Spiritual leadership, flourishing, organizational commitment, and productivity of nurses in healthcare crisis contexts

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Executive Summary

This study examines the relationships among perceived spiritual leadership, flourishing, organizational commitment, and productivity among nurses during the COVID-19 crisis period. The authors argue that spiritual leadership — operationalized through five dimensions (vision, hope/faith, altruistic love, calling, and membership) — serves as a critical organizational resource for nurses' optimal functioning during high-stress healthcare conditions. Using a quantitative, cross-sectional survey design with a sample of 407 nurses in the Free State province of South Africa, data were analyzed via PLS-SEM in SmartPLS 4.0. Key findings indicate that spiritual leadership positively and significantly predicted flourishing ($\beta = 0.697$), organizational commitment ($\beta = 0.626$), and productivity ($\beta = 0.350$). Flourishing significantly enhanced organizational commitment but did not directly influence productivity. Mediation analyses revealed that flourishing partially mediated the spiritual leadership–organizational commitment relationship, while the spiritual leadership–productivity relationship was mediated by organizational commitment alone and via a serial pathway through flourishing and organizational commitment. The study extends Fry's spiritual leadership theory to a nursing crisis context, with findings suggesting that values-based leadership approaches emphasizing meaning, belonging, and altruistic love are associated with both individual well-being and organizational outcomes in healthcare settings.

Key Insights

1. Spiritual leadership demonstrated a strong positive effect on nurses' flourishing ($\beta = 0.697$) and organizational commitment ($\beta = 0.626$), with a weaker but significant direct effect on productivity ($\beta = 0.350$), supporting Fry's spiritual leadership theory in a crisis healthcare context.

2. Flourishing did not directly influence productivity ($p = 0.821$), suggesting that well-being attributes translate into productivity only indirectly — specifically through the mediating mechanism of organizational commitment, which itself significantly predicted productivity.

3. The model explained 48.5% of variance in flourishing, 55.9% in organizational commitment, and 40.5% in productivity, indicating moderate in-sample predictive accuracy, with the spiritual leadership → organizational commitment pathway as the strongest structural relationship in the model.

Practical Takeaways

• Organizational commitment appears to function as a necessary mediating mechanism between nurses' flourishing and their productivity, indicating that well-being initiatives alone may be insufficient to drive performance outcomes without also cultivating commitment.

• The PERMA framework is proposed in the article as a positive psychology tool that organizations could embed into workplace culture to enhance nurses' flourishing, alongside psychological safety climates and regular assessments of emotional, psychological, and social well-being.

Frameworks Mentioned

Spiritual Leadership Theory — A leadership model proposed by Fry that posits leaders foster intrinsic motivation by addressing employees' spiritual needs for calling (meaningful work) and membership (belonging) through vision, hope/faith, and altruistic love, with organizational commitment and productivity identified as key outcomes.

PLS-SEM — Partial Least Squares Structural Equation Modeling — a variance-based statistical technique used to estimate relationships between latent and observed variables in complex measurement models, applied here using SmartPLS 4.0.

PERMA — A positive psychology framework associated with Seligman that identifies five elements of well-being — Positive emotions, Engagement, Relationships, Meaning, and Accomplishment — referenced in the article as a basis for organizational flourishing interventions.

Critical Analysis

Strengths: The study employs a rigorous PLS-SEM analytical approach with higher-order construct modeling (up to third-order for flourishing), bootstrapping with 10,000 subsamples, and systematic discriminant validity assessment via HTMT ratios. The use of established instruments (Spiritual Leadership Questionnaire; Flourishing at Work Scale) and a pilot reliability check adds methodological credibility. The sample size of 407 exceeds recommended thresholds for the population size. Limitations: Convenience sampling from two municipal areas in a single South African province severely restricts generalizability. The cross-sectional design precludes causal inference despite the use of path modeling. All data were self-reported, introducing common method variance risks, particularly notable since organizational commitment and productivity were measured within the same instrument. The HTMT ratio between membership and organizational commitment remained close to (0.857) but did not fully meet the conservative 0.85 threshold, raising residual discriminant validity concerns. The study is restricted to private-sector nurses, excluding public-sector workers who face structurally different conditions. One key hypothesis (flourishing → productivity) was not supported, but this null finding is underplayed in the conclusions. The article was also published in what appears to be 2026, yet some cited works carry 2025 and 2026 dates, raising minor recency and verification concerns. The study's South African cultural context, while explicitly acknowledged, limits cross-regional applicability without further contextual adaptation.

Organizational Practice

The study examines private-sector hospitals in South Africa's Free State province, where nursing managers facilitated electronic questionnaire distribution. Organizational practices described include structured leadership behaviors aligned with spiritual leadership principles (vision-setting, altruistic care, fostering belonging), nurse performance tracked via self-reported productivity measures, and the use of convenience-based participant recruitment through nursing managers across six private hospitals.

Strategic Implications

The findings indicate that spiritual leadership — with its emphasis on meaning, calling, and altruistic love — may function as a resilience-enabling leadership orientation in healthcare organizations facing systemic crises, with organizational commitment emerging as a more proximal driver of productivity than well-being alone. The null relationship between flourishing and productivity suggests that PMS frameworks in healthcare contexts may benefit from measuring commitment as an intermediate outcome between well-being initiatives and performance. The South African private-sector context and crisis-period data collection window indicate that these patterns are most applicable to high-pressure, resource-constrained healthcare environments, and that cross-regional or public-sector applicability remains untested.

Validation Status: passed
