Research Article

Linking Spiritual Leadership to Employee Mental Health: The Mediating Role of Transformational Leadership

Yusuf Taha Okan[1]
Harran University

[1] Dr. Instructor, Social Sciences Vocational School, Harran University, Sanlıurfa, Türkiye. E-mail: ytokan@harran.edu.tr

Corresponding author:
Yusuf Taha Okan
E-mail: ytokan@harran.edu.tr

Abstract

The present study examines the mediating role of transformational leadership in the relationship between spiritual leadership and employee mental health outcomes – namely depression, anxiety, and stress – among public sector employees in Turkey. A total of 512 participants (56.3% female, 43.8% male) working in various public institutions voluntarily participated in the study. The mean age of the participants was 32.18 years (SD = 8.74), with the majority (55.9%) aged between 20 and 29 years. The data were collected using the Spiritual Leadership Scale, the Transformational Leadership Scale, and the Depression, Anxiety, and Stress Scale (DASS-21). The structural equation model was tested using a bootstrap analysis with 5,000 resamples. The findings indicated that transformational leadership had a substantial mediating effect on the association between spiritual leadership and overall psychological distress (DASS-21 total), as well as its constituent components: anxiety, stress, and depression. All indirect effects proved to be significant, with confidence intervals excluding zero, thus confirming the presence of partial mediation. The model demonstrated an adequate fit to the data (CMIN/DF = 2.038, CFI = .996, TLI = .991, RMSEA = .045). The findings of this study underscore the significance of cultivating spiritual and transformational leadership practices to foster employee well-being within the context of the public sector.

Keywords:
Spiritual leadership • transformational leadership • depression • anxiety • stress • public employees • Turkey • structural equation modeling • mediation

Introduction

In the modern business world, leadership is not only a management tool but also a moral responsibility that profoundly affects the psychological and emotional well-being of employees. Ethical leadership goes beyond improving organisational performance — it involves a commitment to human flourishing in the workplace (Brown & Treviño, 2006; Ciulla, 2004). Leadership styles such as spiritual and transformational leadership are consistent with this ethical imperative because they prioritise values such as meaning, purpose, vision and personal growth (Bass & Avolio, 1994; Fry, 2003). These approaches serve not only to motivate employees, but also to support their psychological resilience in the face of workplace stressors. In particular, spiritual leadership emphasises the development of intrinsic motivation by fostering a deep sense of meaning and connectedness in employees (Fry, 2003). It has been associated with a reduction in negative psychological symptoms such as stress, depression and anxiety by helping individuals cultivate spiritual well-being and inner meaning (Avey et al., 2008; Reave, 2005). Similarly, transformational leadership is a visionary and supportive leadership style that promotes personal development and emotional security, which can lead to reduced levels of psychological distress among employees (Bass & Avolio, 1994; Kelloway et al., 2012; Yukl, 2018). Research shows that transformational leaders increase job satisfaction and help employees cope with depression and anxiety through empowerment and inspiration (Avolio et al., 2009; Skakon et al., 2010).

While considerable research has examined the managerial and psychological benefits of these leadership styles, their ethical dimensions - especially in non-Western, collectivist societies - remain underexplored. In Turkey, where cultural values may uniquely shape leadership dynamics and employee mental health, this gap is particularly noteworthy (Pasa, 2000). Therefore, this study aims to investigate the ethical and psychological effects of spiritual and transformational leadership on employees' levels of depression, stress and anxiety in Turkish organisations. Using structural equation modelling (SEM), the study explores both direct and indirect pathways through which ethical leadership practices affect employee well-being, providing a culturally grounded contribution to the business ethics literature. Despite the extensive examination of ethical leadership models in Western literature, their impact on mental health in collectivist, non-Western settings remains under-explored. In view of the mounting evidence of employees' emotional distress within high-pressure organisational environments, there is an urgent need to investigate leadership strategies that foster psychological resilience. The present study aims to address this lacuna by exploring the influence of spiritual and transformational leadership styles on depression, anxiety and stress in Turkish public institutions.

Theoretical Background

The Relationship Between Spiritual Leadership and Psychological Health of Employees

Spiritual leadership has emerged as a leadership paradigm that integrates ethical responsibility with psychological and organisational outcomes. Rooted in the broader discourse of workplace spirituality and ethics, spiritual leadership emphasises meaning, purpose and intrinsic motivation as fundamental elements of employee well-being (Fry, 2003). From this perspective, leadership is not only a function of influence or direction, but also a moral engagement with the human condition in the workplace. Fry's (2003) theory of spiritual leadership proposes that when leaders foster a shared sense of purpose and transcendent meaning, they not only enhance organisational commitment but also the psychological health of employees. Empirical studies have consistently shown that spiritual leadership contributes to a reduction in negative psychological symptoms such as stress, depression and anxiety (Avey et al., 2008; Reave, 2005). By strengthening employees' psychological capital - which includes hope, resilience and optimism - spiritual leadership enhances coping mechanisms in the face of organisational challenges (Avey et al., 2008). In this way, the leadership process becomes an ethical practice that safeguards mental health while promoting human flourishing.

