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Spiritual leadership among nurses in hospitals: A scoping review

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Abstract

Background: Spiritual leadership plays a critical role in service management within psychiatric hospitals. However, psychiatric nurses' implementation of spiritual leadership in nursing care remains very limited.

Purpose: To map and identify previous research findings regarding the implementation of spiritual leadership among nurses working in psychiatric hospitals.

Method: This scoping review was conducted through a systematic search of three databases: PubMed, Scopus, and ScienceDirect. The selection criteria focused on studies published in Indonesian and English between 2015 and 2025. Inclusion criteria encompassed quantitative, qualitative, and mixed-methods studies discussing spiritual leadership among nurses in hospitals.

Results: The search results indicated that five articles met the inclusion criteria. The key finding is that spiritual leadership is not merely about religious aspects, but rather about fulfilling fundamental human needs for meaning in life and a sense of belonging in the workplace. Furthermore, spiritual leadership is effective in reducing turnover rates by mitigating emotional stress and exhaustion resulting from extreme workloads.

Conclusion: Healthcare institutions are advised to integrate spiritual leadership training into staff development programs and organizational policies to create a more holistic and emotionally competent care system.

Keywords: Hospital; Nurses; Spiritual Leadership.

INTRODUCTION

The crucial role of spiritual leadership within healthcare settings, particularly hospitals, warrants in-depth exploration due to its significant impact on nurses' well-being and patient care outcomes (Hamzaa, Atta, Taha, Sayed, Ahmed, Othman, & Wahba, 2025). Although this emerging paradigm has begun to gain recognition, it continues to face definitional ambiguity and contextual variability, thereby necessitating further qualitative investigation, especially within the unique sociocultural landscape of nursing practice (Jahandar, Tafreshi, Rassouli, Atashzadeh-Shoorideh, & Kavousi, 2017). This approach acknowledges the complex interaction between individual spiritual beliefs, professional obligations, and organizational culture in shaping leadership styles among nursing staff (Elliott, Wattis,

Chirema, & Brooks, 2020). Understanding nurses' perceptions and experiences of spiritual health is essential, as these directly influence their capacity to lead and to deliver holistic care (Dias, 2020). Such exploration is particularly important given the documented uncertainty nurses face in distinguishing spiritual needs from symptoms of mental illness, as well as their concerns regarding the appropriateness of providing spiritual care within clinical practice (Wijayanti, Sari, & Sarjana, 2024). Leadership roles in psychiatric nursing are often characterized by a dichotomy between meaningfulness and uncertainty, underscoring the need for further research into how spiritual leadership principles may mitigate these challenges and enhance job satisfaction (Sundberg, Vistrand, Sjöström, & Örmön, 2022).

This paper seeks to investigate the level of spiritual leadership among nurses, explore its relationship with psychological capital, and examine its implications for patient centred care within hospital settings (Abou Zeid, El-Ashry, Kamal, & Khedr, 2022). Specifically, the study aims to examine how spiritual leadership, through its emphasis on meaning, vision, and connectedness, can foster a more resilient and actively engaged nursing workforce (Wu & Lee, 2020). This focus is particularly relevant given the scarcity of research explicitly examining spirituality in healthcare settings and its effects on nurses' work environments (Ma'arof, Rashid, Nasuredin, & Musa, 2024). Furthermore, this study addresses the critical need for nursing leaders to cultivate empowering behaviors as a strategic approach to retaining registered nurses in response to the increasing demands of mental health services (Gold, 2022). Emphasizing spiritual leadership offers a promising pathway to improving nurse retention and overall organizational well-being in hospitals an area often overlooked in traditional leadership frameworks (Paal, Neenan, Muldowney, Brady, & Timmins, 2018).

Psychological capital, which encompasses hope, self-efficacy, resilience, and optimism, is significantly influenced by spiritual leadership, leading to enhanced organizational development and more positive perspectives among nurse educators who perceive their work as an expression of spirituality (Abou Zeid et al., 2022). This perspective highlights how spiritual leadership can increase job satisfaction and reduce turnover intentions among nurses (Wu & Lee, 2020). Spiritual leadership is increasingly acknowledged in medical institutions for its capacity to enhance the quality of care delivered by employees while simultaneously supporting their well-being and improving patient satisfaction (Kachie, Zhou, Quansah, Xu, Epalle, & Ngajie, 2023).

This emphasis is particularly critical in light of the widespread crisis of trust affecting employees and institutions globally, making optimism and strong character traits increasingly vital within contemporary healthcare environments (Abou Zeid et al., 2022). Spiritual leadership fosters a work environment imbued with purpose, nurturing a sense of love for both the organization and one's professional role,

which ultimately leads to increased organizational loyalty and productivity (Baykal, 2018). This is further supported by evidence demonstrating a significant correlation between enhanced workplace spirituality and reduced perceived job stress, alongside improved psychological well-being (Ma'arof, Rashid, & Nasuredin, 2024). This holistic perspective underscores spiritual leadership as a critical factor in mitigating the adverse effects of challenging working conditions, particularly within the demanding context of nursing practice (Kachie et al., 2023).

