Staff nurses.**

1. INTRODUCTION

Spirituality is significant factor of holistic care; it is a way of finding hope, meaning and purpose in the world. It is important when individuals feel vulnerable, help them find hope and meaning during times of illness and crisis. Head nurses themselves might also find that spirituality helps them to find meaning and purpose in their work **(Rogers and Wattis, 2015).**

The definition of spirit, spirituality, and leadership build the foundation for the definitions of spiritual leadership. Spiritual leadership is a kind of leadership that appears to have attributes appropriate for managing and leading during nursing workforce shortage and influence of multigenerational values in the workplace. Spiritual leadership defined as creating a sacred vision, is values-centered, working with others to build a meaningful community, and helping workers find meaning and purpose in work. It is the sacred vision concept that sets this style of leadership apart from other styles of leadership. Also this element of the style that is most important **(Nelson, 2008).**

Spiritual leadership regards nurses as cornerstone to everything. It originates from deep love, sense of service and respects others. It overcomes ego needs, requires a commitment sense to be the best leader who have the ability of being, and stand out the best and full potential of others. A daily spiritual practice where the inner life and an inner strength and

discernment are cultivated. It is not a fluffy, ethereal approach but one seeped in the practical reality of organizational life. It fosters high performance and achievement of outcomes, while ensuring the well-being of nursing staff and their motivation, engagement and satisfaction. An effective spiritual nursing leader will also be a competent leader across all the key required organizational, leadership and people skills **(Altman, 2010)**.

Spiritual leadership includes motivating and inspiring nurses through a transcendent vision and a corporate culture based on altruistic love. It is viewed as necessary for satisfying the fundamental needs of both leader and followers for spiritual well-being through calling and membership; to create vision and value congruence across the individual, empowered team, and organization levels; and, ultimately, to foster higher levels of nurses well-being, organizational commitment and productivity, social responsibility, and performance excellence **(Fry et al., 2016) .**

Fry's spiritual leadership model consists of three main categories including "spiritual leadership", "spiritual well-being", and "organizational outcomes". Spiritual leadership includes three domains ; firstly vision which mean knowledge and wisdom of the nursing leader who lightening the way with spiritual purpose to achieve desired goals, secondly Altruistic love comprise justice and humanistic characteristics of spiritual nursing leader who give attention to the nurses , thirdly hope/faith involve faith in a higher power, development of objectives and innovation. Spiritual well-being includes two domain; firstly, membership mean teamwork which nurses trust in their leader, attain group satisfaction and mutual understanding; secondly, meaning/calling that providing pleasant environment and delivering value and meaning to work, making nurses feel love to work and giving life meaningfulness. Organizational outcomes includes two domain firstly, organizational normative, emotional and continuous commitment and finally, organizational productivity to achieve peace and improving the quality of services. **(Jahandar et al., 2017)**

Head Nurses through spiritual leadership create hospital environment that support autonomic decision-making, motivate and encourage retention of the staff nurses once they recruited. So, leadership styles exhibited by nursing leaders are a major contributing factor to a nurses decision to stay in a current position, transfer or seek employment elsewhere or outside of the nursing profession **(Abualrub and Alghamdi 2012)** . Head nurse as spiritual leader is able to create an atmosphere in hospital in which leaders and followers have true sense of care and admiration for both self and others, and only spiritual leadership has capacity to fulfill the basic needs for meaning and shared purpose of both leaders and nurses. This sense of membership and meaning leads to increased organizational commitment and autonomy **(Arshad and Abbasi, 2014)**.

Autonomy is a multidimensional phenomenon and the term is derived from the Greek word 'autonomos' or autos (self) and nomos (law), implying the right to exercise discretional decisions in the context of an interdependent healthcare team in accordance with the socially and legally granted freedom of the nursing profession **(Iliopoulou and While 2010)**. Work autonomy is 'the degree to which the job provides substantial freedom, independence, and discretion to the nurses in scheduling the work and in determining the procedures to be used in carrying it out. Work-related autonomy means freedom to practice one's profession in accordance with one's training while personal autonomy means freedom to conduct tangential work activities in a normative manner in accordance with one's own discretion' on the **(Mastekaasa, 2011)**.

The concepts of responsibility, accountability and autonomy are intrinsically linked in determining the scope of nursing practice. Nurses hold positions of responsibility so they expected to be accountable for their practice **(NMBI, 2015)**. Autonomy is centered around decision-making. Nurses usually make two types of decisions: patient care decisions and work related decisions. While nurses have been reported to prefer more independent decision-making for patient care activities, shared decision-making was preferred for work-related or unit operational decisions **(Iliopoulou and While 2010)** .

Significance of the Study:

The functions and roles of nurse manager change that is due to the turbulent healthcare environment every day. Such changing system needs more managerial and leadership skills and imposes more demand on Nurse Managers' to promote nurses' autonomy. Autonomy may contribute to the outcome of patients as well as head nurses, nurses and organizational outcomes. Head nurses educated in spiritual leadership values and philosophy can better improve spiritual care for patients. This knowledge can also promote spirituality in the hospital setting. Therefore, it seems reasonable that such an environment would provide advantages for the patients, the nurses, and the healthcare organization.