Spiritual leadership also acts as an intrinsic source of motivation by helping employees derive deeper meaning from their work roles (Fry & Slocum, 2008; Weinberg & Locander, 2014). This motivational quality is consistent with virtue ethics, where the pursuit of meaningful and morally grounded work is integral to achieving eudaimonia, or a fulfilled life (Ciulla, 2004). Employees who perceive their work as meaningful are more likely to report higher job satisfaction, organisational commitment and emotional balance (Van der Walt, 2018; Saks, 2011). Reave (2005); Duchon and Plowman (2005) argue that spiritual values and practices contribute significantly to leadership effectiveness by creating an ethical climate in which psychological well-being can flourish.

In addition, spiritual leadership has both direct and indirect effects on psychological outcomes. Fry and Cohen (2009) highlight that this style of leadership is particularly effective in alleviating the emotional exhaustion associated with high demand work cultures, providing a transformational framework for both organisational development and ethical responsibility. By cultivating spiritual resilience and personal growth, spiritual leadership enables employees to regulate emotional distress and maintain psychological equilibrium in high-pressure environments. In sum, spiritual leadership can be conceptualised as a form of ethical leadership that goes beyond performance metrics to encompass a moral concern for the well-being of employees. Its emphasis on meaning, connection and resilience not only supports individual psychological

health, but also reflects an ethical commitment to human dignity in organisational life (Fry, 2003; Fry & Cohen, 2009; Reave, 2005).

Relationship between Transformational Leadership and Psychological Well-Being

Transformational leadership, as theorised by Bass and Avolio (1994), signifies a values-based approach to leadership that emphasises ethical responsibility, personal development, and psychological empowerment. This leadership style aims to inspire and intellectually stimulate followers, thereby creating a work environment where employees feel valued, supported, and intrinsically motivated. This ethical engagement is particularly relevant in the context of workplace well-being, as transformational leaders do not merely pursue organisational outcomes but also foster human flourishing through vision, trust, and individualised consideration (Avolio et al., 2009).

A substantial body of literature supports the view that transformational leadership is positively associated with employees' psychological well-being and their ability to cope with negative emotional states such as stress, depression, and anxiety (Kelloway et al., 2012; Skakon et al., 2010). By articulating an inspiring vision and modelling optimism and resilience, transformational leaders facilitate employees' management of uncertainties and emotional challenges in the workplace (Kloutsiniotis et al., 2022). The implementation of these leadership practices fosters the establishment of a psychologically safe environment, thereby engendering a decline in stress levels and an enhancement in emotional stability among employees, which in turn contributes to the enhancement of their overall mental health.

Transformational leadership has been demonstrated to play a pivotal role in enhancing intrinsic motivation and job satisfaction, both of which are critical psychological resources (Avolio et al., 2009). Through the provision of individualised support and recognition, leaders can affirm the inherent worth of employees, thereby increasing their sense of meaning, commitment, and emotional engagement with their work. This, in turn, has been demonstrated to engender positive organisational outcomes (Avolio et al., 2009; Brown & Treviño, 2006; Ciulla, 2004). Furthermore, transformational leadership is consistent with ethical leadership principles, such as respect for persons and care for the emotional well-being of others (Brown & Treviño, 2006; Ciulla, 2004).

Research by Kelloway et al. (2012) demonstrates that transformational leaders contribute to the creation of psychologically healthy workplaces by offering emotional reassurance and fostering trust-based relationships. In a similar vein, Avolio et al. (2009) found that such leaders enhance employees' emotional commitment, helping them to regulate depressive and anxious responses. These findings suggest that transformational leadership can be conceptualised as a form of ethical leadership in

action, where empowering and supportive leader behaviours promote not only task success but also ethical concern for employees' emotional lives.

In this sense, transformational leadership can be said to extend beyond the scope of managerial efficiency; rather, it constitutes a moral endeavour rooted in relational ethics, thereby promoting well-being as an organisational value. In uncertain and high-pressure environments, the ethical role of transformational leaders in preserving psychological integrity becomes increasingly salient. Consequently, transformational leadership can be regarded as a critical nexus between effective organisational functioning and the ethical imperative to protect human dignity in the workplace.

