Relationship between Spiritual Leadership and Creativity as Perceived by Staff Nurses

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Abstract: **Spiritual leadership is crucial in nursing profession. It is an intrinsically motivating factor that encourages staff nurses to initiate creativity and innovation. Aim: To investigate the relationship between spiritual leadership and creativity as perceived by staff nurses at Shoubrakhit General Hospital. Study design: A descriptive correlational research design was utilized to conduct this study. Setting: all in-patient care units at Shoubrakhit General Hospital. Subjects: Convenience sampling from staff nurses (n=230) who were working in the previously selected settings and available during the time of data collection distributed as follows; professional nurses, technical nurses and practical nurses Tools: Two tools were used in order to conduct this study: Revised Spiritual Leadership Survey (RSLS) and KEYS Survey to Creativity and Innovation. Results: The finding of this study revealed that the overall level of spiritual leadership as perceived by the studied staff nurses was moderate, while the overall level of creativity was low. Conclusion: The finding of this study concluded that a highly significant strong positive correlation between overall spiritual leadership and overall creativity as perceived by the studied staff nurses (r=0.575, p ≤0.001). Recommendations: Conduct frequent training programs and a series of workshops on spiritual leadership practices, and creativity skills for all staff nurses to embed a culture of spiritual leadership and creativity. Also, it is vital to integrate the course/concept of spiritual leadership into the undergraduate and postgraduate curriculum to raise the awareness of future staff nurses. Additionally, establish warm collegial relationships that provide support, caring, concern, appreciation, and guidance for each other to nourish spirituality with colleagues.**

Keywords: **Spiritual leadership, Intrinsic motivation, Creativity, Staff nurses, Nursing.**

I. INTRODUCTION

Along with the complexity, instability, continuous change, stressful and demanding life that facing healthcare organizations nowadays in a dynamic environment, those organizations need strong leadership and management to attain maximum organizational effectiveness. [1,2] Effective leadership plays a vital role in the dynamic of these organizations. [3] Effective leadership continued to be a critical component for organizational success and viability, especially in today's global and highly technical healthcare environment. [4, 5] It is also needed for a healthy work environment that is necessary to ensure high quality of nursing care and patient safety. [6] A new approach to leading and managing is vital for fostering a work environment that nurtures staff. [7] In recent years, more attention has been paid to the spiritual characteristics of healthcare leaders, and how they create a mutual and appropriate spiritual relationship with their subordinates.Nursing leaders are required to use appropriate leadership styles to accomplish organizational goals and display reliable paths to staff nurses. In this regard, there is a style that has been recognized as one of the effective leadership styles that leads to promote the individual and organizational outcome which is known as spiritual leadership. [2 ,8-13] According to Frey (2003) [14], Spiritual Leadership (SL) is defined as "a set of values, attitudes, and behaviors that are necessary to motivate an individual's self, on one hand, and to motivate others on the other hand". Frey (2005) [15] and Ellis [16] described nine dimensions of SL, namely; Vision, Hope/ Faith, Altruistic Love, Meaning / Calling, Membership, Inner Life,