Such an approach is essential for empowering nurses and enabling them to deliver high-quality care within a supportive work environment (Abousoliman & Hamed, 2024). Numerous studies consistently indicate that spirituality fosters organizational commitment and significantly influences employee engagement, retention, and reduced turnover intentions all of which are critical factors in nursing (Ma'arof et al., 2024). The intentional cultivation of a work environment that prioritizes spiritual well-being may therefore serve as a strategic imperative for hospitals seeking to optimize staff performance and patient care outcomes (Kachie et al., 2023). Environments grounded in shared values and a sense of belonging directly contribute to increased job satisfaction and overall organizational productivity (Lee & Yu, 2023).

This is achieved by strengthening relationships between managers and nurses, facilitating feedback processes that enhance perceptions of meaningful work, community, and positive organizational purpose, which in turn improve the quality of healthcare services (Anvari, Barzaki, Amiri, Irum, & Shapourabadi, 2017). Hospital management should proactively integrate spirituality into organizational culture by promoting values such as compassion, empathy, and purpose through seminars and workshops (Ma'arof et al., 2024). Such initiatives can cultivate workplaces in which nurses experience deeper meaning in their professional responsibilities and align themselves within a supportive community (Ma'arof et al., 2024). The integration of spiritual management practices has been shown to correlate positively with job satisfaction among clinical nurses, even surpassing the effects of organizational commitment (Lee & Yu, 2023).

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RESEARCH METHOD

A scoping review was conducted to map the existing literature on spiritual leadership among nurses in hospital settings. The process followed five systematic steps: identifying the research question, searching for relevant literature, selecting studies, extracting data, and reporting the results in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. The research question guiding this scoping review was: "How is spiritual leadership implemented among nurses in hospital settings?" The question was formulated using the PCC (Population, Concept, Context) framework, with nurses as the population, spiritual leadership as the concept, and the hospital work environment as the context. A systematic literature search was conducted across three major electronic databases: PubMed, Scopus, and ScienceDirect. Keywords were developed using a combination of Medical Subject Headings (MeSH) and free-text terms, structured with the Boolean operators AND and OR. The keywords used included "spiritual leadership," "nurses," and "psychiatric nurses." Study selection was limited to articles published in Indonesian or English between 2015 and 2025. All retrieved records were exported to Rayyan.AI software to facilitate the screening process.

The inclusion criteria for this scoping review comprised primary research articles employing quantitative, qualitative, or mixed-methods designs; studies addressing spiritual leadership among nurses in hospital settings; articles published between 2015 and 2025; and articles written in English or Indonesian.

The exclusion criteria included studies that did not specifically examine spiritual leadership among hospital nurses; editorials, opinion papers, or policy reports without empirical data; and articles not available in full-text format. The literature selection process was carried out in stages, beginning with the removal of duplicate records across databases. An initial screening of titles and abstracts was performed to assess eligibility based on the inclusion criteria, followed by a full-text review of potentially relevant articles. To ensure objectivity, the screening and selection processes were conducted independently by two authors; any discrepancies were resolved through team discussion until consensus was reached. All stages of the selection process were visually summarized using a PRISMA flow diagram. Data extraction was performed for all articles meeting the inclusion criteria using a predefined extraction tool. The extracted information included author details, year of publication, study location, study design, sample characteristics, as well as key variables and findings. The data were then analysed descriptively and categorized into major themes based on their relevance to population health-related factors. Finally, the findings of this scoping review were presented narratively and supported by tabular summaries to provide a comprehensive overview of the evidence.