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Aim of the Study:

The aim of the study is comparing the correlation between head nurses' spiritual leadership and staff nurses' autonomy at Gastroenterology Surgical Center and Specialized Medical Hospital.

Research Questions:

1) What is the head nurses' perception regarding spiritual leadership at Gastroenterology Surgical Center and Specialized Medical Hospital?

2) What are staff nurses' levels of autonomy at Gastroenterology Surgical Center and Specialized Medical Hospital?

3) Is there relation between the spiritual leadership of head nurses and nurses' autonomy?

2. SUBJECTS AND METHOD

Research design:

The design that was used in this study is comparative design.

Setting:

This study was performed at two setting, which affiliated to Mansoura university hospital:

1. **Gastroenterology Surgical Center (GESC)** provides health care services to patients with gastrointestinal problems and need surgical intervention treatment. Main building with bed capacity 115 beds and consists of seven floors, including outpatient, endoscopic department, (2) intensive care units, operation department, sterilization department and (4) inpatient.

2. **Specialized Medical Hospital** provides health care services to patients with medical problems and need medical intervention treatment. Main building with bed capacity (208) beds and consists of five floors, including outpatient, endoscopic department, (3) intensive care units, intermediate cardiac care unit, cardiac catheterization unit with recovery unit, and (3) inpatient.

Subjects of the study:

The total number of head nurses (n=37) and staff nurses (n=176) who were agreed to participate in this study at Mansoura Gastroenterology Surgical Center and the total number of head nurses (n=44) and staff nurses (n=224) who were agreed to participate in this study at Specialized Medical Hospital

Tools of data collection:

The collection of data by using two-questionnaire sheet. Each questionnaire consisted of two parts:

Tool I: Head Nurses' Spiritual Leadership Questionnaire (SLQ).developed by **Fry & Matherly, (2006)** and modified by researcher

Part I: - Personal characteristics

Included gender, age, and marital status, number of children, educational qualification, and experience and hospital name.

Part II: Head Nurses' Spiritual Leadership Questionnaire (SLQ)

It consisted of 35 items grouped under seven dimensions; vision (5) items, faith/hope (5) items, altruistic love/altruism (7) items, Meaning/calling (4) items, membership (5) items, organizational commitment (4) items and productivity (5) items.

Scoring system of the tools:

Head nurses' responses were measured on five points Likert Scale ranging from strongly agree (5) to strongly disagree (1).

- >75% indicated high head nurses' agreements on spiritual leadership domains.
- 50 % - < 75% indicated moderate head nurses' agreements on spiritual leadership domains.
- < 50% indicated low head nurses' agreements on spiritual leadership domains.

Tool II: Staff Nurses' Autonomy questionnaire (AQ) developed by Blegen et al., (1993) and cited in Hamaideh et al., (2009)

Part I: Personal characteristics

Included gender, age, marital status, number of children, educational qualification, experience, and hospital name.

Part II : Staff Nurses' Autonomy questionnaire

It consisted of 42 items grouped under two subscales; (21) items related to patient care decisions and (21) items related to unit operations decisions.

Scoring System:

Staff nurses' responses measured on a five points Likert Scale ranging from nurses who have not any accountability and authority (1) to nurses who have full independent accountability and authority. (5)

- >75% indicated high staff nurses' agreements on autonomy.
- 50 % - < 75% indicated moderate staff nurses' agreements on autonomy.
- < 50% indicated low staff nurses' agreements on autonomy

Method:

Ethical consideration:

Prior to the collection of data, the researcher set the study aim, the nature explanation and collected all participants in the study. Each participants gave their verbal consent before starting the study. The researcher confirmed that the participation is voluntary during the whole study and official permission was gained from the Dean of Nursing faculty, Mansoura University and from administrator of Gastroenterology Surgical Center and Specialized Medical Hospital for concluding the study.

Validity:

Five experts in the field of nursing administration at Faculty of Nursing, Mansoura University and Tanta University checked the tools for understanding, clarity, relevancy, and applicability for implementation according to their opinions to apply some modifications. The researcher recorded each item of experts' opinions on a two scale including relevant and not relevant. Some expert made some adjustment in the translation and arrangement of tools, and data collection.

Pilot study:

A pilot study was performed on 10% from the whole sample that was from the main sample including nine head nurses and forty- seven staff nurses for checking the questions' clarity, and feasibility. It is also designed for determining the required time for completing the questionnaire. The tools were administered to participants to complete them that are collected by the researcher.

Fieldwork description:

- The director gave the official permission by his admiration of the protocol.
- The researcher obtained the information permission from the whole sample to participate in the study.
- The Participation is intentional in which each nurses are chosen to complete the study at any time.
- Five experts in nursing administration at Faculty of Nursing, Mansoura University and Tanta University examined the tools that are translated into Arabic to assure the validity.
- The pilot study is performed in the study.
- The researcher take the participants' acceptance and explained how to fill in the sheets

- Data collection was performed from head nurses and staff nurses to assure that the given information is important for the research's purpose.
- Answering the questionnaire sheets of the spiritual leadership of head nurses and the autonomy of staff nurses that lasted from 20 to 30 minutes.
- Collecting data from some participants by distribution the sheet to the sample and handed back to the researcher upon completion.
- Field study of this study was performed in three month from March to June, 2016.