Organizational Commitment, Productivity, and Satisfaction with Life. Vision describes the healthcare organization's journey and why individuals taking it. It defines who the individuals are and what they do. Hope/ Faith; Hope is the assurance of things hoped for, while Faith is the principle that the healthcare organization's vision, purpose, and mission will be fulfilled. Altruistic Love is a sense of wholeness, harmony, and well-being that obtained from care, concern, and appreciation for both self and others. Meaning / Calling is a sense that an individual's life has a meaning and makes a change. Membership is a sense that an individual is understood and valued. Inner Life is the degree to which an individual has a spiritual practice. Organizational commitment is the degree of loyalty or attachment to the healthcare organization. Productivity is the efficiency in creating results, benefits, or profits. Finally, satisfaction with life is described as an individual's sense of subjective well-being or satisfaction with life as a whole. SL leads to a positive influence on organizational commitment, job satisfaction, altruism, conscientiousness, self-career management, sales growth, job involvement, identification, retention, organizational citizenship behavior, attachment, loyalty, and work productivity. [8,17] On the other hand, if nurse managers often lack the necessary SL knowledge and skills, they will not be able to create vision and value congruence across the staff nurses; empower teams, and workgroups to foster higher levels of staff nurses' well-being, commitment, and productivity. [7,18] Furthermore, SL is an effective method for nourishing spirituality within the workplace. [19] A health care work environment that supports staff nurses' spirituality contributes to the quality of nursing care and ensuring patient safety. [20] Since spirituality is a key portion of creativity and innovation, organizations that are rich in spirituality generate creativity among team members. [19] Amabile et al., (1996) [21] viewed creativity as "the individual perception that can affect the generation of the novel or original ideas, product and service". Furthermore, creativity in healthcare refers to "the development of novel health services and care plans through generating new ideas, processes, and procedures by staff nurses to be successfully implemented within the healthcare organization to develop innovation". [22] creativity is known as one of the serious competencies for the 21st century for healthcare organizations to lead or adapt to change. It has arisen as a new focus which healthcare organization's success and survival depend on its ability to create new knowledge and innovation. [23] Creativity is imperative in nursing care to change the way of thinking, allow staff nurses to overcome the daily challenges, and create a work environment that empowers staff nurses to develop new ideas that can lead to innovation. [23,24] Lack of the presence of creativity and innovation is considered the long-run destruction of an organization. Also, a healthcare organization that does not have creative or innovative staff nurses, cannot survive and by time will be rejected from the scene. [25] Accordingly, lack or absence of creativity staff nurses can exhibit increasing duplication of services. Thus, encouraging staff nurses' perceptions of creativity can be a strategic asset that leads to organizational growth and success. [26] It is found that leadership is still considered a critical element to foster staff nurses' creativity. Thus, they need an internal, continuous motivation to inspire themselves to be more creative. In accordance, SL can provide spiritual support and strength to staff nurses by encouraging them to have stronger motivation and responsibility to contribute to creative activities. [27,28] There are few attempts done nationally to examine the relationship between SL and staff nurses' creativity. Therefore, this study aims to investigate the relationship between SL and creativity as perceived by staff nurses. It is hoped that this study can provide a clear insight to healthcare managers to provide a supportive work environment and intrinsically motivate staff nurses to perform effectively, creatively, and innovatively. Hence, this will lead to positive outcomes for both staff nurses and healthcare organizations as decreased nurses' burnout and turnover, increased organizational commitment, productivity, life satisfaction besides improving quality of nursing care, and healthcare organizational growth and survival.

SIGNIFICANCE OF THE STUDY:

In modern society, pressure and anxiety have become the workplace norm in which nurses often suffer from interpersonal hostility and exhaustion at work. Also, healthcare leaders experience overwork, occupational burnout and neglect family and friends. [13] Moreover, increased efficiency demands lead to reducing processes budgets, accelerated turnaround times, and the consequences associated with patient errors. All of these problems can occur when healthcare managers aren't be able to become spiritual leaders. [18] Without spiritual leadership, the healthcare organization can exhibit decreasing nurses' productivity, organizational commitment, life satisfaction, sale growth, financial performance, corporate social responsibility, nurses' well-being, and workaholic behavior. A study conducted by Frey and Slocum in (2008) represented that spiritual leadership explained 13 % of sale growth, 94 % of an employee commitment and 73 % of productivity. So, this study is significant as the spiritual leadership has been proved to display high effectiveness on a variety of outcome variables at individual or / and team level and on organizational outcome. [29] Also, spiritual leadership is associated with enhancing nursing creativity through intrinsically motivate followers and nourishing spirituality in the workplace. [19]

Furthermore, since the world of healthcare is changing. Recently, global nursing experts have been aggressively encouraging nurses to pursue creativity and innovation in nursing to improve nursing outcomes as nurses are the main professional component of "frontline "staff providing up to 80 % of primarily healthcare. Hence, they are critically positioned to deliver creative and innovative solutions for current and future global health challenges. [30]

AIM OF THE STUDY:

To investigate the relationship between spiritual leadership and creativity as perceived by staff nurses at Shoubrakhit General Hospital.

Research question:

What is the relationship between spiritual leadership and creativity as perceived by staff nurses at Shoubrakhit General Hospital?