The Relationships between Stress, Depression and Anxiety and the Indirect Effects of Leadership Models

The interrelationship between stress, depression, and anxiety in the workplace is a critical factor affecting employees' overall psychological health. Chronic exposure to occupational stress has been demonstrated to not only compromise performance but also to elevate the risk of more severe psychological conditions, including depression and anxiety (Lazarus & Folkman, 1984; Okan, 2024; Okan & Şahin, 2024; Palmer & Cooper, 2021; Selye, 1976). These psychological outcomes are not solely the result of individual vulnerability or job demands; rather, they are significantly shaped by organisational climate and leadership practices (Okan & Şahin, 2024).

Ethically grounded leadership styles, such as spiritual and transformational leadership, have been demonstrated to mitigate these adverse psychological states by enhancing employees' coping mechanisms and sense of meaning. Spiritual leadership, by fostering intrinsic motivation and a shared sense of purpose, has been shown to buffer the negative effects of workplace stress and promote emotional resilience (Fry, 2003; Reave, 2005). Conversely, transformational leadership, with its focus on vision, support, and individualised consideration, has been demonstrated to indirectly reduce symptoms of depression and anxiety by engendering a psychologically safe and empowering environment (Avolio et al., 2009; Bass & Avolio, 1994; Kelloway et al., 2012).

It is imperative to comprehend the indirect repercussions of leadership on psychological outcomes in order to formulate ethically responsible organisational strategies. As Kelloway et al. (2012) have observed, transformational leadership has the capacity to alleviate psychological distress by reinforcing trust and emotional security. Conversely, spiritual leadership has been shown to enhance mental well-being by fortifying employees' spiritual resources, which function as intrinsic buffers against emotional exhaustion (Chen et al., 2019; Saleem et al., 2023).

These findings imply that leadership models have the capacity not only to influence job performance but also to function as moral mechanisms for safeguarding employee mental

health. This study builds on previous work to explore how leadership styles affect mental health outcomes in organisational settings. Utilising structural equation modelling (SEM), the present study explores these relationships within the cultural and organisational context of Turkey, thereby contributing to a more comprehensive understanding of ethical leadership and psychological well-being in non-Western settings.

Method

Research Model

Structural equation modelling (SEM) used in this study is a powerful statistical method for examining multivariate and complex relationships. SEM provides a comprehensive perspective on research questions by modelling causal relationships between observed and latent variables, especially in the fields of psychology, business, education and social sciences. The model allows multiple dependent and independent variables to be analysed simultaneously and enables a holistic evaluation of the theoretical framework of the research (Kline, 2016). The most important advantage of SEM is that it can test the theoretical structure of the research and the relationships between latent variables by using confirmatory factor analysis (CFA) and multiple regression together. This allows the researcher to assess the overall fit of the model and the validity of the relationships (Byrne, 2016). In this research examining the effects of spiritual and transformational leadership on depression, stress and anxiety in organisations in Turkey, the use of SEM is particularly important. SEM offers the possibility to analyse both the direct and indirect effects of spiritual leadership on employee mental health outcomes (depression, anxiety, and stress), mediated by transformational leadership. At the same time, SEM analyses the effects of variables on each other in more depth by modelling the relationships between observed and latent variables (Hoyle, 2012). In this study, SEM was used to examine the effects of leadership types on mental health in a multidimensional way and to reveal both direct and indirect effects. In order to test the validity of the model and make the results reliable, the general fit indices of the model were evaluated. The main purpose of using SEM in the study is to analyse the effects of spiritual and transformational leadership on depression, stress and anxiety in more detail. SEM evaluates the overall fit of the model by simplifying complex relationships and improves the quality of the research. Therefore, SEM supports the validity of the theoretical construct and the reliability of the research findings by providing a holistic analysis of the study.

Participants

The demographic characteristics of the participants were analysed by taking into account factors such as age and family structure. In the analyses, the effects

of age and family structure were taken into consideration in the evaluation of the relationships between leadership types and psychological outcomes. In this context, the heterogeneous nature of the sample used in the study was emphasised by detailing the demographic distribution of the participants.