Statistical Design:

By using Statistical Package for Social Science (SPSS), version 22.0, Data entry and statistical analysis were carried out. By using descriptive statistics, data was presented in the form of means and standard deviations. Pearson Correlation coefficient (r) test and p-value were used to check the relations between two variables. Statistical significance was at p-value<0.05 but, p-value of <0.001 reveals a high significant result.

3. RESULTS

Table (1): Distribution of the head nurses at Gastroenterology Surgical Center and Specialized Medical Hospital according to their characteristics

Head nurses' Characteristics	The studied head nurses			
	GESC*[1](n=37)		SMH*[2] (n=44)	
	No	%	No	%
Age in years				
○ 20-24	4	10.8	7	15.9
○ 25-29	13	35.1	13	29.5
○ 30-34	5	13.5	14	31.8
○ 35-39	9	24.3	7	15.9
○ 40+	6	16.2	3	6.8
Min – Max	23 – 45		21 – 46	
Mean ± SD	31.86±6.39		30.68±5.79	
Marital status				
○ Single	9	24.3	9	20.5
○ Married	27	73.0	35	79.5
○ Divorced	1	2.7	0	0.0
No of children				
○ .00	9	24.3	11	25
○ 1.00	6	16.2	8	18.2
○ 2.00	11	29.7	14	31.8
○ 3.00	9	24.3	10	22.7
○ 4.00	2	5.4	1	2.3
Mean ± SD	1.81±1.27		1.59±1.17	
Years of experience				
○ < 5 years	7	18.9	13	29.5
○ 5-9	11	29.7	10	22.7
○ 10-14	9	24.3	15	34.1
○ 15+	10	27.0	6	13.6
Min – Max	1 – 22		1 – 24	
Mean ± SD	9.7±6.19		9.0±5.67	

1*Gastroenterology Surgical Center **2*Specialized Medical Hospital**

Table (1): presents the distribution of the head nurses at Gastroenterology Surgical Center and Specialized Medical Hospital according to their characteristics. All of the head nurses in the two settings were female and held a baccalaureate

degree in nursing. Around one third (35.1%, 29.5%) of head nurses at GESC and SMH were aged 25-29 years with a mean score of 31.86±6.39 and 30.68±5.79, respectively. Around three quarters (73.0%,79.5%) of the head nurses at GESC and SMH were married, respectively while around one-third (29.7%,31.8%) of the head nurses at GESC and SMH had two children with mean of 1.81±1.27 and 1.59±1.17, respectively. Regarding years of experience, around one-third (29.7%) of the studied head nurse at GESC had 5 to 9 years of experience with a mean of 9.7±6.19. Whereas around one third (34.1 %) of the head nurses at SMH have 10-14 years of experience with mean score 9.0±5.67.

Table (2): Distribution of the staff nurses' characteristics at Gastroenterology Surgical Center and Specialized Medical Hospital

Staff nurses' characteristics	The studied staff nurses			
	GESC*[1] (n=176)		SMH*[2](n=224)	
	No	%	No	%
Gender				
○ Male	7	4.0	7	3.1
○ Female	169	96.0	217	96.9
Age in years				
○ 20-24	29	16.5	60	26.8
○ 25-29	68	38.6	89	39.7
○ 30-34	33	18.8	49	21.9
○ 35-39	26	14.8	24	10.7
○ 40+	20	11.4	2	.9
Min – Max **Mean ± SD**	20 – 45 30.30±6.45		20 – 44 27.96±6.45	
Marital status				
○ Single	21	11.9	51	22.8
○ Married	153	86.9	172	76.8
○ Widowed	2	1.1	0	0.0
○ Divorced	0	0.0	1	.4
No of children				
○ .00	8	5.2	10	5.8
○ 1.00	30	19.4	42	24.3
○ 2.00	62	40.0	74	42.8
○ 3.00 and more	55	35.5	47	27.1
Mean ± SD	1.91±1.20		1.50±1.13	
Qualification				
○ Nursing Diploma	111	63.1	110	49.1
○ High Nursing Institute	65	36.9	114	50.9
Years of experience				
○ < 5 years	23	13.1	59	26.3
○ 5-9	56	31.8	74	33.0
○ 10-14	45	25.6	49	21.9
○ 15+	52	29.5	42	18.8
Min – Max **Mean ± SD**	1 – 27 11.67±6.96		1 – 24 8.87±5.34	

1*Gastroenterology Surgical Center **2*Specialized Medical Hospital**

Table (2): presents the distribution of the staff nurses' characteristics at Gastroenterology Surgical Center and Specialized Medical Hospital. The majority (96.0% and 96.6%) of staff nurses at the GESC and SMH respectively, were females. Around two-fifths (38.6% and 39.7 %) of the staff nurses at GESC and SMH respectively, aged 25-29 years 25-29 with mean of 30.30±6.45 and 27.96±6.45 . The majority (86.9% and 76.8%) of the staff nurses at GESC and SMH respectively, were married. Around two-fifth (40% and 42.8%) of the staff nurses at GESC and SMH had two children with mean of 1.91±1.20 and 1.50 ±1.13 respectively. In relation to qualification, about more than two-thirds (63.1%) of staff nurses at GESC had nursing diploma compared to nearly half (49.1%) of those at SMH. Around one-third (31.8% and 33%) of the staff nurses at GESC and SMH had 5 to 9 years of experience with mean of 11.67±6.96 and 8.87±5.34, respectively.