II. MATERIALS AND METHODS

MATERIALS

Design:

A descriptive correlational research design was utilized to conduct this study.

Setting:

at all in-patient care units at Shoubrakhit General Hospital. The hospital units are classified as follows; Intensive and critical care units as General Intensive Care Unit (ICU); Pediatric ICU and High risk. Furthermore, in-patient care units as medical; pediatric; dialysis; obstetrics and gynecology and surgical unit, out-patient care unit, emergency care unit and infectious disease unit.

Subjects:

Convenience sampling from staff nurses (n=230) who were working in the previously selected settings and available during the time of data collection, also, they were willing to participate in this study were selected. They were distributed as follows; professional nurses (n =47), technical nurses (n= 96), and practical nurses (n=87)

Tools for data collection:

Two tools were used to conduct this study:

Tool (I): Revised Spiritual Leadership Survey (RSLS):

It was developed by Frey (2005) [15] and was adapted by the researcher to assess spiritual leadership as perceived by staff nurses. It includes 40 items grouped into nine main dimensions: vision (4-items); hope/faith (4-items); altruistic love (5-items); meaning/calling (4-items); membership (4-items); inner life (5-items); organizational commitment (5-items); productivity (4-items); and satisfaction with life (5-items).

Responses were measured on a 5-point Likert rating scale ranging from (1) strongly disagree to (5) strongly agree. The reversed score was not applied because there were not negative statements in this tool. The overall score level of Revised Spiritual Leadership Survey (RSLS) ranged from 40-200 and was categorized as follows; a low score of spiritual leadership as perceived by staff nurses ranged from 40-119, the moderate score ranged from 120-159, and high score ranged from 160- 200. The overall score was also, calculated according to percent score as follows: low spiritual leadership as perceived by staff nurses < 50 %; moderate spiritual leadership as perceived by staff nurses 50 % < 75 % and high spiritual leadership as perceived by staff nurses ≥ 75 %

Tool (II): KEYS Survey to Creativity and Innovation:

This survey was developed by Amabile (1996) [31] and updated by Barrett (2016) [26] as well as adapted by the researcher to assess staff nurses' creativity. It includes 50 items in the form of positive and negative statements. Themes in the KEYS survey ranged from the production of new ideas to the contribution of creativity to the organization. Examples of items included, "We are encouraged to develop new ideas" and "Creative work is valued and recognized."

Responses were measured on a 5-point Likert rating scale ranging from (1) never to (5) always. The reversed score was applied for negative statements. The overall score level ranged from 50-250 and was categorized as follows; low scoring

of staff nurses' creativity ranged from 50-149, moderate scoring ranged from 150-199, and high scoring ranged from 200-250. The overall score was also, calculated according to percent score as follows: low staff nurses' creativity < 50 %; moderate staff nurses' creativity 50 % < 75 % and high staff nurses' creativity ≥ 75 %

In addition, the staff nurses' demographic characteristics sheet was developed by the researcher to collect data from staff nurses' such as gender, age, marital status, current working unit, educational qualifications, years of experience in nursing, and years of experience in the current working unit.

Methods:

1. An official permission was obtained from the Dean of Faculty of Nursing, Damanhour University, and the responsible authorities of the study settings at Shoubrakhit General Hospital, after an explanation of the purpose of the study.

2. The two tools were translated into Arabic by the researcher and were submitted into both Arabic and English languages to a jury of five experts in the field of the study at the faculties of Nursing, Alexandria University, and Damanhour University to test its content validity and translation. They were: two professors, and two lecturers from the nursing administration department, Faculty of Nursing Alexandria University, and one assistant professor from the nursing administration department, Faculty of Nursing Damanhour University. Accordingly, the necessary modifications were done based on their opinions.

3. Reliability analysis: The two tools were tested for their reliability by using Cronbach's alpha correlation coefficient test to measure the internal consistency of items. The two tools were proved to be reliable where r = 0.887 for tool one (RSLS) and r = 0.934 for tool two (KEYS Survey) at a statistical significance level ≤ 0.05.

