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# Spiritual Intelligence and Self-Efficacy among Operational Staff of Qazvin's Medical Centers: A Path Analysis

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***ABSTRACT***

**Background:** Self-efficacy and spiritual beliefs can be considered as strong motives for improving the quality of working. Due to the different job description and environment than other service sectors, medical centers need to pay attention to these factors. So, the present study is aimed at identifying the effect of spiritual intelligence components on self-efficacy among operational staff of Qazvin medical centers.

**Methods:** The present research is a descriptive-analytical and cross-sectional study conducted in 2019. About 238 people were selected by stratified sampling out of the medical centers staff in Qazvin, Iran. Spiritual intelligence was measured by King's questionnaire including four dimensions, and self-efficacy was measured by Sherer's questionnaires including three dimensions. Primary data analysis was done by Pearson's correlation test in $SPSS_{20}$ software, and path analysis was done by structural equation modeling in AMOS software with the significance level of 0.05.

**Results:** There was a significant direct relationship between all dimensions of self-efficacy and spiritual intelligence except persistence in the face of adversity and consciousness expansion (P-value < 0.01). All the relationships were significant in path analysis of the final model. Also, the fit indices including NFI = 0.901, RMSEA = 0.055, GFI = 0.923, and CFI = 0.913 suggest the good fitness of the final model.

**Conclusion:** The managers of the studied hospitals can promote self-efficacy in clinical staff and improve their performance and behavior in service provision by psychological enrichment of the staff and raising their spiritual intelligence.

**Keywords:** Spiritual intelligence, Self-efficacy, Medical centers, Path analysis

## Citation

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## Introduction

Over the recent decades, spiritual development has gotten a significant importance in human life due to the increased problems of mechanical life and the changes in postmodern life patters; whereas, all over the world and even in developed countries, it has been accepted that developed technology and knowledge alone cannot be effective in personal development and achieving efficient human resources (1). In this regards, spiritual intelligence is considered as one of the new concepts of intelligence which implies the adaptation of cognitive, emotional, and ethical aspects which is accompanied by all the aspects of individual life including health and illness; it affects some aspects of the person's life including the impression of oneself, others, and the surrounding world (2). There is a direct relationship between different dimensions of physical, mental, and social health; and people with high perceived spirituality have a higher quality of life (3). In fact, spiritual intelligence is a set of abilities to employ spiritual values and attributes for promotion of action and wellbeing in daily life that includes seven dimensions of consciousness, grace, meaning, transcendence, truth, peaceful surrender, and inner directedness (4). On the other hand, self-efficacy is an important component of human merit constituting system. Performance of tasks by different people with similar skills under different situations in poor, medium, or strong manners or by a same person under different conditions depends on the changes in their efficacy beliefs. Skills can be easily affected by self-doubting; as a result, even the most talented people will use lower levels of their abilities when they have poor beliefs about themselves. Therefore, perceived self-efficacy is an important factor in successful performance and fundamental skills required for that (5). Furthermore, people with high self-efficacy believe that they can have an effective persistence in their performance in the face of different incidents and they usually have a higher performance (6). There is a strong relationship between spirituality and self-efficacy; so that, self-efficacy and spiritual beliefs can be considered as strong motives for improvement of quality of life. Nowadays, the results of most studies suggest the role of spiritual intelligence and spirituality in health-related psychological issues including happiness, quality of life, psychological health, and self-efficacy beliefs (7). The examples include the studies performed in Zahedan medical centers (8), investigation of nurses in Malaysia hospitals (9), China medical centers (10), and investigation of clinical staff in Mashhad (11); each of the studies suggest relationships between different dimensions of these two concepts especially in healthcare sector. According to the research literature, spiritual intelligence can be considered as the individuals' ultimate existential intelligence that will create a positive attitude in people. Since self-efficacy is about the people's beliefs about their abilities and skills, it can be stated that development of spiritual intelligence enables people to have a positive self-attitude by employing their skills in performance of their tasks due to their spiritual intelligence and so, achieve self-efficacy. Regarding the importance of studying these components and lack of research on hospital services in Qazvin, the present research is aimed at investigating the relationship between spiritual intelligence and self-efficacy among the staff of medical education centers of Qazvin University of Medical Sciences. The results of this study can determine the effective components of spiritual intelligence on self-efficacy in hospitals and propose solutions for efficiency of human resources performance and improvement of their self-efficacy.