Table 1.
Information on Participants

Demographic Characteristics	Categories	Frequency	Percent
Age	20-29 years old	286	55.9%
	30-35 years old	64	12.5%
	36-40 years old	54	10.5%
	41-50 years	82	16.0%
	51 years and over	26	5.1%
How would you describe your family?	Overprotective	132	25.8%
	Repressive	52	10.2%
	Inconsistent	42	8.2%
	Disinterested	30	5.9%
	Perfectionist	50	9.8%
	Democratic	138	27.0%
	Other	68	13.3%
Gender	Female	288	56.3%
	Male	224	43.8%

The demographic information in Table 1 shows the age, family structure and gender distribution of the individuals participating in the study. 55.9% of the participants are between the ages of 20-29 and constitute the largest age group. This is followed by 30-35 age group with 12.5%, 36-40 age group with 10.5% and 41-50 age group with 16.0%. The lowest participation rate was 5.1% in the 51 and over age group. This age distribution shows that the research is concentrated among young adults. When the data on family structure are analysed, it is seen that 27.0% of the participants were raised in a democratic family environment, while 25.8% of them had an overprotective family structure. In addition, 10.2% stated that they grew up in an oppressive, 8.2% inconsistent, 5.9% indifferent, and 9.8% perfectionist family environment. Those in the "other" category showed diversity with 13.3%. In terms of gender distribution, female participants constitute the majority with 56.3%, while male participants have a lower representation rate with 43.8%. These demographic data provide an important basis for analysing the relationships between spiritual and transformational leadership and depression, stress and anxiety within the scope of structural equation modelling (SEM).

Measurement Tools

Within the scope of the research, it was deemed appropriate to use the following measurement tools in order to measure the psychological structures of the employees in the most appropriate way.

Spiritual Leadership Scale (Okan & Okan, 2024):   In this study, the Spiritual Leadership Scale developed and validated by Okan & Okan (2024) was used to assess employees' perceptions of spiritual leadership. The scale was originally developed through a systematic process that included item generation based on a comprehensive literature review, Exploratory Factor Analysis (EFA), and Confirmatory Factor Analysis (CFA). The scale demonstrated a unidimensional factor structure and excellent internal consistency (Cronbach's alpha = .988). In the present study, this validated scale served as a measurement tool within the structural equation model.

DASS-21 Scale (Sarıçam, 2018): The DASS-21 scale, which assesses depression, anxiety and stress levels, was adapted into Turkish by Sarıçam (2018). The scale includes three sub-dimensions consisting of 7 items each and has 21 items in total. Participants rate each item between 0 (Never) and 3 (Almost Always). DASS-21 is a scale for assessing the individual dimensions of depression, anxiety and stress separately. In the validity and reliability studies conducted by Sarıçam (2018), the internal consistency coefficient of the scale was found to be .87 for depression, .85 for anxiety and .88 for stress.

Brief Transformational Leadership Scale (Okan & Okan, 2021): The Brief Transformational Leadership Scale (Okan & Okan, 2021) used in this study aims to measure the transformational leadership skills of managers in institutions and organisations. In the process of adapting the scale to Turkish, linguistic equivalence was ensured and exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were applied for construct validity. Criterion validity was tested with the Alturistic Leadership Scale, and the high correlation between both scales (r = 0.765, p < 0.001) supported criterion validity. The reliability of the scale was determined by Cronbach's alpha coefficient (α = 0.970) and it was found that the scale had high internal consistency.

Data Collection Process

In this study, the data collection process was conducted in a systematic and structured manner. Participants who agreed to participate in the study were informed in detail about the purpose, content and process of the study and it was emphasised that participation was completely voluntary. It was clearly stated to the participants that their data would be kept confidential and would be used only for scientific purposes. The data of the study were collected using scales measuring Spiritual Leadership, Transformational Leadership, Depression, Stress and Anxiety variables. The scales were presented to the participants through measurement forms through face-to-face interviews. The same scales were given to each participant in the same order and a standardised procedure was followed throughout the whole process. The data were securely collected electronically and transferred to the necessary data

analysis software for analyses. During the data collection process, care was taken to minimise external factors that could affect the mental state of the participants. Before the application of the scales, the participants were guided to fill in the scales correctly, and necessary information and guidance were provided.

Data Analysis Method

In this study, Structural Equation Model (SEM) was used to analyse the data. In the analysis of the data, SPSS 25 and AMOS 24 package programmes were used and kurtosis and skewness analyses were performed to test the normality and distribution of the data. In addition, descriptive statistics (total score, mean, standard deviation) were calculated for each variable and the general characteristics of the data were revealed. Within the scope of the Structural Equation Model (SEM), fit indices (χ^2/df, RMSEA, CFI, GFI) were evaluated to test the suitability and validity of the model and the accuracy of the model was tested. The relationships between Spiritual Leadership and Transformational Leadership and Depression, Stress and Anxiety were analysed by examining direct and indirect effects. The general relationships between dependent and independent variables were evaluated by correlation analysis and the results show that the model is valid and reliable. In this process, the relationship between structural paths and confirmatory factors was tested and the goodness of fit of the model was ensured.

