

## INVESTIGATION OF THE EFFECT OF SPIRITUAL LEADERSHIP ON ORGANIZATIONAL HEALTH IN METAL INDUSTRIAL ENTERPRISES: THE CASE OF KONYA CITY

### METAL SANAYİ İŞLETMELERİNDE RUHSAL LİDERLİĞİN ÖRGÜTSEL SAĞLIK ÜZERİNDEKİ ETKİSİNİN İNCELENMESİ: KONYA KENTİ ÖRNEĞİ

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#### ABSTRACT

Having high level personal characteristics and awareness of managers, displaying positive attitudes and behaviours, that is, having characteristics of spiritual leadership may increase employees' positive perceptions about the organization, such as organizational health. The purpose of this study is to evaluate the opinions of white-collar employees who work in metal industrial enterprises operating in Konya Organized Industrial Zone and who are not the senior level managers, about the variables of spiritual leadership and organizational health. In addition to this, it is aimed to examine the effect of spiritual leadership sub-dimensions on organizational health sub-dimensions. In the study, the first part includes the theoretical framework and the second part includes the methodology of the research. Purposive sampling method was used in the study and the questionnaires were applied on 187 white-collar employees. Analyses were performed with SPSS 18.0 and AMOS 18.0 package programs. According to the analysis results, it was found a partial effect of spiritual leadership on organizational health. It was also found that vision, hope/faith and membership, which are sub-dimensions of spiritual leadership, have a positive effect on CMP. Finally hope/faith, altruistic love and meaning/calling, which are sub-dimensions of spiritual leadership, have a positive effect on GARD.

**Keywords:** Spiritual Leadership, Organizational Health, Metal Industrial Enterprises.

#### ÖZET

Yöneticilerinin üst düzeyde kişisel özellikleri ve farkındalıkları olması, olumlu tutum ve davranışlar sergilemesi yani ruhsal liderlik vasıflarına sahip olması çalışanlarının örgüt hakkındaki örgütsel sağlık gibi olumlu algılarını artırabilir. Bu çalışmada Konya Organize Sanayi Bölgesi'nde faaliyet gösteren metal sanayi işletmelerinde görev yapan ve yönetici düzeyinde olmayan beyaz yakalı çalışanların ruhsal liderlik ve örgütsel sağlık değişkenleri hakkındaki görüşlerinin değerlendirilmesi ana amaç olarak belirlenmiştir. Buna ek olarak, ruhsal liderliğin alt boyutlarının örgütsel sağlık alt boyutları üzerindeki etkisinin incelenmesi amaçlanmıştır. Çalışmada ilk bölüm kavramsal çerçeve ikinci bölüm metodoloji kısmını içermektedir. Araştırmada amaçlı örnekleme yöntemi kullanılmıştır ve anketler 187 beyaz yakalı çalışan üzerinde uygulanmıştır. Analizler SPSS 18.0 ve AMOS 18.0 paket programları ile yapılmıştır. Analiz sonuçlarına göre ruhsal liderliğin örgütsel sağlık üzerinde kısmen etkisi olduğu saptanmıştır. Ayrıca ruhsal liderlik alt boyutlarından vizyonun, umut/inancın ve üyeliğin CMP'nin üzerinde olumlu bir etkiye sahip olduğu bulunmuştur. Son olarak, ruhsal liderlik alt boyutlarından umut/inancın, özgeçil sevginin ve anlam/çağırının GARD'ın üzerinde olumlu bir etkiye sahip olduğu bulunmuştur.

**Anahtar Kelimeler:** Ruhsal liderlik, Örgütsel Sağlık, Metal Sanayi İşletmeleri.

#### 1. INTRODUCTION

Spiritual leaders create common values with employees in the direction of ethical foundations by valuing employees, showing them understanding, love and respect, meeting their psychological needs, motivating employees through hope and faith (Meng, 2016: 411; Fry, 2003: 711). In short, spiritual leaders address the spiritual side of employees (Fairholm, 2000: 128). As a result of this, employees' positive perceptions about the organization, such as organizational health, which is related to the perception of the organization's fit with the external environment and employees, may increase (Fadi et al., 2019: 6). As a consequence of that, in addition to the moral aspects of the employees, their individual and organizational productivity and success within the organization may also increase. Accordingly, in this study, it is attempted to determine the effect of spiritual leadership on organizational health.

The main purpose of this study is to evaluate the white-collar employees working in the metal industrial enterprises in the Konya Organized Industrial Zone in the city of Konya, who are not the senior level managers, within the framework of the concepts of spiritual leadership and organizational health. As a result of the study, it was thought to find out that spiritual leaders increase employees' positive perceptions about organizational health by supporting, educating, affecting and respecting them, giving them hope and motivation in this direction, and exhibiting similar attitudes and behaviours (Meng, 2016: 411) and to obtain

important findings in order to examine how its result increases productivity, achievement and commitment of the organization and employees.