## Materials and Methods

In terms of purpose, this research is a descriptive-analytical study conducted in Qazvin medical education centers in 2019.

### Participation

The research was conducted in medical education centers of Qazvin University of Medical Sciences. The four medical centers of Ghods, Velayat, ShahidRajaei, and BualiSina were



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selected for this study. The samples were selected by stratified random sampling out of different groups of the staff of the mentioned centers (Para clinical, support, administrative, and financial staff). Then, the samples were selected out of each class based on a specific ratio. Since the variance of the mentioned population is not specified, the population was determined as 2200 people based on Morgan table. 327 people were required as the samples out of whom, 238 people answered the questionnaires. The inclusion criteria included willingness, satisfaction, and ability to participate. In the case of exclusion of samples, an alternative individual would be selected.

**Measurement tools**

**King spiritual intelligence questionnaire**

Spiritual intelligence was evaluated by King's questionnaire which measures four dimensions (critical thinking, personal meaning production, transcendental consciousness, and consciousness expansion). This questionnaire includes 24 questions answered based on a five-point Likert scale. The choices include "It is not true about me at all", "It is not so true about me", "It is somehow true about me", "It is almost true about me", and "It is quite true about me". In the research performed by Raghib et al. (12), content and face validity of this scale were approved by the experts and its reliability was obtained as 0.88 based on Cronbach's alpha coefficient.

**Sherer's self-efficacy questionnaire**

Self-efficacy was evaluated by Sherer's questionnaire. This scale measures three aspects of behavior including willingness to initiate behavior, willingness to expand the effort in completing the behavior, and persistence in the face of adversity. This questionnaire includes 17 questions answered based on five-point Likert scale. The choices range from "quite disagree" to "quite agree". The minimum score is 17 and the maximum score is 85. Higher scores present a higher feeling of self-efficacy. In the study performed by Cashman and Woodruff (13), reliability and validity of this scale have been approved and its internal consistency has been reported as 0.83.

**Data collection and analysis**

After getting permission from the research deputy and receiving an ethics code, the researcher went to the studied medical center, explained the research goals and the structure of questionnaire for the samples, and then the subjects filled the questionnaires with informed consent. Data analysis was done by descriptive statistics including mean and standard deviation in $SPSS_{20}$ and at the significance level of 0.05. Furthermore, structural equation modeling was used for investigating the causal relationships between the variables and developing the final model. This technique includes the following five stages: model specification (developing the primary model), model estimation (data collection and developing the variables matrix), model testing (overall investigation of the model fitness, its testability, and checking the necessity of modification), model modification, and model identification. The mentioned stages were done in AMOS software at the significance level of 0.05.

The present study was approved by ethical committee of Qazvin University of Medical Sciences (ethics code: IR.QUMS.REC.1397.239). Also, after selecting the eligible participants, the researcher was introduced to them and the objectives of the study were elaborated for the participants. The informed written consent was obtained from the subjects and they were assured that their information will remain confidential.

## Results

In this research, the participants population includes 91 men (38.2 %) and 147 women (61.8 %). 57 people were single (23.9 %) and 181 people (76.1 %) were married. Most people (38.7 %) were in the age range of 26-30 years and most of them had a working background of 11-15 years (Table 1).

The average scores of spiritual intelligence and self-efficacy of the staff were respectively obtained as $57.48 \pm 14.30$ and $63.90 \pm 9.53$. Among the components of self-efficacy, persistence in the face of adversity got the highest mean ($29.65 \pm 5.80$) and willingness to initiate behavior got the least



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mean (15.30 ± 2.35). Among the components of spiritual intelligence, critical thinking got the highest mean (17.19 ± 5.34) and expanded consciousness got the least mean (10.09 ± 3.89). There was a significant direct relationship between self-efficacy and spiritual intelligence among the staff (P-value < 0.01). The strongest correlation was between self-efficacy and spiritual intelligence, and the weakest relationship was observed between self-efficacy and expanded consciousness (P-value < 0.01). Except the relationship between persistence in the face of adventures and expanded consciousness, there was a significant direct relationship between all dimensions of self-efficacy and all dimensions of spiritual intelligence among the staff (P-value < 0.01). The values of correlation between the studied variables, their mean, and their components are presented in Table 2 in detail. Figure 2 presents the standard estimate coefficients of structural equation modeling. According to the figure, all the paths are at a significant level. However, regarding the values of fit indices presented in Table 3, x2 / df, GFI, RMSEA, CFI, and NFI are in the defined range. So, it was concluded that the obtained model has a good fitness. In this model, the obtained values are as the following: x2 = 1337.904, df = 774, x2/df = 1.729, NFI = 0.901, RMSEA = 0.055, GFI = 0.923, and CFI = 0.913.