Results

Descriptive Statistics

Table 2.

Descriptive Statistics for Variables

Variable	Mean	N	Std. Deviation	Kurtosis	Skewness
Depression	14.6133	512	4.87122	-0.045	0.698
Stress	15.4258	512	4.06242	0.204	0.455
Anxiety	13.9219	512	4.20066	-0.090	0.543
Spiritual Leadership	69.9473	512	21.07380	-0.381	-0.065
Transformational Leadership	29.1875	512	6.12652	0.453	0.579

Table 2 provides descriptive statistics for the variables depression, stress, anxiety, spiritual leadership, and transformational leadership. The mean scores for these variables indicate moderate levels across the sample, with depression at 14.61, stress at 15.43, anxiety at 13.92, spiritual leadership at 69.95, and transformational leadership at 29.19. Standard deviations range from 4.06 for stress to 21.07 for spiritual leadership, indicating variability across the data. Kurtosis values for all variables are close to zero, suggesting relatively normal distributions, with the highest being 0.453 for transformational leadership. Skewness values show slight positive skews for depression (0.698), stress (0.455), and anxiety (0.543), while spiritual leadership shows a slight negative skew

(-0.065). Overall, the data exhibit acceptable levels of kurtosis and skewness, indicating distributions suitable for further parametric analyses.

Correlation Analysis

**Table 3.**

Correlations Between Variables

	Spiritual leadership	Transformational Leader	Depression	Stress	Anxiety
Spiritual Leadership	1	0.435*	-0.517*	-0.536*	-0.528*
Transformational Leadership	0.435*	1	-0.325*	-0.358*	-0.407*
Depression	-0.517*	-0.325*	1	0.724*	0.683*
Stress	-0.536*	-0.358*	0.724*	1	0.713*
Anxiety	-0.528*	-0.407*	0.683*	0.713*	1

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

The correlation analysis in Table 3 reveals important findings regarding the relationships between spiritual leadership, transformational leadership, depression, stress and anxiety variables. Spiritual leadership has a significant and negative relationship with depression (r = -0.517, p < 0.01), stress (r = -0.536, p < 0.01) and anxiety (r = -0.528, p < 0.01), while it shows a positive relationship with transformational leadership (r = 0.435, p < 0.01). These results indicate that spiritual leadership has a positive effect on reducing negative psychological outcomes. Transformational leadership was negatively correlated with depression (r = -0.325, p < 0.01), stress (r = -0.358, p < 0.01), and anxiety (r = -0.407, p < 0.01), whereas it was positively correlated with spiritual leadership. Depression has strong positive correlations with stress (r = 0.724, p < 0.01) and anxiety (r = 0.683, p < 0.01), indicating that these three variables are closely related to each other. The positive correlation between stress and anxiety (r = 0.713, p < 0.01) also supports this relationship, indicating that these two psychological states often co-occur.

Structural Model and Hypothesis Testing

Figure 1.

Direct Effect Model of Spiritual Leadership on DASS-21
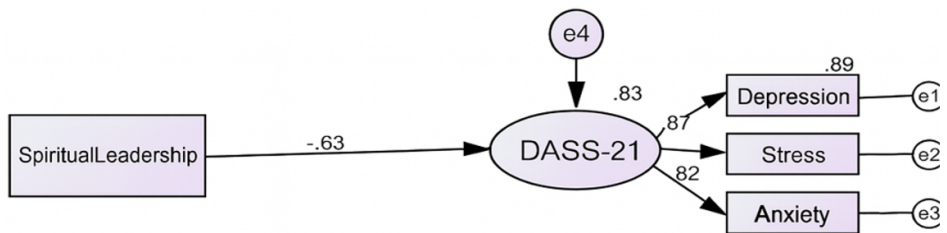
As illustrated in Figure 1, the direct effects model examines the relationship between spiritual leadership and psychological distress, operationalised through the DASS-21 construct (comprising Depression, Anxiety, and Stress). The model demonstrates a significant negative path coefficient from Spiritual Leadership to DASS-21 (β = -0.63), indicating that higher levels of perceived Spiritual Leadership are associated with lower levels of overall psychological distress among employees. In addition, DASS-21 has been found to demonstrate a high degree of predictive validity with regard to its sub-dimensions: The findings indicate that depression (β = 0.83), stress (β = 0.87), and anxiety (β = 0.82) all demonstrate strong factor loadings. The model fit indices indicated an acceptable fit, thereby supporting the robustness of this direct effects pathway. The findings of this study indicate that spiritual leadership may serve a protective function in the enhancement of employees' psychological well-being, achieved through the direct reduction of stress, anxiety, and depression within the workplace.