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RESEARCH RESULTS

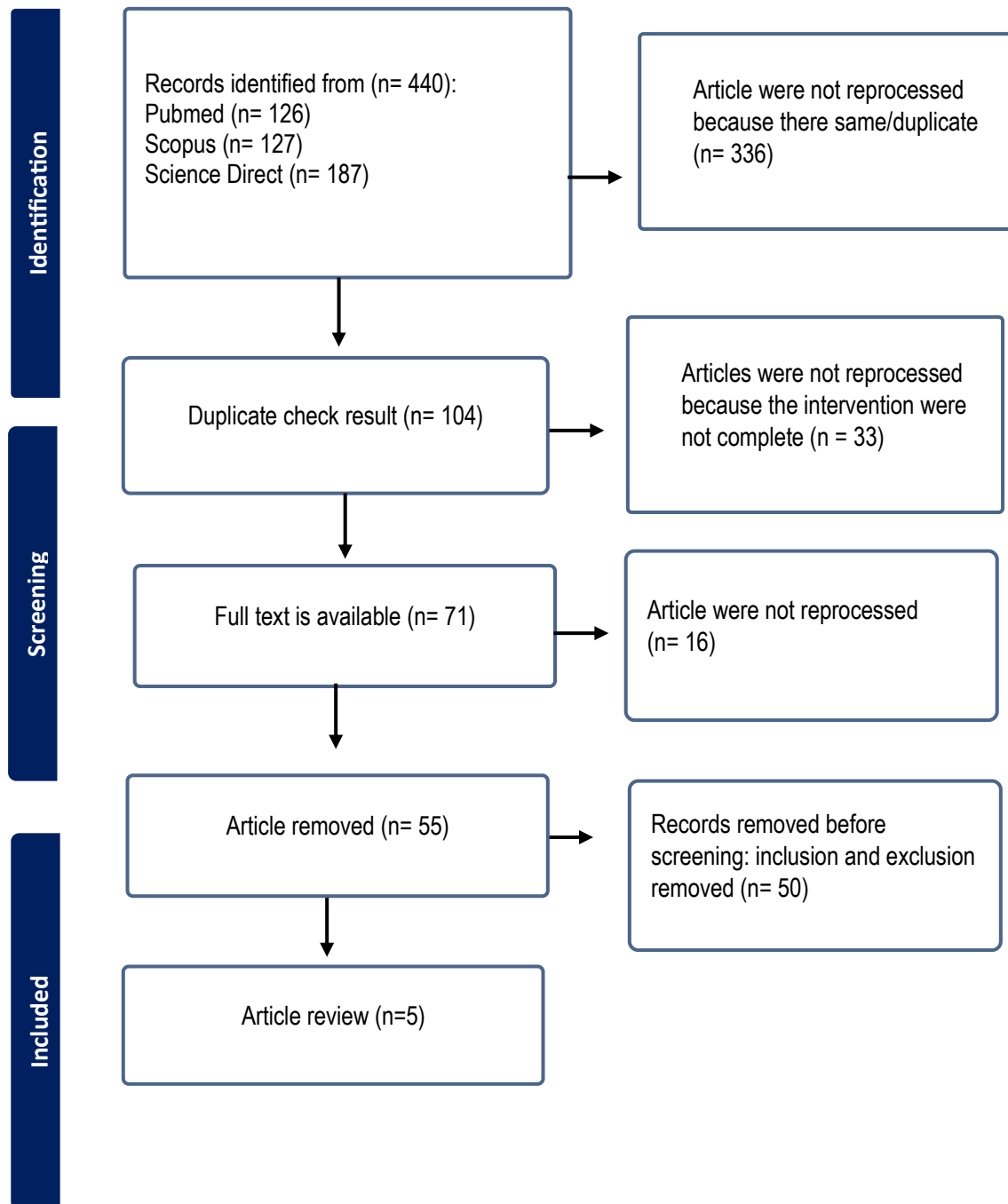


Figure. Diagram Prisma Flow

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Table. Article Review

(Author, Year) (Country)	Purpose	Method	Results
(Hamzaa et al., 2025) (Egypt)	To investigate the role of spiritual leadership in the relationship between altruism and passion for work among nurse colleagues.	Cross-Sectional	There is a significant positive correlation between spiritual leadership, work passion and altruism.
(Jahandar et al., 2017) (Iran)	To determining the concept of spiritual leadership from nurses' perspective and recognizing aspects of spiritual leadership model in the Iranian nurses' sociocultural context, to achieve a common and comprehensive understanding of the concept under study.	Qualitative	Spiritual leadership is described by nursing managers as elements of extrinsic motivation and organizational learning.
(Wu & Lee., 2020) (Taiwan)	To investigate the influence of spiritual leadership on work engagement through increased spiritual well-being and psychological capital.	Cross-Sectional	Spiritual leadership has a positive influence on work engagement, and shows that calling and psychological capital mediate this influence.
(Kachie et al., 2023) (China)	To amplify frontline nurses' desire to leave their profession in recent years; thus, exploring new causing variables is vital.	Cross-Sectional	Spiritual leadership can help enhance nurses' sense of calling and membership.
(Sukistini et al., 2025) (Indonesia)	To analyze the influence of spiritual leadership and spirituality in the workplace on nurse performance, as well as to test job satisfaction as a mediating role.	Literature review	Regular spiritual leadership training enhances nurse leaders' ability to create a supportive and compassionate work environment.

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DISCUSSION

Based on the literature review, five articles met the established inclusion criteria. The synthesis of these studies indicates that spiritual leadership extends beyond religious doctrine; its primary focus lies in facilitating individuals' fundamental needs to find a sense of purpose or calling and a sense of membership within the workplace. Moreover, the implementation of this leadership style has been shown to be effective in reducing the intensity of turnover intention by mitigating emotional strain and physical exhaustion, such as burnout and compassion fatigue, which are often triggered by excessive workload demands.