4. A pilot study was carried out on 10% of staff nurses (n=23), who were excluded from the study sample; to check and ensure the clarity of items, identify obstacles and problems that may be encountered during data collection, and the necessary modifications were done.

Data collection:

• Data were collected from the staff nurses through the distribution of self -administered questionnaires after explaining the aim of the study at the work settings using the previously mentioned tools. Instructions were given after obtaining informed consent from the study subjects before the distribution of the questionnaire.

• The questionnaires were completed in the presence of the researcher to ensure the objectivity of staff nurses' responses, non-contamination of their opinions, and to check that all items were answered.

• Answering the questionnaires took approximately from 15-20 minutes. Data collection took a period of two months starting from the beginning of November 2020 to the end of January 2021. All questions were answered and explanations were given accordingly.

Ethical considerations:

• The research approval was obtained from the ethical committee at the Faculty of Nursing-Damanhour University, before the start of the study.

• A written informed consent was obtained from the study subjects after an explanation of the aim of the study.

• Privacy and the right to refuse to participate or withdraw from the study at any time were ensured during the study.

• Confidentiality and anonymity regarding data collected were maintained.

III. STATISTICAL ANALYSIS

Suitable statistical analysis tests were used to identify significant relations and answer the research question. After collecting data, they were revised, coded, transferred into the designed format, to be fed to the computer using statistical IBM SPSS (Statistical Package for the Social Sciences) software version 25.0. Data were classified into numerical or categorical as appropriate. Data were described using minimum, maximum, mean, standard deviation (SD) like age, marital status, education qualifications, experience in nursing, and experience in the current working units.

Categorical variables were described using frequency and percentage of total such as Distribution of the staff nurses according to spiritual leadership and creativity as perceived by them. Cronbach's Alpha:It was done to assess the

reliability of the Revised Spiritual Leadership Survey (RSLS) and KEYS survey to creativity using Cronbach's Alpha test. Pearson coefficient It was done to measure the degree of association between spiritual leadership and creativity as perceived by the studied staff nurses. Student t-test: It was employed to compare the difference between two mean score percent and to judge whether an observed difference is significant-test (ANOVA):It was used to determine the significance between two or more mean score percent and to judge whether an observed difference is significant.

IV.   RESULTS

Table (1): Distribution of the Studied Staff Nurses According to their Demographic Data Characteristics

Demographic characteristics	No.	%
Gender		
Male	16	7.0
Female	214	93.0
Age (years)		
20 -<30	114	49.5
30 -< 40	97	42.2
40 -<50	17	7.4
≥50	2	0.9
Min. – Max. **Mean ± SD.**	**20.0-57.0** **31.18±7.32**	
Marital status		
Single	17	7.4
Married	206	89.5
Widow	5	2.2
Divorced	2	0.9
Current working unit		
Medical unit	22	9.6
Surgical unit	45	19.6
General Intensive Care Unit (ICU)	56	24.4
Others		
Pediatric intensive care unit ICU	10	4.3
High risk care unit	14	6.1
Pediatric unit	11	4.8
Dialysis unit	18	7.8
Obstetrics and gynecology unit	7	3.0
Out -patient care unit	15	6.5
Emergency care unit	26	11.3
Infectious disease unit	6	2.6
Educational qualifications		
Bachelor Science in Nursing (BScN)	47	20.5
Technical Nursing Institute	96	41.7
Secondary Nursing School Diploma	87	37.8
Years of experience in nursing		
<15	154	67.0

15-<20	55	23.9
≥ 20	21	9.1
Min. – Max.	**1.0 – 43.0**	
Mean ± SD.	**10.57 ± 7.0**	
Years of experience in current working unit		
<15	179	77.8
15-<20	37	16.1
≥ 20	14	6.1
Min. – Max.	**1.0 – 30.0**	
Mean ± SD.	**8.70 ± 6.39**	

Table (1) reveals that the vast majority of the studied staff nurses (93.0%) were female. Nearly one-half of them (49.5%) had been in the age group ranging from 20 to less than 30 years old. The majority of them (89.5%) were married. This table also, illustrates that nearly one-quarter of the studied staff nurses (24.4%) were working in General Intensive Care Unit (ICU), while 2.6% of them were working in infectious disease unit. Moreover, as shown in this table, 41.7 % of the studied staff nurses had Technical Nursing Institute, while 20.5% had Bachelor Science in Nursing (BScN). Regarding the studied staff nurses' years of experience in nursing, slightly more than two-thirds of them (67.0%) had less than 15 years of experience, while more than three-quarters of them (77.8%) had less than of 15 years of experience in the current working unit.