## **2. THEORETICAL FRAMEWORK**

### **2.1. Spiritual Leadership**

Spiritual leadership is about strengthening the hopes of employees for the future by assigning them to specific goals and by empowering them accordingly, and also about enabling them to be successful (Fry, 2003: 711). In other words, spiritual leadership is a type of leadership that reveals the spiritual side of the employees and motivates them internally through certain values, attitudes and behaviours. Spiritual leadership is to create a sense of calling for employees that their duties change people's lives and to make them experience organizational belonging by making them feel what the meaning of their duties within the organization is. (Fry et al., 2005: 835; Chen et al., 2012: 893).

The characteristics of spiritual leaders can be listed as loving the organization and its employees, creating certain moral standards, creating a vision, creating a common meaning and value in the organization, authorizing employees, providing training and development opportunities to employees, taking risks based on intuition, being very willing to serve its employees and organization, and being very willing to transformation (Fairholm, 2000: 112; Kurtar, 2009: 23). Spiritual leadership is discussed in five dimensions by Fry and his friends (2007). These dimensions are vision, hope/faith, altruistic love, meaning/calling, and membership. Vision is about the leader explaining why employees should exert effort for the future of the organization (Kotter, 1996: 68). Hope/faith is related to support of the employees' requests and efforts about the future by the leader and the formation of positive expectations (Fry, 2003: 714). Altruistic love is related to leader taking care of himself and his employees, being interested in, and appreciating them (Chen et al., 2012: 893; Kotter, 1996: 68). Meaning/calling is related to the leader's calling on employees and making them feel that their work is meaningful (Fry, 2005: 620; Akıncı & Ekşi, 2017: 18). Finally, membership is related to the leader providing an atmosphere of love and respect in the organization and making them feel that they can be understood and appreciated by the leader (Chen et al., 2012: 893).

### **2.2. Organizational Health**

Organizational health is a concept that aims to achieve organizational objectives by taking into account the intra-organizational dynamics, and also features the organization's ability to adapt and fight with its external environment, and therefore discusses the organization multi-dimensionally within the framework of the understanding of system (Liang, 2017: 25; Ertaş & Töre, 2016: 89). In other words, organizational health is the ability of the organization to adapt to its environment and balance with its employees in order to achieve its objectives (Fadi et al., 2019: 6). According to Lyden and Klingele (2000), communication is clear in a good organization, employees are loyal and committed to their job, their perceptions about their senior managers are at a good level and their senior managers appreciate and support their employees. In addition to this, senior managers ensure the participation of employees in the decision-making process, organizational objectives are achieved altogether, and there exist a positive moral climate in the organization (Türkan et al., 2018: 370).

Organizational health was discussed in 11 dimensions developed by Lyden and Klingele (2003). Communication, one of these dimensions, is related to organizations' achieving their objectives and surviving through communication (Tutar, 2010: 187). Participation is related to participation of employees in decisions. Loyalty and commitment are related to confidence among employees, their being proud of the organization for which they work and doing their duty willingly (Öztürk, 2019: 46). Morale is related to employees' love of each other and their jobs, their motivation and high morale (Tutar, 2010: 188). Performance definition is related to appreciating employees' attitudes, behaviours and achievements. Goal alignment is related to the clearness of the organization's goals and the contribution of the employees while determining the organizational objectives (Lyden & Klingele, 2000: 4; Ertaş & Töre, 2018: 88). Institutional reputation is related to the prestige of the organization. Ethics is related to the predominance of ethical conduct in the organization. Leadership is related to employees' finding their leaders friendly and accessible (Lyden & Klingele, 2000: 5). Development is related to providing training and developmental support to employees. Finally, resource utilization is about planning good resource utilization (Lyden & Klingele, 2000: 6; Öztürk, 2019: 46-47).

Miles (1969) mentioned that supporting individual's development, attaching importance to communication, strengthening the information flow, creating an organizational culture open to change and providing expert support are efficient in improving organizational health (Polatçı et al., 2008: 151).

### 2.3. Relationship between Spiritual Leadership and Organizational Health

It is obvious that, while performing their duties, leaders started to attach more importance to values that mean more specific and inherently more satisfactory values beyond financial gain over time (Fry, 2003: 702-703). Accordingly, the aim of spiritual leadership is to create a transformation towards a learning organization by creating certain values in line with a specific purpose, motivating employees, and providing employees' productivity and commitment to the organization (Fry et al., 2005: 837). Spiritual leaders believe in employees, care about them, and make them feel that their work is meaningful, do their best for the development of employees, and make sure that employees treat each other in the same way (Bozkuş & Gündüz, 2016: 407). In this case, the organizational health perceptions of employees who are intertwined with organizational characteristics such as net communication, managers' appreciation and support of their employees, ensuring employees' participation in the decision-making process, achieving organizational objectives altogether may increase in organizations where the characteristics of spiritual leadership are at the forefront (Türkan et al., 2018: 370).

In other words, leaders influence themselves and their employees positively on the vision of the organization and employee satisfaction by revealing their own spiritual side (Kurt, 2009: 23). This reflects positively on the employees and affects employees' perceptions related to organizational health, which is concerning with the organization's ability to redress the balance positively with its employees (Fadi et al., 2019: 6). As a consequence, employees can increase the achievement of the organization by working effectively and efficiently in a positive working environment (Türkan et al., 2018: 370).