Figure 2.
Indirect Pathway from Spiritual Leadership to Mental Health via Transformational Leadership.
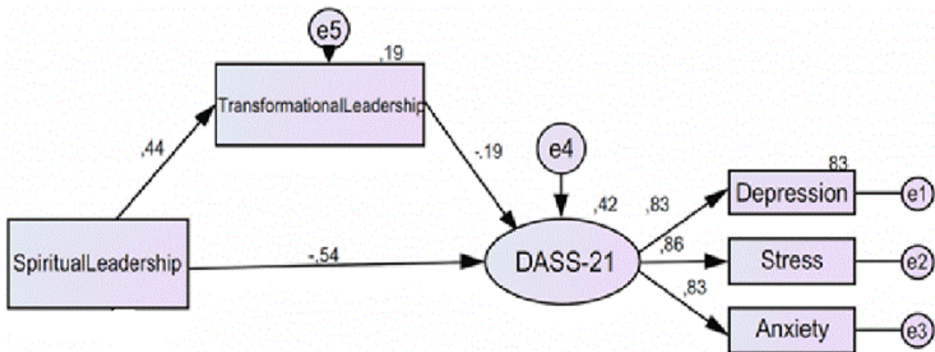
As illustrated in Figure 2, the mediated effect model explores the indirect pathway from spiritual leadership to mental health outcomes (i.e., depression, anxiety, and stress) through transformational leadership and the DASS-21 construct. In the literature, the concept of *psychological distress* generally refers to symptoms of depression and anxiety, but does not include stress; therefore, *mental health* is used here to encompass all three dimensions. The model demonstrates that spiritual leadership exerts a significant positive influence on transformational leadership (β = 0.44), which in turn exerts a significant negative effect on DASS-21 scores (β = -0.19). Furthermore, a robust direct effect from spiritual leadership to DASS-21 persists **(β = -0.54),** suggesting partial mediation. The DASS-21 latent variable continues to show strong predictive validity for its subdimensions; however, the values shown in Figure 2 for depression, stress, and anxiety represent factor loadings rather than correlation coefficients, and therefore do not need to be reported here in detail. These findings indicate that transformational leadership functions as a significant mediator, partially channeling the positive influence of spiritual leadership toward

better mental health. The model highlights the synergistic role of ethical leadership dimensions in promoting employee well-being by enhancing psychological resilience and mitigating negative emotional states.

Table 4.
Bootstrapped Indirect Effects of Spiritual Leadership on Employee Psychological Outcomes

Path	Estimate	95% BC CI Lower	95% BC CI Upper	p-value
Spiritual Leadership → Transformational Leadership →DASS-21	-,016	-,025	-,009	.000

Bootstrap analyses with 5,000 resamples were conducted in order to ascertain the significance of indirect effects within the hypothesised model (see Table 4). The results revealed that the indirect effect of Spiritual Leadership on psychological distress (DASS-21) through Transformational Leadership was statistically significant (B = -0.016, 95% BC CI [-0.025, -0.009], p < .001). Moreover, Spiritual Leadership exhibited significant indirect effects on Anxiety (B = -0.103, 95% BC CI [-0.120, -0.088], p < .001), Stress (B = -0.104, 95% BC CI [-0.121, -0.089], p < .001), and Depression (B = -0.120, 95% BC CI [-0.139, -0.102], p < .001) via psychological distress (DASS-21). Since all bias-corrected bootstrap confidence intervals excluded zero, these results provide robust evidence for the presence of partial mediation effects in the model. Goodness of fit values for the model are given in Table 4.

Table 5.
Model Goodness of Fit Values

Measure	Your Model Values	Recommended Cut-off Values
CMIN/DF	2.038	< 3 (good), < 5 (acceptable)
GFI	0.994	≥ 0.90
NFI	0.993	≥ 0.90
IFI	0.996	≥ 0.90
TLI	0.991	≥ 0.90
CFI	0.996	≥ 0.90
RMSEA	0.045	< 0.08 (acceptable), < 0.06 (good)
Hoelter's Critical N (.05)	595	> 200 (preferred)