In regression analysis, spiritual intelligence affected self-efficacy. There was a significant positive relationship between spiritual intelligence and each of its components and also between self-efficacy and each of its components (Table 4). Figure 1 presents the relationship between the components of structural equation modeling. Spiritual intelligence can directly affect self-efficacy (P-value < 0.001 and β = 0.442). Also, there was a direct relationship between spiritual intelligence and personal meaning (P-value < 0.001 and β = 0.842), transcendence (P-value < 0.001 and β = 1.000), and consciousness (P-value < 0.001 and β = 0.752). There is a direct relationship between self-efficacy and willingness (P-value < 0.001 and β = 1.000) and persistence (P-value < 0.001 and β = 0.958). The following table presents the standard and non-standard coefficients of the final model and the significance of the relationship between spiritual intelligence and self-efficacy based on structural equation modeling. Table 4 presents a significant relationship between spiritual intelligence and self-efficacy. Also, it explains the components of spiritual intelligence and the components of self-efficacy.

**Table 1.**Demographic properties of participants

| Variable | Group | N (%) | Variable | Group | N (%) |
|---|---|---|---|---|---|
| Sex | Male | 91(38.2) | Age | < 25 | 17(7.1) |
| | Female | 147(61.8) | | 26-30 | 92(38.7) |
| Work experience | < 5 | 47(19.7) | | 31-35 | 83(34.9) |
| | 6-10 | 52(21.8) | | > 35 | 46(19.3) |
| | 11-15 | 62(26.1) | Hospital name | Kosar | 40(16.8) |
| | 16-20 | 16(6.7) | | Rajaei | 75(31.5) |
| | > 20 | 61(25.6) | | Ghods | 70(29.4) |
| Education | < MSc | 57(23.9) | Organizational position | Velayat | 53(22.3) |
| | MSc | 125(52.5) | | MD | 9(3.8) |
| | BSc | 46(19.3) | | Nurse | 83(34.9) |
| | Phd, MD | 10(4.2) | | administrative and financial | 107(45.0) |
| Marital status | Single | 57(23.9) | | Para Clinic | 39(16.4) |
| | Marride | 181(76.1) | | | |



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**Table2.**Values of Dimensions correlation coefficient

| | Mean | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Spiritual intelligence | 57.48 | 14.30 | 1 | | | | | | | | |
| 2. Critical thinking | 17.19 | 5.34 | .814** | 1 | | | | | | | |
| 3. Personal meaning | 13.25 | 4.36 | .712** | .414** | 1 | | | | | | |
| 4. Transcendental | 16.95 | 5.00 | .805** | .517** | .445** | 1 | | | | | |
| 5. Consciousness | 10.09 | 3.89 | .727** | .491** | .357** | .466** | 1 | | | | |
| 6. Self-efficacy | 63.90 | 9.53 | .388** | .261** | .385** | .336** | .203** | 1 | | | |
| 7. Initiate | 15.30 | 2.35 | .359** | .226** | .396** | .304** | .176** | .841** | 1 | | |
| 8. Willingness | 18.95 | 2.83 | .370** | .255** | .303** | .287** | .302** | .769** | .627** | 1 | |
| 9. Persistence | 29.65 | 5.80 | .311** | .213** | .325** | .290** | .115 | .929** | .673** | .522** | 1 |

** Correlation is significant at the 0.01 level (2-tailed).

**Table 3.**Comparison of fitness indices in proposed model

| Index | Limit | Proposed Model |
|---|---|---|
| $\chi 2/df$ | < 3 | 1.729 |
| GFI | > 0.9 | 0.915 |
| RMSEA | < 0.8 | 0.055 |
| CFI | > 0.9 | 0.913 |
| NFI | > 0.9 | 0.901 |