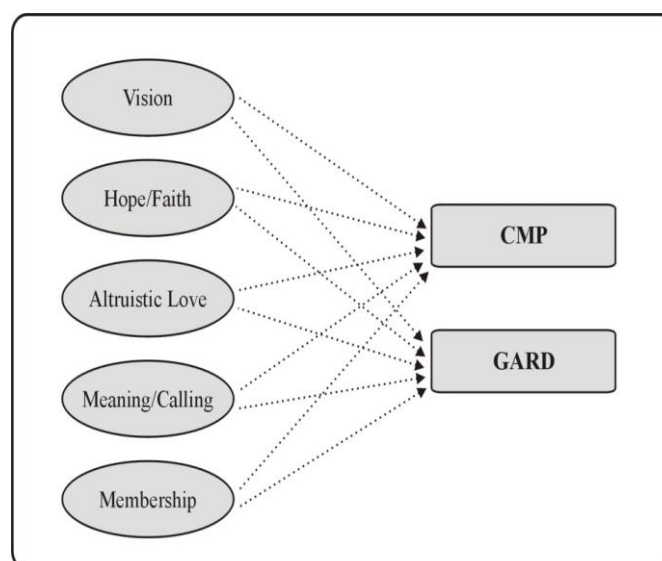
## 3. METHODOLOGY OF THE RESEARCH

### 3.1. Purpose and Scope of the Research

The purpose of this study is to evaluate the opinions of white-collar employees who work in metal industrial enterprises operating in Konya Organized Industrial Zone and who are not the senior level managers, about the variables of spiritual leadership and organizational health. In other words, the purpose of the study is to determine the effect of characteristics of spiritual leadership of managers on employees' perceptions of organizational health. In addition, because of the limited number of studies on spiritual leadership and organizational health variables for employees working in organization, it is aimed to provide contribution to the relevant literature. The important aspect of the study is that it is first made on the employees of industrial enterprise, one of the largest industrial organizations in Konya. In addition, as a result of the study, it was thought that the analysis data related to how managers develop characteristics of spiritual leadership and how they can achieve a positive perception of organizational health on their employees can be used for organizations, and as a result, important findings have been provided for organizations.

### 3.2. Research Model and Hypotheses

In the study, the Structural Equation Model was recommended in Figure 1 in order to determine the effect of the sub-dimensions of spiritual leadership on the sub-dimensions of organizational learning. In this context, the research model and hypotheses were determined. The conceptual model of the research is shown in Figure 1.



**Figure 1.** Conceptual Model of the Research

Accordingly, the hypotheses of the study are as follows:

H1: Vision has a significant and positive effect on the sub-dimensions of organizational health.

H2: Hope/faith has a significant and positive effect on the sub-dimensions of organizational health.

H3: Altruistic love has a significant and positive effect on the sub-dimensions of organizational health.

H4: Meaning/calling has a significant and positive effect on the sub-dimensions of organizational health.

H5: Membership has a significant and positive effect on the sub-dimensions of organizational health.

### 3.3. Population and Sample

Population of the study consists of approximately 400 white-collar employees who work in metal industrial enterprises operating in Konya Organized Industrial Zone and are not the senior level managers. Sample of the study consists of 187 employees randomly selected from the population. In this direction, 5% margin of error within the limits of 95% reliability has been taken into account for the sample and the number of employees surveyed meets this sample (Gürbüz & Şahin, 2015: 128).

### 3.4. Data Collection Tools

Face to face interview technique was used in the study. Three of the 200 questionnaires applied by purposive sampling method were not included in the analysis as they have missing data. 187 questionnaires were used in analysis. The first part of the questionnaire is related the frequency and percentage distributions consisting of 6 expressions. In the second part, the expressions of Fry et al. (2007) related to 21 questions about spiritual leadership were used. In the third part, it was used 20-question expressions about organizational health developed by Lyden and Klingen (2000), adapted by Doğan and Bozkurt (2008) for employees and standardized by Güllü (2018). In the study, the 5-point Likert scale and SPSS 18.0 and AMOS 18.0 package programs were used.

## 4. FINDINGS AND DISCUSSION

### 4.1. Demographic Findings

Frequency and percentage distributions of the participants are shown in Table 1.

Table 1: Demographical Findings of the Participants

DEMOGRAPHIC INF.	N	%	DEMOGRAPHIC INF.	N	%
<b>GENDER</b>			<b>MARITAL STATUS</b>		
Male	157	84.0	Married	106	56.7
Female	30	16.0	Single	81	43.3
<b>AGE</b>			<b>EDUCATIONAL STATUS</b>		
30 years old and below	45	24.0	High School	43	23.0
Between 31-35 years old	55	29.4	College	44	23.5
Between 36-40 years old	40	21.4	Bachelor	83	44.4
Between 41-45 years old	37	19.8	Master/Ph.D.	17	9.1
46 years old and above	10	5.4	<b>DEPARTMENT</b>		
<b>WORKING PERIOD IN ORG.</b>			Procurement	54	28.9
between 1-5 years	90	48.1	Production	80	42.8
between 6-10 years	46	24.6	Finance	22	11.7
between 11-15 years	39	20.9	Marketing and Sales	31	16.6
16 years and above	12	6.4			

According to the Table 1, 16% (30) of the participants were female and 84% (157) of them were male. 56.7% (106) of the participants were married and 43.3% (81) of them were single. According to distribution of the participant's age; most of the participants [29.4% (55)] were between 31-35 years old while at least of them [5.4% (10)] were 46 years old and above. Most of the participants [44.4% (83)] were bachelor graduates while at least of them [9.1% (17)] were master/Ph. D. graduates. Most of the participants [48.1% (90)] were work between 1-5 years, while at least of them [6.4% (12)] were work 16 years and above. In addition, most of the participants [42.8% (80)] work in production department while at least of them [11.7% (22)] work in finance departments.