Table (2): Distribution of the Studied Staff Nurses According to their Levels of Spiritual Leadership (n = 230).

Revised spiritual leadership survey (RSLS)	Low spiritual leadership (<50 %)		Moderate spiritual leadership (50 % – < 75 %)		High spiritual leadership (≥ 75)	
	No.	%	No.	%	No.	%
Vision	72	31.3	110	47.8	48	20.9
Hope/Faith	42	18.3	108	46.9	80	34.8
Altruistic Love	104	45.2	101	43.9	25	10.9
Meaning/Calling	24	10.4	69	30.0	137	59.6
Membership	93	40.4	91	39.6	46	20.0
Inner Life	29	12.6	114	49.6	87	37.8
Organizational Commitment	88	38.3	101	43.9	41	17.8
Productivity	21	9.1	103	44.8	106	46.1
Satisfaction with Life	52	22.6	102	44.4	76	33.0
Overall RSLS	56	24.3	151	65.7	23	10.0

-Low level of spiritual leadership as perceived by staff nurses (<50 %)

-Moderate level of spiritual leadership as perceived by staff nurses (50 % – < 75 %)

-High level of spiritual leadership as perceived by staff nurses (≥ 75)

Table (2) clarifies that nearly two-thirds of the studied staff nurses (65.7%) perceived moderate level of spiritual leadership. The highest moderate spiritual leadership level percentage as perceived by the studied staff nurses was related to dimensions namely; inner life, vision, and hope/faith (49.6 %, 47.8 %, and 46.9% respectively). On the other hand, the lowest spiritual leadership level percentage as perceived by the studied staff nurses was related to dimensions was related to meaning /calling (30.0%)

Table (3): Distribution of the Studied Staff Nurses According to their Levels of Creativity (n = 230).

Overall KEYS Survey to Creativity	No.	%
Low level of staff nurses' creativity <50 %	118	51.3
Moderate level of staff nurses' creativity 50 % -< 75 %	111	48.3
High level of staff nurses' creativity ≥ 75 %	1	0.4

-Low level of creativity as perceived by staff nurses<50 %

-Moderate level of creativity as perceived by staff nurses 50 % -< 75 %

-High level of creativity as perceived by staff nurses ≥ 75 %

Table (3) illustrated that slightly more than one -half of the studied staff nurses (51.3 %) perceived low level of creativity.

Table (4): Correlation Between Spiritual Leadership and Creativity as Perceived by the Studied Staff Nurses (n = 230).

Revised spiritual leadership survey (RSLS)	Overall KEYS Survey to Creativity and Innovation	
	r	p
Vision	0.554[*]	<0.001[**]
Hope/Faith	0.315[*]	<0.001[**]
Altruistic Love	0.639[*]	<0.001[**]
Meaning/Calling	-0.012	0.856
Membership	0.648[*]	<0.001[**]
Inner Life	0.098	0.139
Organizational Commitment	0.616[*]	<0.001[**]
Productivity	0.141[*]	0.033[*]
Satisfaction with Life	0.328[*]	<0.001[**]
Overall RSLS	0.575[*]	<0.001[**]

Not statistically significance at p>0.05   *: Statistically significant at p ≤ 0.05   **: high statistically significant p at ≤0.001

r= Pearson coefficient value; weak from 0.0 to 0.25; moderate from > 0.25 to 0.5; strong from >0.5 to 1.00.

As evident in table 4, there was a highly significant strong positive correlation between overall spiritual leadership and overall creativity as perceived by the studied staff nurses (r=0.575, p ≤0.001). There was a high statistically significant correlation between overall KEYS survey with those dimensions of spiritual leadership namely; vision, hope/faith, altruistic love, membership, organizational commitment, and satisfaction with life (p <0.001). Whereas, there was a statistically significant correlation between overall KEYS survey with one dimension of spiritual leadership namely; productivity (p ≤ 0.05). Finally, there was no statistically significant relation with the other two dimensions of spiritual leadership namely; meaning/calling and inner life (p >0.05).