**Table 4.** Regression weights in the parameters of the structural equation model in the final model

| | Path | Standardized Estimate | Nonstandardized Estimate | SE | T | P |
|---|---|---|---|---|---|---|
| Spiritual Intelligence→ | Self-Efficacy | .442 | .219 | .065 | 3.359 | *** |
| Spiritual Intelligence→ | Critical thinking | .797 | 1.000 | | | |
| Spiritual Intelligence→ | Personal meaning | .842 | 1.381 | .287 | 4.812 | *** |
| Spiritual Intelligence→ | Transcendental | 1.000 | 1.263 | .213 | 5.927 | *** |
| Spiritual Intelligence→ | Consciousness | .752 | 1.170 | .214 | 5.477 | *** |
| Self-Efficacy→ | Initiate | 1.000 | 1.000 | | | |
| Self-Efficacy→ | Willingness | 1.000 | 1.567 | .409 | 3.826 | *** |
| Self-Efficacy→ | Persistence | .958 | 2.447 | .572 | 4.276 | *** |

*** Correlation is significant at the 0.001 level (2-tailed).

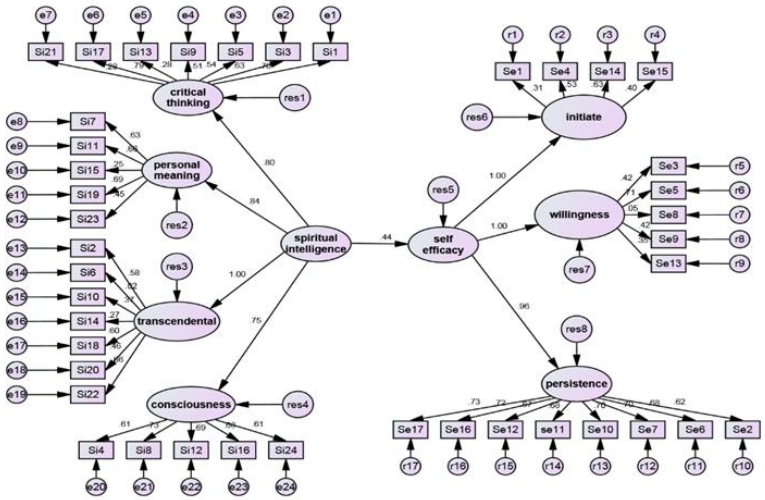


**Figure 1.**The paths between the components in the final model



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## Discussion

This study was aimed at explaining the relationship between self-efficacy and spiritual intelligence among the staff of medical centers of Qazvin University of Medical Sciences. The researchers answered the research questions by using structural equation modeling. The results of this study suggest an above-average score of self-efficacy and a below-average score of spiritual intelligence among the staff. It means that the staff members have evaluated their self-efficacy above average and their spiritual intelligence below average. There was a significant direct relationship between self-efficacy and spiritual intelligence and its dimensions among the staff. The strongest relationship was observed between self-efficacy and spiritual intelligence, and the weakest relationship was observed between self-efficacy and expanded consciousness. Except the relationship between persistence in the face of adversity and expanded consciousness, there was a significant direct relationship between all dimensions of self-efficacy and all dimensions of spiritual intelligence among the staff. Self-efficacy is defined as the person's belief about his/her ability of practical work (14). Poorgholami et al concluded that there is a negative relationship between self-efficacy and procrastination, and perfectionism and self-efficacy totally explain 37 % of the variance of procrastination (15). In another study, it wasconcluded that self-efficacy is a significant predictor of burnout among the staff (16). In another study, the researchers showed that there is a significant direct relationship between self-efficacy and social health among nurses; they concluded that the nurses' social health can be promoted by self-efficacy education and interventions (17). The results of our study suggest that self-efficacy among the staff of medical education centers of Qazvin University of Medical Sciences has been reported above average in the research period; i.e. there is a favorable situation in terms of their willingness to initiate behavior, willingness to expand the effort in completing the behavior, and persistence in the face of adversity. This high score of self-efficacy can be a strength point for improvement of productivity and other indicators of hospital service. Few studies have investigated self-efficacy in clinical and medical environments in the country. Almost most of these studies have reported a medium level of self-efficacy among medical and clinical staff. For example, a study conducted in Besat Hospital of Sanandaj suggests a below-average self-efficacy among the nurses and midwives (18). Another study suggested a medium level of self-efficacy among the staff of educational hospitals of Tabriz (19). In another study conducted among the female employees of Sabzevar University of Medical Sciences, researchers reported an above-average self-efficacy among the staff after the intervention (20). In a cross-sectional study, researchers reported a medium level of management self-efficacy among charge nurses of educational hospitals in Arak (16). Park et al reported a high level of self-efficacy among Korean nurses (21). The differences observed between the employees' self-efficacy can be due to different environments of studies, different subjects, and different tools and methods. Therefore, it is not rational to compare the results of these studies with the findings of the present research. However, this comparison suggests that there is a better situation of self-efficacy among the staff of the hospitals of Qazvin University of Medical Sciences than other employees studied in the mentioned research works. A lot of studies have investigated spiritual intelligence in treatment-clinical environments in Iran. The study performed by Safarabadi et al. (22), reported a below-average spiritual intelligence among the emergency staff of Arak. In contrary to the results of our study, other studies (23-26) reported a medium and above-average spiritual intelligence among the hospital staff. Spiritual intelligence is a set of mental abilities which help to consciousness, cohesion, and adaptation by human spiritual aspects. This intelligence helps people to adapt their spiritual information to their problem solving goals and achieving individual and organizational goals (27). One of the reasons for the difference between the results of the present research and the reviewed