#### 4.2. Validity and Reliability Analysis

Exploratory factor analyses were applied together with principal components analysis and varimax rotation method. In addition, the confirmatory factor analysis related to the variables was performed by using the maximum likelihood technique, and the goodness-of-fit values were examined to determine whether the factor structure was confirmed (Kline, 2016: 188). In this direction an expression (ME4) with a factor load less than 0.30 related to spiritual leadership was removed from the scale. In addition, three expressions about organizational health (communication 1, development, and resource utilization) were removed from the scale because they loaded on more than one factor and reduced general reliability. Validity and reliability analyses are shown in Table 2 and Figure 2 and Figure 3.

Table 2. The Validity and Reliability Analysis for Spiritual Leadership and Organizational Health

Scales	Factors	Item	Factor Loading	Eigenvalue	Cronbach's Alpha	Factor Explained (%)
Spiritual Leadership	Vision	V1	.801	2.552	.813	17.758
		V2	.718			
		V3	.729			
		V4	.483			
	Hope/Faith	HF1	.792	1.837	.746	14.184
		HF2	.712			
		HF3	.754			
		HF4	.637			
	Altruistic Love	AL1	.811	1.237	.817	11.186
		AL2	.713			
		AL3	.739			
		AL4	.695			
		AL5	.804			
	Meaning/Calling	MC1	.638	1.036	.768	10.179
		MC2	.792			
MC3		.855				
MC4		.649				
Membership	ME1	.750	1.952	.729	9.760	
	ME2	.747				
	ME3	.785				
Organizational Health	CMP	C2	.613	2.115	.713	42.148
		PI	.814			
		LC	.746			
		M1	.825			
		M2	.711			
		M3	.839			
		M4	.673			
		PR1	.728			
		PR2	.766			
	L2	.812				
	GARD	GA1	.744	2.527	.717	19.791
		GA2	.776			
		IR1	.819			
		IR2	.772			
EC1		.620				
EC2	.678					
L1	.774					
Spiritual Leadership (Ex. Tot. Var. = 63.067%; $p=0.000$ ; $\alpha=0.826$ ; KMO = 0.742 ; Bartlett's Sph. $\chi^2=1293.146$ )						
Organizational Health (Ex. Tot. Var. = 61.939%; $p=0.000$ ; $\alpha=0.732$ ; KMO = 0.833 ; Bartlett's Sph. $\chi^2=2856.814$ )						

As is seen in Table 2, factors related to spiritual leadership are grouped under five factors. This situation is the same as the result found in the study of Fry and his friends (2007). Accordingly, Fry and his friends (2007) evaluated spiritual leadership in their study on five main factors: vision, hope/faith, altruistic love,

meaning/calling and membership. However, in our study, membership 4 expression was eliminated because it was below 0.30 as a factor load, and other expressions were grouped under the same factors as in the study of Fry and his friends (2007). In addition, as seen in Table 2, factors related to organizational health are grouped under two factors. This situation is similar to the result found by Güllü (2018) in her study. Güllü (2018) grouped eleven sub-dimensions of organizational health under two main sub-dimensions in her study: CMP and GARD. In this direction communication, participation, loyalty and commitment, morale, performance definition and leadership 2 are grouped under CMP. Goal alignment, institutional reputation, ethics and leadership 1, development and resource utilization are grouped under GARD (Güllü, 2018: 217). However in our study, communication 1, development and resource utilization expressions were eliminated because they were loaded on a double factor and because the factor load was below 0.30, and other expressions were grouped under the same factors mentioned by Güllü (2018) in her study. After the eliminated factors, the factor loads of the spiritual leadership scale ranged from .483 to .855 and the factor loads of the organizational health scale ranged from .613 to .839. According to social sciences, factor loads of 0.30 and above are at a reasonable level (Büyüköztürk, 2011: 171).

KMO value for spiritual leadership is .742 and the Bartlett test is at ( $p = .000 < .05$ ) significance level, and the KMO value for organizational health is .833, and the Bartlett test at ( $p = .000 < .05$ ) significance level. In this case, KMO values are at acceptable values (Can, 2013: 277). Reliability coefficient of the spiritual leadership scale is 0.82 and the reliability coefficient of the organizational health scale is 0.73. Cronbach's alpha reliability coefficients exceeded the value (0.70) considered acceptable. In addition, the explanations of the factors and the total explained variances are at reasonable values (Can, 2013: 342).