Table (5): Multivariate linear regression analysis for the studied staff nurses' perception of spiritual leadership and creativity.

	B	Beta	t	p	95% C.I	
					L.L	U.L
Revised Spiritual Leadership Survey (RSLS)	0.547	0.610	11.636[*]	<0.001[*]	0.454	0.640
R²=0.373, F= 135.390[*], p<0.001[*]						

B: Unstandardized Coefficients   Beta: Standardized Coefficients   CI: Confidence interval

LL: Lower limit   UL: Upper Limit R^2 : regression coefficient

t : t -test value   F: F-test   *: Statistically significant at p ≤ 0.05

Table (5) illustrated that the regression coefficient revealed that spiritual leadership as independent variable can predict about 37.3% of creativity as dependent variable where regression model is significant (F= 135.390, p<0.001).

V. DISCUSSION

Healthcare environments are considered increasingly demanding environments in which staff nurses are a vulnerable workgroup exhibiting a high degree of stress. [32] Therefore, a growing need for spiritual leadership (SL) becomes more vital. SL is considered a significant contextual element in the healthcare work environment. [33] It is regarded as a new paradigm in the healthcare system and a dominant variable in shaping the healthcare work environment and staff nurses' creativity. [34] SL is an intrinsically motivating factor that, in turn, creates creative and innovative staff nurses. Healthcare organizations have recently required creative and innovative procedures for the development of nursing practices. [35] Furthermore, creativity is a critical component for the development of an inspiring vision for nursing and the evolvement of nursing as a profession of science and art. [36]

The present study indicated that the studied staff nurses perceived a moderate level of SL. This finding can be due to three main factors as follows ;(a) related to the studied hospital itself; (b) the hospital leaders; and (c) the studied staff nurses. Concerning the studied hospital itself, the hospital has a clear and compelling vision that inspires the staff nurses to improve their performance, and also, those staff nurses show commitment to the hospital's vision. Moreover, pertaining to hospital leaders, have the courage to stand up for their staff nurses' rights and their behaviors are persuasive to their talks. In addition, they prepare all the prerequisites that are needed for attaining the organizational outcomes such as creating a common landscape for their staff and establishing an organizational culture based on human values and intrinsic motivations. Finally, regarding the studied staff nurses, their top priorities are quality of care and work productivity. Additionally, the studied staff nurses perceived themselves as spiritual individuals and caring for the spiritual health of their colleagues which, in turn, makes staff nurses satisfied with their own life.

This result is supported by Hussein and Gad, (2019) who reported that head nurses had a moderate level of SL. [34] Moreover, Abouzaid, (2019) reported that more than one-half of head nurses perceived a moderate level of SL. [37] Besides, Bahrami and Harandi, (2019) stated that SL was at an average level among employees in higher education in Iran. [38] Furthermore, Kiaei et al., (2015) found that there was a moderate perception of spirituality among Iranian nurses. [39] In the same line, Shojaei and Khazaei (2012) concluded that SL was at a moderate level in employees of Qazvin University of Medical Sciences. [40] On the other hand, this result is contradicted with Namdar et al., (2019) who stated that nurses' level of SL was low. [41] Also, this result is inconsistent with Nafei (2018), who indicated that the general average of employees' SL was high. [42] Moreover, Jahandar et al., (2017) reported that the level of SL was high among the majority of the studied nurse managers. [2]

Also, the present study showed that the highest moderate level of SL as perceived by the studied staff nurses was related to three dimensions of SL namely; inner life, vision, and hope/faith. This result could be justified by the assumption that inner life is the source of SL. Additionally, the hospital leaders are keen on maintaining staff nurses' spiritual/religious practices such as praying, reading the Quran especially in the blessed month of Ramadan, and The Morning and Evening AZKAR. Therefore, maintaining these practices makes the studied staff nurses more mindful, self-aware, professionally conscious, and be able to draw more strength and higher power from these spiritual practices. Accordingly, staff nurses respect the hospital vision that inspires them to do their best in nursing practices and prevent them from being preoccupied with failure to achieve organizational success. As regards, staff nurses become more faithful to their leaders/hospitals. Becoming hopeful /faithful makes staff nurses more optimistic about their inner life and expectations and more oriented to the perception of spiritual values and beliefs.