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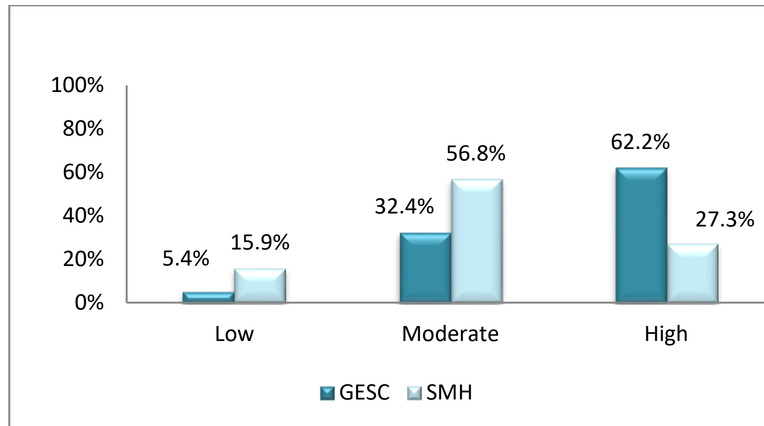

Figure (1): Agreement levels of head nurses regarding total vision domain of spiritual leadership at GECS and SMH

Figure (1): In relation to total vision domain around two-thirds of the head nurses at GESC had high agreement level compared to more than half of head nurses at SMH had moderate agreement level.

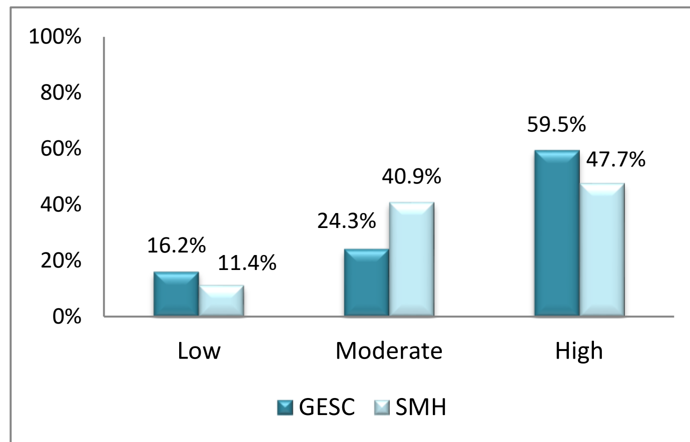

Figure (2): Agreement levels of head nurses regarding total hope / faith domain of spiritual leadership at GECS and SMH

Figure (2): Regarding total hope / faith domain, nearly two third of the head nurses at GESC had high agreement level compared to around half of head nurses at SMH.

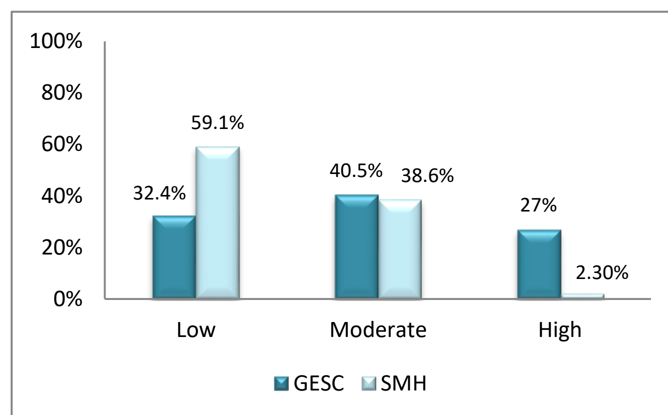

Figure (3): Agreement levels of head nurses regarding total altruistic love domain of spiritual leadership at GECS and SMH

Figure (3): relation to total altruistic love domain, more than two fifths of the head nurses at GESC had moderate agreement level compared to more than half of SMH had low agreement level.