The model goodness-of-fit values presented in Table 5 provide critical statistical indicators to evaluate how well the structural equation model fits the data. Firstly, the CMIN/DF value was calculated as 2.038, which is below the recommended threshold of <3 (Kline, 2016), indicating a good model fit with minimal signs of misfit (Byrne, 2010). The GFI (Goodness of Fit Index) value was found to be 0.994, and the NFI (Normed Fit Index) value was 0.993; both exceeding the recommended cut-off of ≥0.90, which suggests a strong overall fit of the model (Bentler, 1990). Similarly, the IFI (Incremental Fit Index) and CFI (Comparative Fit Index) values were 0.996 each, again surpassing the threshold of ≥0.90, indicating an excellent fit between the model and the data (Hu & Bentler, 1999). The TLI (Tucker-Lewis Index) was 0.991, which also meets the recommended criterion of ≥0.90, further supporting the strength

of model fit (Hair et al., 2010). Moreover, the RMSEA (Root Mean Square Error of Approximation) value was calculated as 0.045, which is well within the acceptable fit range of <0.08 and even approaching the "good" fit level of <0.06, reflecting a very good approximation of model fit to the population data (MacCallum et al., 1996). Finally, Hoelter's Critical N was found to be 595, comfortably exceeding the recommended threshold of >200 (Browne & Cudeck, 1993), suggesting that the sample size is sufficiently large to ensure the stability and reliability of the model estimates. Overall, based on these statistical indicators, it can be confidently concluded that the structural equation model demonstrates an excellent fit to the data and provides reliable and valid results.

Discussion

The findings of this study demonstrate that spiritual leadership and transformational leadership play significant roles in supporting employees' mental health. In accordance with extant literature, the term psychological distress is frequently employed to denote depression and anxiety, yet it generally excludes stress. Consequently, the term mental health is utilised herein to encompass all three dimensions evaluated in this study: depression, anxiety, and stress. In the tested mediation model, transformational leadership was found to be the only mediating variable, thereby establishing a link between spiritual leadership and the DASS-21 latent construct. The subdimensions of depression, anxiety, and stress are indicative of this latent construct rather than independent outcome variables; therefore, mediation effects were interpreted exclusively at the latent construct level.

The analysis revealed that spiritual leadership exerted a significant positive influence on transformational leadership ($\beta = 0.44$), which, in turn, had a significant negative effect on DASS-21 scores ($\beta = -0.19$). This indirect pathway was found to be statistically significant ($\beta = -0.016$, $p < .001$), indicating that transformational leadership partially mediates the relationship between spiritual leadership and mental health. Furthermore, spiritual leadership exhibited a significant direct impact on DASS-21 ($\beta = -0.54$), thereby highlighting that its positive influence on mental health extends beyond the pathway through transformational leadership. The findings of this study lend support to the spiritual leadership theory proposed by Fry (2003), which asserts that the presence of meaning, a clearly defined vision, and intrinsic motivation can foster resilience and the development of psychological resources in employees. This, in turn, enhances their capacity to effectively manage and overcome challenges in the workplace. The findings align with earlier work demonstrating that spiritually oriented leadership reduces depression and stress while enhancing psychological well-being (Avey et al., 2008; Okan & Ekşi, 2025; Reave, 2005).

The significant role of transformational leadership observed in this study is consistent with Bass and Avolio's (1994) model, which highlights its capacity to improve employee motivation, self-worth, and emotional security. The present study examined the relationship between transformational leadership and overall mental health problems, as measured by the DASS-21 latent variable. The findings indicated a negative association between transformational leadership and these mental health problems, suggesting a potential mitigating effect on symptoms of depression, anxiety, and stress. Despite the absence of separate mediation for each subdimension in the model, the findings suggest that transformational leadership fosters workplace climates that act as a buffer against a wide range of negative emotional states. This finding aligns with previous research that has demonstrated the efficacy of transformational leadership in enhancing not only job performance but also mental health outcomes. This enhancement is achieved through the use of inspirational motivation, individualised consideration, and intellectual stimulation by transformational leaders (Avolio et al., 2009; Kelloway et al., 2012).

The observed positive correlations among stress, depression, and anxiety reaffirm their interrelated nature within organisational contexts. In line with previous research, this study found that prolonged exposure to occupational stress increased the likelihood of developing depression and anxiety (Kammeyer-Mueller et al., 2013; Lazarus & Folkman, 1984). It is important to note that the coefficients linking the DASS-21 latent construct to its subdimensions represent factor loadings, not correlation coefficients. Consequently, they do not require detailed reporting in this context. Nevertheless, these high loadings confirm that depression, anxiety and stress co-occur and collectively represent a coherent latent construct of mental health in the workplace.