Regarding the inner life dimension of SL, the result of the present study is supported by Fry et al., (2017) who stated that that the highest mean score of SL was related to the inner life. [8] Whereas, this result is contradicted with Aslan and Korkut (2015) who reported that the lowest mean score of SL was related to the inner life. [43] Pertaining to vision and hope/faith dimensions of SL, the result of the present study is consistent with Marroquin (2019) who found that hope/faith and vision were the highest mean score of SL. [44] In contrast, Çimen and Karadağ (2019) reported that vision and hope were the lowest mean score of SL. [45]

On the other hand, the present study revealed that the lowest moderate level of SL as perceived by the studied staff nurses was related to the dimensions of SL namely; meaning/calling. This may be due to that health care leaders encounter a lack of time and are always very busy with the multiple administrative works that act as obstacles to provide performance feedback, care, and concern. Accordingly, this diminishes the studied staff nurses' feeling of being appreciated or understood by their leaders. Therefore, this decreases their perception of their work as something that has a meaning as well as can make a difference. The result of the present study is supported by Namdar et al., (2019) who reported that the

lowest mean score for SL was related to meaning /calling. [41] Conversely, Nguyen et al., (2018) reported that the highest mean score of SL was related to meaning/calling.[46]

The result of the present study revealed that slightly more than one-half of the studied staff nurses perceived a low level of creativity. This result could be explained in the light of the majority of the studied staff nurses who were in the age group less than 30 years old, married, hold Technical Nursing Institute, and with less than 15 years of experience in nursing. Therefore, staff nurses may not have enough capability, knowledge, experiences, and skills that are needed to seek creativity. Also, the nature of the healthcare work environment, as well as, daily nursing activities and stressful situations that require quick solutions make staff nurses feel a sense of time pressure that impedes their creative solutions. Additionally, staff nurses use their energy all the time for achieving their daily routine work, duties, and responsibilities. Therefore, they do not have enough time and energy to think creatively in their work. Allocating a proper amount of time for creativity is a complicated task since a too-tight schedule or impossible deadline act as a barrier for creativity, while reasonable time pressure nourishes creative ideas. In addition, the burnout that the staff nurses facing during COVID -19 inhibits their motivation and engagement in their workplace, as well as interaction with their colleagues which directly influences their level of perceived creativity. Furthermore, they perceive creativity as extra-role behavior, this discourages them to engage in creative and innovative behaviors.

In this respect, Drafahl (2020), reported that there was a low level of nursing students' perception of creativity. [47] Moreover, this result is supported by Ghosh (2014) who stated that employees perceived a lower level of creativity and exhibited an unfavorable creative climate. [48] Furthermore, Saleh et al., (2013) reported that staff nurses' level of creativity was below the average. [49]

On the contrary, Chheda (2020) reported that practical nurses perceived a high level of creativity. [50] Also, Shehadeh (2016) reported that the level of creative behavior was high among employees. [51] The result of the present study was contradicted with Panatik, Katiminb, and Shaari (2016) who stated that there was a high level of creativity among research officers. [52] Also, Kasasbeh et al., (2014) reported that the staff perceived a high level of creativity. [53] Moreover, Ahmadian et al., (2012) found that more than 50% of nurses had a desirable level of creativity. [54]

In the matter of, the correlation and regression weight between spiritual leadership and creativity as perceived by the studied staff nurses. The statistical result of standardized regression and statistical correlation revealed a highly significant positive correlation between the overall SL and overall creativity as perceived by the studied staff nurses. Also, spiritual leadership as an independent variable can predict about 37.3% of creativity as a dependent variable. This valuation could be justified by the same result that there was a significant positive correlation was found between the overall creativity and the majority of dimensions of SL namely; vision, hope /faith, altruistic love, membership, organizational commitment, satisfaction with life, and productivity except meaning/ calling and inner life.