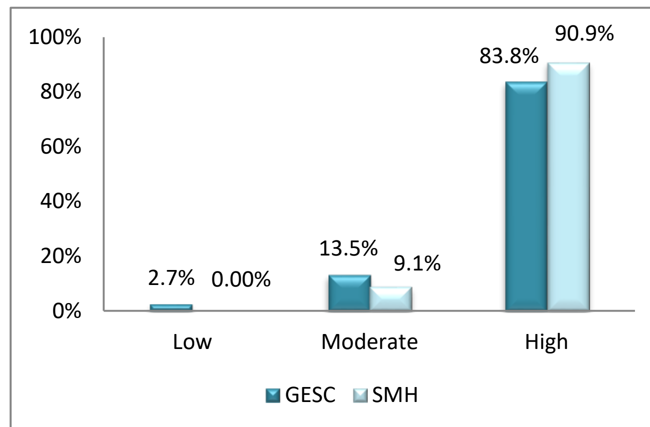

Figure (4): Agreement levels of head nurses regarding total meaning/calling domain of spiritual leadership at GECS and SMH

Figure (4): The majority of head nurses at GESC and SMH respectively had high agreement level on total meaning /calling domain

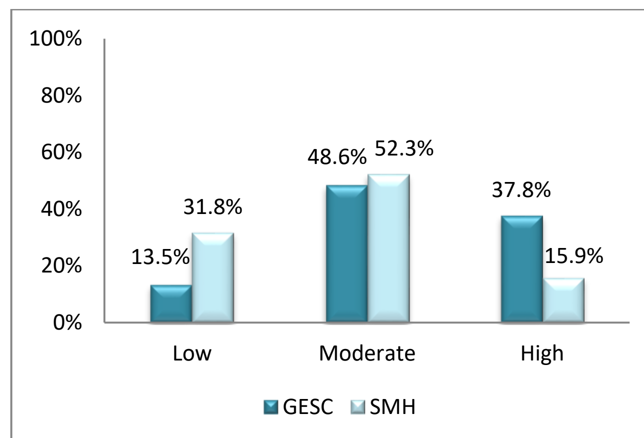

Figure (5): Agreement levels of head nurses regarding total membership domain of spiritual leadership at GECS and SMH

Figure (5): Around half of head nurses at GESC and SMH respectively, had moderate agreement level on total membership domain.

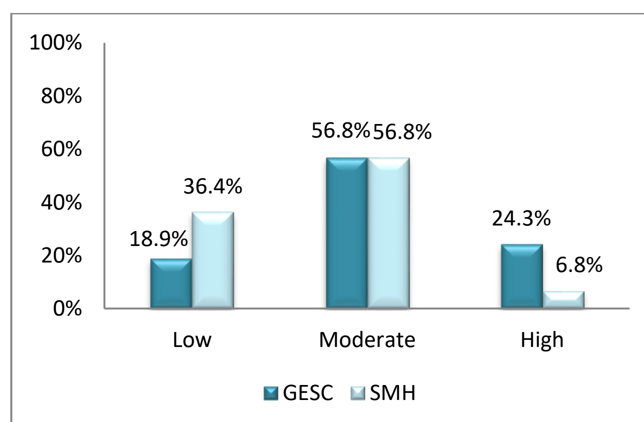

Figure (6): Agreement levels of head nurses regarding total organizational commitment domain of spiritual leadership at GECS and SMH

Figure (6): More than half (56.8%) of head nurses at GESC and SMH had moderate agreement level on total organizational commitment domain.

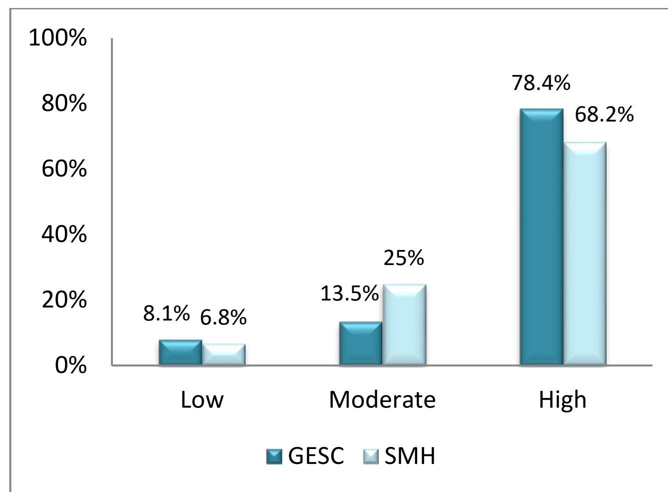

Figure (7): Agreements level of head nurses regarding total productivity domain of spiritual leadership at GECS and SMH

Figure (7): more than three-quarters of the head nurses at GESC had high agreement level on total productivity domain compared to more than two third of head nurses at SMH.

Table (3): Distribution of the staff nurses' agreement levels at Gastroenterology Surgical Center and Specialized Medical Hospital regarding patient care decision domain of autonomy

Patient care decisions	Setting				Mean ± SD	MCP
	GESC (n=174)		SMH (n=224)			
	No	%	No	%		
Low	115	65.3	109	48.7	50.6 ± 14.9	0.001*
Moderate	53	30.1	109	48.7		
High	8	4.5	6	2.7		

*MCP: Mont Carlo exact probability　　　* P < 0.05 (significant)