Leadership behaviours characterised by strong ethical and human-centred dimensions – exemplified here by spiritual and transformational leadership – have been demonstrated to contribute to the regulation of employees' psychological states. As demonstrated in preceding studies, leaders who provide emotional support, a clear vision, and individualised consideration have been shown to enhance employees' psychological resources for coping with job demands (Skakon et al., 2010). The present study posits that transformational leadership fosters mental resilience through the cultivation of trust, optimism, and intrinsic motivation, which in turn may serve to mitigate vulnerability to mental health challenges. As asserted by Nielsen and Cleal (2011), transformational leaders have the capacity to facilitate work-life balance and emotional regulation by managing workload expectations effectively. This finding is consistent with the results obtained in the present study.

Conversely, spiritual leadership fosters resilience by enhancing employees' sense of self-worth and the perceived significance of their work (Fry & Cohen, 2009). This moral orientation fosters the establishment of organisational cultures that prioritise

human dignity and psychological integrity in conjunction with performance. The robust direct impact of spiritual leadership on mental health, as evidenced in this study, underscores its potential as a leadership approach. This approach not only supports well-being indirectly through other leadership styles, but also offers unique, direct benefits for employees' emotional and psychological states.

The collective evidence from both the direct effect model and the mediation model indicates that organisations aspiring to promote mental health should consider integrating spiritual and transformational leadership principles into their leadership development programmes. Spiritual leadership has been demonstrated to engender existential meaning and a robust moral framework, thereby fostering resilience and attenuating distress. Conversely, transformational leadership has been shown to provide the motivational, relational, and structural resources necessary for the sustained enhancement of mental health.

From a pragmatic perspective, these findings suggest that organizations possess both a strategic and a moral responsibility to adopt leadership approaches that prioritise employee mental health. It is incumbent upon leaders to act with ethical awareness and intentionality to cultivate psychologically healthy and human-centred workplaces.

Conclusion

The findings of this study highlight the critical role of leadership styles in shaping employees' mental health within organisational contexts. The present study found spiritual leadership to exert significant direct and indirect negative influences on the DASS-21 latent construct representing overall mental health, comprising depression, anxiety, and stress. This underscores the capacity of spiritual leadership to foster spiritual resilience and psychological balance in the workplace. In the tested model, transformational leadership functioned as the only mediating variable, partially transmitting the positive effects of spiritual leadership to mental health outcomes. The findings indicate that leadership approaches grounded in values such as meaning, purpose, and ethical responsibility can serve as effective mitigators of negative psychological symptoms experienced by employees. The structural equation modelling (SEM) analysis confirmed both direct and mediated pathways from spiritual leadership to mental health outcomes through transformational leadership and the DASS-21 construct. This suggests that leadership within organisations should not be regarded merely as a managerial function, but rather as an ethical and human-centred practice with significant implications for employee well-being. The implementation of spiritually and transformationally oriented leadership practices has the potential to contribute to the creation of healthier and more resilient work environments. It is important to note that this study was conducted among public employees in Turkey; therefore, the findings offer a culturally grounded perspective,

which underscores the relevance of the ethical dimensions of leadership in non-Western organisational settings. It is recommended that future research endeavours explore these dynamics in a more comprehensive manner, encompassing a wider range of cultural and organisational contexts.

Limitations, Practical Implications, and Future Research

This study, while offering important insights into the psychological effects of leadership styles, has certain limitations. First, the sample consisted solely of public employees in Turkey, which may restrict the generalisability of the findings to other organisational sectors or cultural contexts. Given that leadership practices and their psychological effects can vary significantly across cultures, future research should examine these dynamics in more diverse organisational and national settings. Moreover, the cross-sectional design of the study does not allow for causal inferences; therefore, longitudinal research is recommended to better capture the temporal relationships between leadership behaviours and psychological outcomes. Despite these limitations, the findings provide valuable practical implications. Organisations may benefit from implementing training programmes aimed at cultivating spiritual leadership competencies, as this leadership style has demonstrated strong potential for reducing employees' stress, depression, and anxiety. Likewise, embedding transformational leadership practices into organisational culture could further enhance employees' motivation, job satisfaction, and psychological resilience. In addition, strengthening psychological support services and regularly monitoring the interaction between leadership practices and employee well-being may yield significant benefits. Establishing systematic feedback mechanisms and internal assessments could guide leadership development efforts and contribute to the creation of mentally healthy

workplaces. Finally, future research should explore how cultural factors shape the relationship between leadership and psychological health. Comparative and cross-cultural studies would enrich our understanding of how spiritual and transformational leadership can be adapted to different cultural environments, thereby contributing to a more globally relevant body of leadership literature.

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