In the other stage of the study, confirmatory factor analysis was used in order to reassess the validity of the factor structure revealed by exploratory factor analysis (Seçer, 2013: 62). Confirmatory factor analysis aims to examine to what extent a predetermined structure is verified by the collected data (Sümer, 2000: 53). In this direction, confirmatory factor analysis related to spiritual leadership is shown in Figure 2.

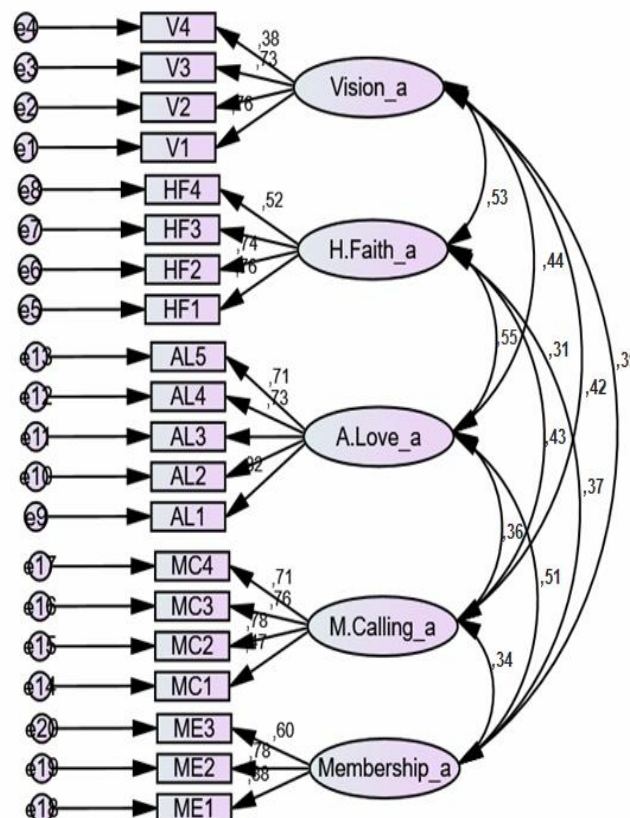
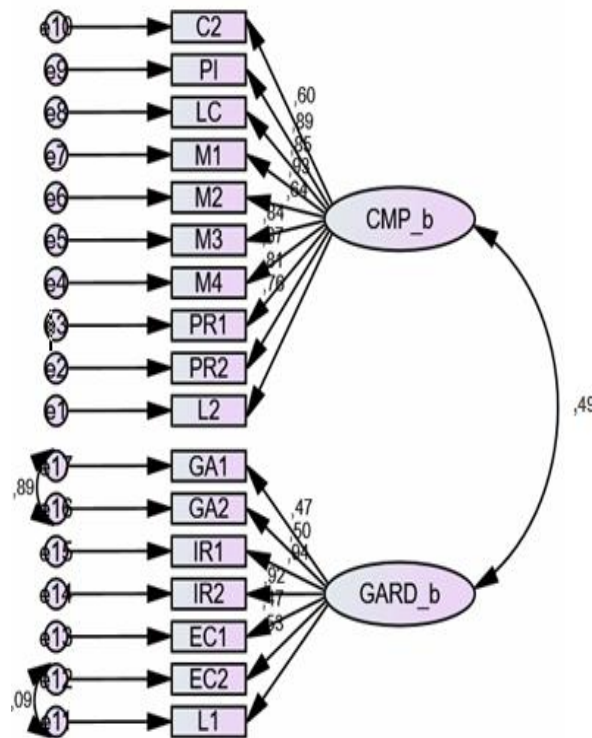


Figure 2. Confirmatory Factor Analysis for Spiritual Leadership

In Figure 2, the confirmatory factor analysis values for spiritual leadership are between 0.31, the lowest value, and 0.82, the highest value. In this direction, factor load values in the confirmatory factor analysis are at a reasonable level. Confirmatory factor analysis related to organizational health is also shown in Figure 3.



**Figure 3.** Confirmatory Factor Analysis for Organizational Health

In Figure 3 because they increase the chi-square value significantly and decrease the NFI value, two covariances between e16- e17 and e11- e12 were added to the model in compliance with the modification indices. Factor load values related to organizational health also vary between 0.47 and 0.89 in Figure 3. Accordingly, factor load values in factor analysis are at a reasonable level.

Several fit indices are utilized in order to determine whether the model foreseen in the structural equation model is verified in terms of the collected data (Wetson & Gore, 2006: 723; Byrne & Campbell, 1999: 558). Accordingly, analysis results related to spiritual leadership and organizational health regarding the fit of the model emerged after the linear factor analysis, as well as values with good fit and acceptable fit are shown in Table 3.