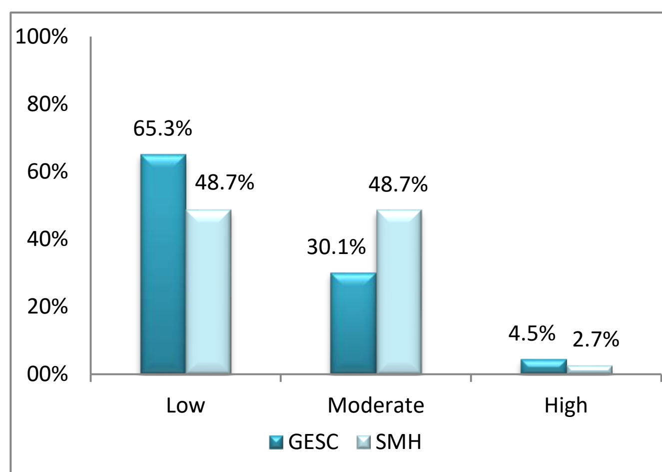

Table (3) and Figure (8): represents distribution of the staff nurses' agreement levels at Gastroenterology Surgical Center and Specialized Medical Hospital according to their agreement level on the patient care decision domain of autonomy. There was a statistically significant differences between staff nurses' agreement level on the patient care decision at Gastroenterology Surgical Center and Specialized Medical Hospital (P =0.001). About two-thirds (65.3%) of the staff nurses at GESC had a low agreement level on patient care decision domain compared to around half (48.7%) at SMH. Respectively, with mean score (50.6 ± 14.9).

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Table (4) and Figure (9): Distribution of the staff nurses' agreement levels at Gastroenterology Surgical Center and Specialized Medical Hospital on the unit care decision of autonomy domain

Unit operation Decisions	Setting				Mean ± SD	MCP
	GESC (n=174)		SMH (n=224)			
	No	%	No	%		
Low	162	92.0%	218	97.3%	29.7 ± 11.3	0.049*
Moderate	10	5.7%	5	2.2%		
High	4	2.3%	1	0.4%		

*MCP: Mont Carlo exact probability * P < 0.05 (significant)

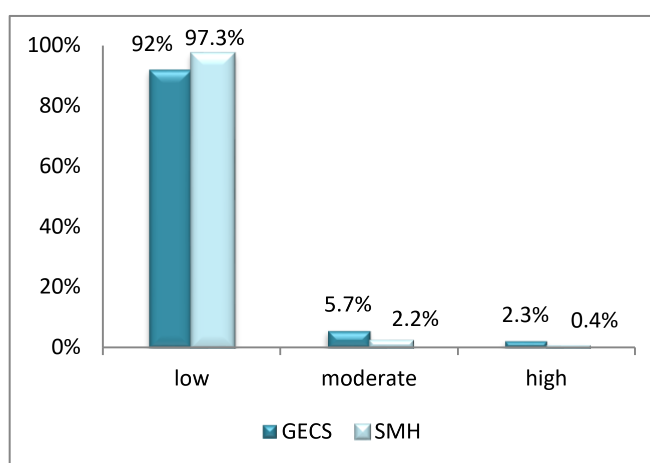

Table (4) and Figure (9): presents the distribution of the staff nurses' agreement levels at Gastroenterology Surgical Center and Specialized Medical Hospital on the unit care decision autonomy domain. There was a statistical significant differences between staff nurses' agreement level on the unit care decision autonomy domain at Gastroenterology Surgical Center and Specialized Medical Hospital (P =0.049). Most (97.3%,92%) of the staff nurses at SMH and GENS respectively had a low agreement level compared to the minority (2.3%,0.4%) of them had a high agreements on the unit care decision autonomy domain at GENS and SMH respectively, with mean score (29.7 ± 11.3).

Table (5) and Figure (10): Distribution of the staff nurses at Gastroenterology Surgical Center and Specialized Medical Hospital according to their agreement level regarding overall autonomy domain

Overall autonomy domains	Setting				Mean ± SD	MCP
	GESC (n=174)		SMH (n=224)			
	No	%	No	%		
Low	155	88.1%	201	89.7 %	80.3 ± 22.1	0.038*
Moderate	16	9.1%	23	10.3 %		
High	5	2.8%	0	0.0%		

*MCP: Mont Carlo exact probability * P < 0.05 (significant)

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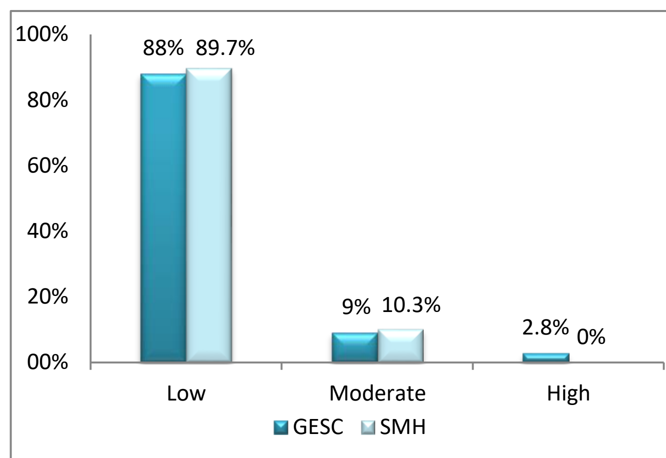

Table (6) and Figure (10): Distribution of the staff nurses at Gastroenterology Surgical Center and Specialized Medical Hospital according to their agreement level regarding overall autonomy domain. The majority (89.7%,88.1%) of staff nurses at SMH and GENS respectively had a low agreement level compared to minority (2.8%,0.0%) of them had a high agreements on overall autonomy domain at GESC and SMH, respectively, with statistically significant difference (P = 0.038).