These results may be attributed to many factors in the study hospital such as the presence of a clear and compelling hospital vision that inspires staff nurses to do their best and encourage creative and innovative behavior. Also, staff nurses show faith in their hospital's mission. Therefore, the hospital leaders facilitate allocating resources for their work beside the staff nurses who set challenging goals and consider that work quality is a high priority for them. The spiritual leaders identified ways that intrinsically inspire staff nurses' task performance and encourage creativity and innovation.

The study is supported by Xinyu and Zhihua (2020), who stated that SL has a significant moderate positive correlation with creativity. Also, this study showed that workplace spirituality has a hierarchical intermediary effect on the impact of SL on employee creativity. [27] In addition, Jeon and Choi (2020), showed that there is a moderate positive correlation between vision, hope/faith, and altruistic love and employees' creativity and also, spiritual leadership can be a predictor of creativity.[55] Similarly, wang et al., (2019), reported that there was a high positive correlation between SL with creative and innovative behavior. [19] In this respect, Egel and Fry (2015) stated that spiritual leadership can be a predictor of team creativity. [56]

VI. CONCLUSION

The finding of this study revealed that the overall level of spiritual leadership as perceived by the studied staff nurses was moderate, while the overall level of creativity was low. In addition, the result of this study concluded that a highly significant positive correlation between the overall spiritual leadership and overall creativity as perceived by the studied staff nurses.

VII. RECOMMENDATIONS

Based on the findings of the present study the following recommendations are suggested:

A. The hospital administrators should:

1. Review the organization policies to add policies that facilitate and foster creativity.

2. Orient staff nurses with hospital values that become a source from which staff nurses can derive meaning and purpose.

3. Encourage staff nurses to apply the results of scientific research that enhance their creativity through mutual cooperation between the faculty of nursing and the hospital.

4. Integrate the course/concept of spiritual leadership into the undergraduate and postgraduate curriculum to raise the awareness of future staff nurses values, attitudes, and behaviors that are necessary to motivate an individual's self, on one hand, and to motivate others on the other hand .

5. Conduct frequent training programs and a series of workshops on spiritual leadership practices, and creativity skills for all staff nurses to embed a culture of spiritual leadership and creativity.

6. Provide monthly bulletins to announce the best nurse at each unit for his/ her premium creative ideas and decisions.

7. Provide suggestion box for all staff nurses encouraging them to think outside the box for any creative ideas or decisions toward their nursing care.

8. Inspire a healthy competition to all staff nurses uniformly, giving them an equal opportunity to learn and grow and allows them to win.

9. Apply an effective system of tangible and intangible incentives for creative staff nurses such as bonuses, flexible work hours, extra days off, and a friendly supportive atmosphere.

B. The first line nurse managers should:

1. Define staff nurses' personal values and compare them to the personal workplace values of money, respect, quality, and empowerment to satisfy staff nurses' spiritual urge and provides them with inner peace.

2. Provide staff nurses with continuous constructive feedback about their performance to enhance their spiritual feelings.

3. Encourage staff nurses to work as multi-disciplinary diverse nursing teams and groups to promote the exchange of creative and innovative ideas.

4. Conduct periodic meetings with staff nurses to discuss the problems they encounter and discuss creative suggestions to solve those problems.

5. Motivate staff nurses to suggest new and innovative ideas about nursing care and try to apply them in their work units.

6. Encourage staff nurses to attend periodic workshops about creativity skills to enhance the staff nurses' ability to generate creative behavior.

7. Motivate staff nurses through constructive reward and recognition for their contributions to share in creative and innovative work behavior.

C. The staff nurses should:

1. Attend frequent training programs, workshops, symposiums, and brainstorming sessions concerning critical thinking skills, and creative behavior, and maintaining spiritual practices.

2. Update knowledge through continuous reading and searching on the internet.

3. Engage in teamwork rather than work individually.

4. Accept individual differences and respect other's values and beliefs.

5. Establish warm collegial relationships that provide support, caring, concern, appreciation, and guidance for each other to nourish spirituality with colleagues.

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