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works is that people's spiritual intelligence can be affected by their personality, knowledge, beliefs, and other factors (28). So, people working in different hospitals can have different levels of spiritual intelligence. The spiritual intelligence levels among the hospital staff can affect their innovation, creativity, and performance (27); because employees with higher spiritual intelligence have a more critical thinking about the environment and they have gotten a true and purposive understanding of life. Also, spiritual intelligence among the staff can affect their organizational commitment (25).

The other finding of the present study is a significant direct relationship between the employees' spiritual intelligence and their self-efficacy in medical education centers of Qazvin University of medical Sciences. This direct relationship suggests that these two variables are directly affected by each other. In other words, increase or decrease of one of them leads to increase or decrease of the other. Few studies have investigated the relationship between these two psychological concepts in the country and no study has been conducted in treatment centers. Mesalnoori conducted a study among the students of Islamic Azad University and found a significant positive relationship between these two variables; this finding is consistent with the results of our study (29). People with higher self-efficacy choose more challenging goals, adopt more useful strategies, and so, they have a better performance in their job (30). So, self-efficacy can be manifested among other variables of the employees' organizational behavior such as their job performance quality, mental health, and job stress (22, 31). Our findings in the studied hospitals suggest that the employees' self-efficacy can be directly affected by their spiritual intelligence. This positive effect can be manifested in their service provision behavior. To approve this fact, Kaur et al conducted a study among the nurses of seven public hospitals in Malaysia and they concluded that spiritual intelligence plays an important role in their service provision behavior (32). Also, the employees' spiritual intelligence can affect their self-efficacy by influencing their job satisfaction. In a study in Slovenia, a positive relationship was reported between the employees' spiritual intelligence and their job satisfaction (33). Park et al showed that there is a significant positive relationship between job satisfaction among Korean nurses and their self-efficacy (21). So, it can be stated that there might be a relationship between the nurses' spiritual intelligence and their self-efficacy. However, the causality of this relationship cannot be discussed. Nevertheless, our study suggests that this causality is from spiritual intelligence toward employees' self-efficacy.

## Conclusion

According to the findings of our study, the employees' got an above-average score of self-efficacy and a below-average score of spiritual intelligence; it means that the staff members have evaluated their self-efficacy above average and their spiritual intelligence below average. There was a significant direct relationship between self-efficacy and spiritual intelligence and its dimensions among the staff. Few domestic and foreign studies have investigated the relationship between spiritual intelligence and self-efficacy among the clinical staff. It makes it difficult to compare the results of this study with other studies. However, it is suggested to hospital managers to promote self-efficacy among the clinical human force and improve their performance and service provision behavior by psychological enrichment of the employees and raising their spiritual intelligence. The managers of the studied hospitals can encourage critical thinking in the staff by holding training workshops. Also, they can promote self-efficacy in the staff by leading the organizational atmosphere towards creativity and failure tolerance. By attending the training courses and workshops, employees can acquire skills such as targeting and job stress management. This research was faced with two constraints. First, this study has investigated only the hospital staff of Qazvin University of Medical Sciences. So, the results cannot be generalized to other hospitals. Second, the used data have been cross-sectional.



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So, dynamism of the studied variables has not been considered. Since the relationship between the two studied variables can be discussed further, it is suggested to researchers to provide stronger evidences of the relationship between these two variables by reviewing the texts.

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## Conflict of interests

Authors declared no conflict of interests.

## Author's contributions

Khosravizadeh O designed research; Ahadinezhad M and Rafiei Sh conducted research; Shahsavari S analyzed data; Ansari F and Taheri R Collected data. All authors read and approved the final manuscript.

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