Table (6): Correlation between domains of spiritual leadership of head nurses and staff nurses' autonomy domains

Domain	Correlation coefficient	Patient care decisions	Unit operations decisions	Overall autonomy
Vision	r	.262	.280	.320
	P	.001*	.001*	.001*
Hope / Faith	r	.203	.242	.260
	P	.001*	.001*	.001*
Altruistic love	r	.032	.184	.115
	P	.529	.001*	.021
Meaning /Calling	r	.176	.257	.250
	P	.001*	.001*	.001*
Membership	r	.237	.404	.366
	P	.001*	.001*	.001*
Organizational Commitment	r	.478	.456	.555
	P	.001*	.001*	.001*
Productivity	r	.252	.235	.290
	P	.001*	.001*	.001*
Overall spiritual leadership	r	.186	.310	.284
	P	.001*	.001*	.001*

Table (6**):** represent s correlation between head nurses' spiritual leadership domains and the staff nurses' autonomy domains. According to the table there was a statistically significant correlation between head nurses' vision, hope/faith, meaning/calling, membership, organizational commitment and productivity domain of spiritual leadership and staff nurses' overall autonomy, patient care decision and unit care decision domain (P = 0.001). Whereas, there was no significant correlation noticed between altruistic love domain of the head nurses and the overall autonomy domains and the patient care decision domain of the staff nurses. There was a statistically significant correlation noticed between the overall domains of spiritual leadership of the head nurses and the overall domains of autonomy unit operations decisions and patient care decisions of the staff nurse (P = 0.001).

4. DISCUSSION

The total numbers of head nurses were 81. The study revealed that all of head nurses in two setting were female and held a baccalaureate degree in nursing while, most of head nurses at GESC were in the 25-29 years age range which indicated that our population was young. Around three quarters of them were married while less than one-third of them had two children. Regarding years of experience, less than one-third of head nurses were had 5-9 years' experience in comparative with head nurses at SMH were less than one-third of them in the 30-34 years age range, and the married one constitutes more than three- quarters of them, while less than one third of them have two children, regarding years of experience, around one-third of them were 10-14 years' experience (table 1).

The current findings may be attributed to the characteristics of the studied subjects in the current research around two-thirds compared to nearly half of nurses have nursing diploma and only one third of nurses were 5-9 years' experience range at GESC and SMH (table 2).

Head nurses' spiritual leadership:

Regarding head nurses' vision domain of spiritual leadership, the agreement level of vision compared to more than half of them at SMH had moderate agreement level. This result at SMH might be due to bad communication of vision statement, lack of motivation from leaders to head nurses and unclear vision (fig.1).In this respect, **Espinosa et al., (2017)** stated that vision is about an appealing future of organization and its role is to encourage. It represents future not present. The nursing leader has to create and inspect it and the leader is an intermediate between present and the future. Vision composes of showing high expectations, creating standards of perfection and being charming to stakeholders.

Regarding head nurses' hope / faith domain of spiritual leadership, the current study results revealed, more than two third of the head nurses at GESC had high agreement level compared to around half of head nurses at SMH regarding total hope / faith domain (fig.2). In this regard, **Fry and Matherly, (2018)** stated that hope/faith helps the nurses to be positive about future, put efforts as they have desire and positive expectations, The key features of it are perseverance, trying to do the best, putting achievable goals, perfection and building expectations about reward and victory.

Regarding head nurses' altruistic love domain of spiritual leadership, the present study results showed that more than two-fifth of head nurses at GECS had moderate agreement level regarding altruistic love compared to more than half of head nurses at SMH had low agreement level. (fig.3) The results of present study were confirmed by **Freeman (2011)** who reported that spiritual leadership increase mutual appreciation, affection, and trust among members of the organization. Moreover, **Abdizadeh and Khiabani, (2014)** declared that altruistic love for others makes a person emotionally strong. Leadership and trust have become key issues confront executives in this context so, the need for spirituality has become more and more significant. Furthermore, **Frisdiantara and Sahertian, (2012)** confirmed the relation between hope, faith and altruism based on calling and membership.

Regarding head nurses' meaning/calling domain of spiritual leadership, analysis of the current study results showed that majority of head nurses at GECS and SMH had high agreement level on meaning/calling domain of spiritual leadership (fig.4). In this respect, **Narcıkara and Zehir, (2016)** declared that the head nurses respond to spiritual leadership in two ways; by feeling calling toward their jobs and feeling a sense of membership with their organizations. In this context, a calling is a need for service to an ideal or service to God, and comes from a higher power or from one's inner space.

Regarding head nurses' membership domain of spiritual leadership, the current study revealed that around half of head nurses at GESC and SMH had moderate agreement level of membership spiritual leadership domain (fig.5). This study results congruent with **Hanaysha, (2016)** who suggested that the relationships between co-workers and the management should be established on the basis of respect and knowledge sharing, and also nurses engagement has a significant positive effect on organizational commitment, due to the high passion and courage for achievement, work environment has a significant positive impact on organizational commitment.