This section presents a synthesis of the reviewed literature by highlighting recurring themes, significant correlations, and emerging insights related to spiritual leadership among nurses. The analysis specifically identifies the characteristics of spirited organizations in contrast to dispirited organizations within the nursing context and examines how spiritual care training can enhance nurses' competencies and support the integration of clients' religious and spiritual needs into clinical practice (Akar, Yörük, & Almaz, 2024). In addition, this section assesses how spiritual care competencies are developed and incorporated into nursing curricula and continuing professional development programs (Shamsi, Khoshnood, & Farokhzadian, 2022). The findings further explore the influence of spiritual leadership on nurses' professional well-being, job satisfaction, and their ability to manage high-pressure work environments, particularly in psychiatric care settings (Lin, Jiang, Pan, & Xu, 2024).

The findings are interpreted within the broader context of organizational and healthcare challenges, and their implications for nursing practice and policy are discussed. This section also examines how these insights can inform the development of targeted interventions and strategies aimed at fostering more resilient and compassionate care environments (Syahir, Abidin, Sa'ari, & Rahman, 2025). The discussion addresses how recognizing and accommodating employees' spiritual needs can enhance well-being and productivity, especially within the highly demanding context of psychiatric care (Akar et al., 2024; Syahir et al., 2025). Such understanding is critical for optimizing spiritual

leadership interventions that not only promote nurses' well-being but also improve the quality of care delivered to patients in psychiatric settings.

Furthermore, although the integration of spiritual care into mental health services is desired by clients, it often encounters challenges due to insufficient training among nurses, underscoring the need for specialized educational programs to bridge this gap (Shamsi et al., 2022). These programs, encompassing both theoretical instruction and practical experience, are essential for assessing clients' religious and spiritual needs and effectively incorporating them into treatment plans, thereby enhancing nurses' competencies in spiritual care (Shamsi et al., 2022). Tailored education and continuous training are crucial to addressing the specific needs and cultural contexts of diverse healthcare settings, particularly hospitals, to ensure that nurses are proficient in integrating patients' religious and spiritual beliefs into clinical practice (Farokhzadian, Sabzi, & Farmitani, 2025).

These educational experiences should emphasize both pragmatic and empathetic approaches, while organizational structures must be designed to support best practices in the provision of spiritual care (Elliott et al., 2020). Such efforts are integral to fostering a holistic approach to patient care, recognizing the profound impact of spiritual well-being on mental health outcomes (Shamsi et al., 2022). The integration of spiritual support into both personal and professional contexts has been shown to enhance care quality and patient satisfaction, highlighting its potential as a core component of nursing practice (Tavakol, Tavakol, & Daman, 2025).

A comprehensive understanding of spiritual care integration requires baseline assessments of nurses' readiness and competencies prior to the implementation of educational interventions (Farokhzadian et al., 2025). Despite widespread recognition of the importance of addressing patients' spiritual needs, many nurses report feeling unprepared to provide spiritual care, often due to a lack of formal training during pre-licensure education (Bush, Baliko, & Raynor, 2023). This highlights a critical gap in nursing education that must be addressed to ensure holistic patient care, particularly in psychiatric settings where spiritual distress can

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significantly affect mental health outcomes (Shamsi et al., 2022).

Integrating spiritual care into nursing curricula and continuing education programs is therefore essential to equip nurses with the skills necessary to effectively address the spiritual dimensions of patient care (Sukistini, Robiani, & Zunaidah, 2025). This includes developing curricula that emphasize respect and dignity, the provision of support and hope, and opportunities for patients to express their fears, thereby strengthening holistic, patient-centered care (Chandramohan & Bhagwan, 2025). These educational initiatives are vital for enhancing nurses' capacity to incorporate clients' religious and spiritual needs into practice, ultimately leading to improved delivery of holistic care (Shamsi et al., 2022). Importantly, educational frameworks must not only address the theoretical aspects of spiritual care but also provide practical tools and application scenarios, thereby fostering nurses' confidence in navigating sensitive spiritual discussions with patients (Chandramohan & Bhagwan, 2025).

CONCLUSION

Spiritual leadership plays a crucial role in creating a meaningful, supportive, and resilient nursing work environment by fulfilling nurses' fundamental needs for a sense of purpose (calling) and belonging (membership). The implementation of spiritual leadership has been shown to reduce turnover intention by alleviating emotional strain and work-related fatigue, while simultaneously enhancing professional well-being, job satisfaction, and the quality of care, particularly in high-pressure psychiatric settings. However, the effectiveness of this approach largely depends on nurses' readiness and competence in providing spiritual care, which remains constrained by limited formal training.

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