**Table 3.** Goodness-of-Fit Values for Spiritual Leadership and Organizational Health

Scales	$\Delta X^2/df$	GFI	CFI	NFI	RMSEA
<b>Spiritual Leadership</b>	2.812	.913	.922	.918	.069
<b>Organizational Health</b>	2.747	.935	.916	.902	.064
<b>Good Fit</b>	$0 \leq \Delta X^2/df \leq 2$	$0.95 \leq GFI \leq 1.00$	$0.95 \leq CFI \leq 1.00$	$0.90 \leq NFI \leq 1.00$	$0 \leq RMSEA \leq 0.05$
<b>Acceptable Fit</b>	$2 \leq \Delta X^2/df \leq 3$	$0.90 \leq GFI \leq 0.95$	$0.90 \leq CFI \leq 0.95$	$0.85 \leq NFI \leq 0.90$	$0.08 \leq RMSEA \leq 0.05$

Resource: Schermelleh-Engel et al., 2003; Şimşek, 2007

It was seen that the goodness-of-fit values according to Table 3 were at acceptable levels  $\Delta X^2/df$  (2.812) and RMSEA (.069) for spiritual leadership. Also, GFI (.913), CFI (.922), and NFI (.918) are values with acceptable values for spiritual leadership.  $\Delta X^2/df$  (2.747) and RMSEA (.064) are acceptable values for organizational health. In addition, GFI (.935), CFI (.916) and NFI (.902) are values with acceptable levels for organizational health. In this case, it was determined that the fit values of the scale were acceptable (Şimşek, 2007: 19; Sümer, 2000; 52).

#### 4.3. Descriptive Statistics and Correlation Analysis

In this part, descriptive statistics and correlation analysis were utilized in order to find the relationship between spiritual leadership and organizational health variables. Descriptive statistics and correlation analysis related to the variables are shown in Table 4.

Table 4. Descriptive Statistics and Correlation Analysis Table for Spiritual Leadership and Organizational Health

	Mean	Std. Dev.		1	2	3	4	5	6	7	8	9
1. Spiritual Leadership (G)	3.61	.672	r	1.000								
			p	.000								
2. Vision	3.39	.540	r	.442**	1.000							
			p	.000	.000							
3. Hope/ Faith	2.67	.443	r	.426**	.166	1.000						
			p	.000	.083	.000						
4. Altruistic Love	4.08	.542	r	.459**	.347**	.329*	1.000					
			p	.000	.000	.026	.000					
5. Meaning/Calling	3.46	.575	r	.435**	.357*	.155	.365**	1.000				
			p	.000	.030	.071	.000	.000				
6. Membership	2.95	.526	r	.248**	.398**	.226*	.470	.359**	1.000			
			p	.000	.000	.022	.000	.000	.000			
7. Organizational Health (G)	3.40	.584	r	.515**	.375**	.289**	.364**	.247*	.434**	1.000		
			p	.000	.000	.000	.000	.041	.000	.000		
8. CMP	3.43	.590	r	.459**	.326*	.528**	.619**	.179	.375*	.338*	1.000	
			p	.000	.040	.000	.000	.085	.027	.000	.000	
9. GARD	3.35	.576	r	.345**	.127	.584**	.557**	.523**	.352**	.410**	.447**	1.000
			p	.000	.062	.000	.000	.000	.000	.000	.000	.000

\*p < .05 and \*\*p < .01  
 Spiritual Leadership and its Sub-Dimensions (Min. Max.): Skewness= -.648 ; Kurtosis= .623  
 Org. Health and its Sub-Dimensions (Min. Max.): Skewness= -.467 ; Kurtosis= .726

According to Table 4, the mean and standard deviation of altruistic love (4.08 / 0.542) is the highest, while the mean and standard deviation of hope/faith (2.67 / 0.443) is the lowest. In addition, the skewness values of the variables are skewed to the left and their skewness values range between -.648 and -.467. Their kurtosis values vary between +, 623 and +, 726. According to Karaatlı (2006), it is acceptable for the skewness and kurtosis coefficients to get values between -2 and +2 (Karaatlı 2006: 6).

When we look at the expressions with high correlation values as a result of correlation analysis, there is a positively significant and high level relationship between spiritual leadership and organizational health ( $r = .515$ ;  $p = .000$ ), between hope/faith and CMP ( $r = .528$ ;  $p = .000$ ), between altruistic love and CMP ( $r = .619$ ;  $p = .000$ ), between hope/faith and GARD ( $r = .584$ ;  $p = .000$ ), between altruistic love and GARD ( $r = .557$ ;  $p = .000$ ) and finally between meaning/calling and GARD ( $r = .523$ ;  $p = .000$ ).

#### 4.4. Structural Equation Model related to the Effect of Variables on Each Other

Structural equation model discusses endogenous and exogenous variables as a whole and examines the fit of the model and the collected data (Leech et al., 2005: 60). In addition to this, structural equation model is a method that examines the relationships between observed and latent (unobserved) variables such as common factors and measurement errors. In addition, there are goodness-of-fit values used in the assessment of the fit of the model and statistical functions acquired by the said values (Leech et al., 2005: 60; İlhan & Çetin, 2014: 27).

In this part, goodness-of-fit values and analyses formed in the direction of hypotheses related to the structural equation model are examined. In this context, the goodness-of-fit values related to the structural equation model used to measure the effect of spiritual leadership sub-dimensions on organizational health sub-dimensions are included in Table 5.