Regarding head nurses' organizational commitment domain of spiritual leadership, the current study demonstrated that, more than half of head nurses at GESC and SMH had moderate agreement level on organizational commitment of spiritual leadership domain (fig.6). The present study result is consistent with the results of **Hossein et al. (2017)** who showed that the organizational commitment of the staff was moderate. The managers with increased spiritual and transformational leadership motivate and develop the staffs to be more committed to their organizations.

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Regarding head nurses' productivity domain of spiritual leadership, the current study showed that more than three-quarters of the head nurses at GESC had high agreement level on productivity domain of spiritual leadership compared to more than two third of head nurses at SMH (fig.7). Nearly the same findings were reported by **Abdizadeh and Khiabani (2014)** as they declared that, spirituality at work improves commitments & productivity and membership.This result agree with **Salasiah, et al., (2010)** who suggested that unparsed and not appreciated nurses are considered the main issues which lead nurses to leave the company praise and appreciation considered the easiest way of motivation to be used and it is so powerful. Also, they stated that when nurses feel that their managers appreciate and praise them, they tend to perform better, which leads to higher productivity.

Staff nurses' autonomy:

Regarding staff nurses' patient care decisions of autonomy, current study result showed that about two-thirds of the staff nurses at GESC had a low agreement level on patient care decision domain compared to around half at SMH, with a statistically significant differences between staff nurses' agreement level on the patient care decision at Gastroenterology Surgical Center and Specialized Medical Hospital. (fig.8)

The differences in the results of available studies might be justified by differences in hospitals' regulations rules and working conditions. Furthermore, challenges in the field of professional autonomy among nurses might have also been responsible for such differences, e.g., unclear meaning definitions of nursing autonomy, inappropriate measurement tools.The current study results confirmed by **The Nursing and Midwifery Council (NMC), (2010)** who reported that all nurses must practice autonomously, compassionately, skillfully and safely, and must maintain dignity and promote health and wellbeing. In addition, **Savage and Moore (2014)** study suggested that, lack of clarity about accountability for their own decision-making may be a more relevant concern.

Regarding staff nurses' unit operations decisions of autonomy there was a statistically significant differences between staff nurses' agreement level on the unit care decision autonomy domain at Gastroenterology Surgical Center and Specialized Medical Hospital. Most of the staff nurses at SMH and GENS had a low agreement level compared to the minority of them had a high agreements on the unit care decision autonomy domain at GENS and SMH.

In this regards a study done in Egypt by **Abd el Aal and Zein Eidin (2013)** indicated that nurses highly scored their nurse manager's action, while the unit operation autonomy was scored the lowest. The nurse manager action had proved to be positively correlated with patient care autonomy and unit operation autonomy as well as the total nurse's autonomy.

The current study results revealed that the overall nurses' autonomy over patient care decisions was higher than unit operation decisions (Table 5,fig.10). These results may be attributed to those nurses were overwhelmed with heavy workload due to large number of patients in relation to nurses number as a result they didn't have enough time to participate in unit decision making. These results is agreed with results of a study made by **Dorgham and Al.Mahmoud, (2013)** who revealed that nurses in KSA had higher decision making autonomy than nurses in Egypt. Also, these results were consistent with **Hamaideh et al., (2009)** who found that the overall, nurses' autonomy over patient care decisions was higher than unit operation decisions.

Correlation between head nurses' spiritual leadership and staff nurses' autonomy:

The current study represented statistically significant correlation between overall domains of spiritual leadership of head nurses and overall domains of staff nurses' autonomy at the studied settings and found that there was a significant correlation between vision, hope / faith, meaning /calling, membership ,organizational commitment domain of spiritual leadership of head nurses and staff nurses' overall autonomy domains. Meanwhile, there is no significant correlation between altruistic love and staff nurses' overall autonomy domains (table 6).These results reflect that a spiritual head nurse can motivate and inspire their nurses to have a high willingness to work, enabling the organization to achieve organizational goals. Therefore, this fact can direct nurse managers of healthcare facilities to engage nurses in spiritual decision-making. The spiritual leadership components that consist of vision, hope/faith, altruistic love, meaning/calling and membership contain high value-based leadership type, which can trigger and change nurses' action by practicing care and concern, and intrinsically motivate them to perform willingly for the good of the organization **Usha Devi, (2015)**.

These findings were goes in line with **Kavousi and Nasersfahani, (2015)** who found that most components of spiritual leadership have significant and positive effects on work-life quality (including autonomy) of nurses. Also, **Cummings. et al., (2018)** found a relationship focused leadership practices are linked to better outcomes for nurses related to their work environments, their perception of and performance in their workplace, and importantly, their personal health and well-being, which has critical implications for healthcare organizations to support relational leadership practices for improved nursing staff outcomes and client care. All of the current study findings were highlight the importance of using such findings to confirms the theory and draw a conceptual framework for progress. In addition to this fact **Yusof and Mohamad (2014)** study offers a conceptual framework which relates the influence of spiritual leadership on employee's spiritual well-being and job satisfaction.

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