Table 5. Goodness-of-Fit Values Regarding the Structural Equation Model

Fit Index	Good Fit	Acceptable Fit	Values
$\Delta X^2/df$	$0 \leq \Delta X^2/df \leq 2$	$2 \leq \Delta X^2/df \leq 3$	1.936
GFI	$0.95 \leq GFI \leq 1.00$	$0.90 \leq GFI \leq 0.95$	.914
CFI	$0.95 \leq CFI \leq 1.00$	$0.90 \leq CFI \leq 0.95$	.930
NFI	$0.90 \leq NFI \leq 1.00$	$0.85 \leq NFI \leq 0.90$	.927
RMSEA	$0 \leq RMSEA \leq 0.05$	$0.08 \leq RMSEA \leq 0.05$	.061

Resource: Schermelleh-Engel et al., 2003; Şimşek, 2007

Firstly, HF4 and MC1 expressions, respectively, were removed from the model in order to correct the values that did not fit enough in the goodness-of-fit values and because they increased the chi-square value too much. In this case, according to Table 5, it was found that  $\Delta X^2/df$  value (1.936) showed good fit and RMSEA (.061), GFI (.914), CFI (.930) and NFI (.927) values showed acceptable fit for the goodness-of-fit values of the structural equation model related variables. As a result, it was determined that the fit values of the scale were in the standard range and it was seen that the goodness-of-fit values were at an acceptable level to explain the data of the model (Şimşek, 2007: 19; Kline, 2016: 188). In this case, it was attempted to determine whether or not the hypotheses related the statistical significance of the regression coefficients regarding the effect of spiritual leadership sub-dimensions on organizational health sub-dimensions are correct. Structural equation model coefficients of the variables are shown in Table 6.

Table 6. Table of Structural Equation Model Coefficients

			Std. $\beta$	Std. Error	P	R <sup>2</sup>
CMP	<---	Vision	.331	.086	.003	.26
GARD	<---	Vision	.041	.057	.469	.22
CMP	<---	Hope/Faith	.248	.079	.020	.34
GARD	<---	Hope/Faith	.217	.066	.041	.29
CMP	<---	Altruistic Love	.169	.053	.158	.26
GARD	<---	Altruistic Love	.290	.061	.006	.32
CMP	<---	Meaning/Calling	.093	.088	.264	.46
GARD	<---	Meaning/Calling	.242	.065	.031	.48
CMP	<---	Membership	.285	.057	.007	.37
GARD	<---	Membership	.164	.084	.192	.15

According to Table 6, it was seen that vision ( $\beta = .331$ ,  $p = .003$ ) significantly and positively affected CMP at the  $p = 0.05$  level. It was also observed that the vision explains 26% of the CMP. It was observed that hope/faith ( $\beta = .248$ ,  $p = .020$ ) significantly and positively affected CMP at the  $p = 0.05$  level. It was also observed that hope/faith explained 34% of the CMP. In addition to this, it was observed that hope/faith ( $\beta = .217$ ,  $p = .041$ ) significantly and positively affected GARD at the  $p = 0.05$  level. It was also observed that hope/faith explained 29% of the GARD. It was observed that altruistic love ( $\beta = .290$ ,  $p = .006$ ) significantly and positively affected GARD at the  $p = 0.01$  level. It was also observed that altruistic love explained 32% of the GARD. It was observed that meaning/calling ( $\beta = .242$ ,  $p = .031$ ) significantly and positively affected GARD at the  $p = 0.05$  level. It was also observed that the meaning/calling explains 48% of the GARD. It was seen that membership ( $\beta = .285$ ,  $p = .007$ ) significantly and positively affected CMP at the  $p = 0.01$  level. It was also observed that membership explains 37% of the CMP. Thus, H1, H2, H3, H4 and H5 hypotheses were partially accepted.

In addition to these, the hypotheses developed in order to determine the effect of spiritual leadership sub-dimensions on organizational health sub-dimensions were examined through path analysis, due to the results of the structural equation model. Structural equation model results can be seen in Figure 4.

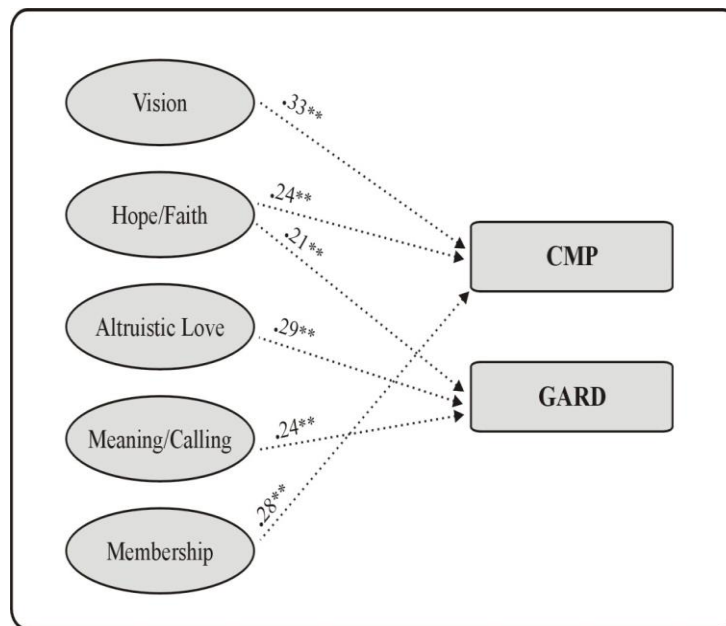


Figure 4. Results of Structural Equation Model for Spiritual Leadership and Organizational Health

According to the results of the structural equation model in Figure 4, it was seen that vision and hope/faith significantly and positively affect CMP at the  $p = 0.05$  level. It was also seen that hope/faith and meaning/calling significantly and positively affect GARD at the  $p = 0.05$  level. It has been observed that altruistic love significantly and positively affects the GARD at the  $p = 0.01$  level. Finally, it was observed that membership significantly and positively affects CMP at the  $p = 0.01$  level. In this case, the H1, H2, H3, H4 and H5 hypotheses were partially accepted.

## 5. EVALUATION AND CONCLUSION

Spiritual leadership focuses on organizational objectives for the maintenance of organization's development and aims to ensure the internal balance and emancipation of employees while pursuing these objectives (Meng, 2016: 411). Thus, a spiritually nourished employee can be more useful in achieving organizational objectives, and organizational satisfaction of the employee can increase in this direction. In this case, the employees' positive perceptions such as organizational health, including organizational participation and satisfaction, may increase (Lyden & Klingele 2000; Türkan et al., 2018: 370). Employees' perceptions of organizational health and consequently positive perspectives towards the organization may increase in organizations where managers exhibit a good spiritual leadership style, and as a result, employee may exert more effort for the organization, and in this case, the efficiency and achievement of the organization can also rise to higher levels (Fry et al., 2005: 837).

According to the results of the study, it was found that spiritual leadership has a partial effect on organizational health. It was found that vision, hope/faith and membership sub-dimensions have a positive effect on the CMP. This causes employees to adopt the vision of the organization, to have faith in their job and organization, to feel themselves as a member of the organization and think the predominance of a good communication within the organization, to believe that they participates in organizational decisions, to feel loyalty and commitment to the organization, to be highly motivated and to be appreciated within the organization. In addition to these, it was found that hope/faith, altruistic love and meaning/calling, which are sub-dimensions, have a positive effect on GARD. This may cause the employees to believe in their job and organization, to believe that their managers love them devotedly, to find their job meaningful and important, and to act for organizational purposes, to work for the image of the organization and to act in accordance with the rules.

There are very few studies about the effect of spiritual leadership on organizational health in organizations. Similar studies have been conducted mostly in the field of education. In this context, the studies conducted in recent years are as follows: In the study performed by Tazakori and Feizi (2017) with 181 participants working in the social security institution in Iran titled "Study of relationship between spiritual leadership and organizational health with mediating professional ethics", it was found that there is a positive relationship between the sub-dimensions of spiritual leadership and organizational health. In this case, the study is similar to the results of our study. However unlike our study, the effects of sub-dimensions of spiritual leadership

and sub-dimensions of organizational health on each other were examined. In the study performed by Behroozi and his friends (2017) with 380 school principals and teachers working in public and private schools in Iran titled "A survey of the relationship between the spiritual leadership and the organizational health in Bushehr's School Province. Iran's aspect", they found a positive relationship between sub-dimensions of spiritual leadership and organizational health. In this case, the study is similar to the results of our study. However, unlike our study, the effects of sub-dimensions of spiritual leadership and sub-dimensions of organizational health on each other were examined. In the study performed by Gocen and Terzi (2019), with 298 teachers in non-thesis programs at a university in Turkey titled "The causal effect of spiritual leadership on organizational health in educational organizations "They found that spiritual leadership has a significant effect on organizational health. In this case, the study is similar to the results of our study. However, unlike our study, the effects of sub-dimensions of spiritual leadership and sub-dimensions of organizational health on each other were examined.

This study contributes to the literature as it examines the relationships between spiritual leadership and organizational health variables. Another contributing aspect of the study is to perform it in the largest metal industrial enterprises of Konya. In the future, a study can be conducted for different sectors and variables can be examined comparatively. In addition, the first limitation of this study is that it is limited to white-collar employees who are not senior level managers in metal industrial organizations operating in Konya Organized Industrial Zone. In addition to this, not all employees could be included in the sample group because the managers of some organizations did not accept the questionnaire distribution. In this case, in order to reach a wider participant profile in future studies, the study can be repeated on all sector employees in the organized industrial zones in and outside Konya.

As a result of the study, it was attempted to determine employees' perceptions about organizational health and outcomes of these perceptions in the organization in cases where spiritual leadership came to the fore. In this context, the study provides important findings for the development of organizations. With the development of spiritual leadership understanding in organizations, employees look at the organization within the framework of a more positive understanding. In this case, the employee's positive perception of organizational health, which includes the ability to effectively fulfil the duties of the organization, can enable them to strive for the efficiency, productivity and achievement of the organization (Noori&Sabokro, 2016: 1897). This study can also be useful in terms of self-criticism by reviewing the attitudes and behaviours of spiritual leaders towards employees.

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