

SERVANT LEADERSHIP IN HEALTHCARE: A MODEL FOR NURSING, PHARMACY, AND CLINICAL MANAGEMENT

RAKAN ABDULHAMID MUSHREF¹, AISHAH ALI ALKHAMEEAS², FAIZ AHMED AL SHAMMARY³, SUHA ABDULLAH BAMAREAI⁴, FAHAD MOHAMMED ALYOUSEF⁵, ALWAH MOHAMMED ALGARNI⁶, AWAD ARAR ASSIRI⁷, DHAIFULLAH AWADH ALHARBI⁸, ABDULLAH BAKEET ALZAHHRANI⁹, MUNEFAH MOHAMMED ALANZI¹⁰, ABDULMAJEED SAAD ALGHAMDI¹¹, HAMAD DAFALH ALRAKHIMY¹²

¹SENIOR SPECIALIST, HEALTH LEADERSHIP AND MANAGEMENT, ISLAMIC UNIVERSITY OF MADINAH

²NURSE, KING ABDULAZIZ MEDICAL CITY, RIYADH, SAUDI ARABIA

³INTERVENTIONAL RADIOLOGY SPECIALIST, NATIONAL GUARD HOSPITAL-RIYADH, SAUDI ARABIA

⁴SENIOR SPECIALIST, MEDICAL -SURGICAL, KING SAUD UNIVERSITY, NURSING COLLEGE, SAUDI ARABIA

⁵RADIOLOGY TECHNICIAN, NATIONAL GUARD HEALTH AFFAIRS, DIRAB, SAUDI ARABIA,
EMAIL: sultanking965@gmail.com

⁶PHARMACY TECHNICIAN, KING KHALID UNIVERSITY HOSPITAL, SAUDI ARABIA

⁷PHARMACY TECHNICIAN, NATIONAL GUARD CLINIC IN TAIF, SAUDI ARABIA,
EMAIL: usos1020@gmail.com

⁸PHARMACY TECHNICIAN, NATIONAL GUARD CLINIC IN TAIF, SAUDI ARABIA,
EMAIL: daif7352@gmail.com

⁹PHARMACY TECHNICIAN, NATIONAL GUARD CLINIC IN TAIF, SAUDI ARABIA,
EMAIL: abo_7gr@hotmail.com

¹⁰PHARMACY TECHNICIAN, KING KHALID UNIVERSITY HOSPITAL, SAUDI ARABIA

¹¹HEALTH ADMINISTRATION, TECHNICIAN, EMAIL: Abdulmajeed.alhout@gmail.com

¹²HEALTH INFORMATION TECHNICIAN, EMAIL: alrakhimyha@ngha.med.sa

Accepted: 15-03-2025

Published: 12-05-2025

Abstract

This study examines servant leadership as a model for healthcare environments, with specific focus on nursing, pharmacy, and clinical management. Drawing on systematic reviews and empirical research, we explore how servant leadership—characterized by prioritizing others' needs, fostering development, and creating supportive environments—aligns with healthcare's service-oriented mission. The paper synthesizes servant leadership's conceptualization in healthcare, identifying nine core dimensions including ensuring autonomy, caring for others, and nurturing collaboration. We analyze theoretical frameworks explaining servant leadership's effectiveness, particularly social exchange theory, self-determination theory, and conservation of resources theory. Empirical evidence demonstrates that servant leadership contributes to improved job satisfaction, reduced burnout, enhanced wellbeing, increased organizational commitment, and improved team dynamics among healthcare professionals. Implementation strategies include leadership development programs, organizational culture alignment, and addressing barriers such as time constraints and hierarchical traditions. While challenges exist, servant leadership offers a compelling approach for addressing contemporary healthcare challenges while preserving the human dimension of care, suggesting significant potential for transforming healthcare delivery across nursing, pharmacy, and clinical management domains.

INTRODUCTION

demand leadership approaches that can navigate complexity while maintaining the human-centered focus essential to healthcare delivery. Servant leadership has emerged as a particularly well-suited model for healthcare environments, offering a framework that aligns with the intrinsic values of healthcare professions (Trastek et al., 2014; Schwartz & Tumblin, 2002).

The concept of servant leadership, first articulated by Robert K. Greenleaf in 1977, is founded on the principle that leaders should prioritize serving others, placing the needs of followers, customers, and communities above their own interests. This approach stands in contrast to traditional hierarchical models where leadership is primarily about exercising power and authority. As Greenleaf (1977) described it, servant leadership "begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead" (p. 7).

In healthcare settings, where the primary mission involves service to patients and communities, servant leadership represents a natural philosophical fit. Mahon (2021) suggests that servant leadership may function as a "universal leadership language" particularly suitable for overburdened multicultural healthcare environments. The inherent servant nature of healthcare creates fertile ground for implementing servant leadership principles (Schwartz & Tumblin, 2002), with research demonstrating that this approach aligns with the moral and professional values underpinning healthcare work (Barbuto & Wheeler, 2006; Cotté & McKimm, 2019; Neville et al., 2021; Malak et al., 2022).

This study examines servant leadership as a model for healthcare environments, with specific focus on its application in nursing, pharmacy, and clinical management. Drawing on recent systematic reviews and empirical studies, we explore how servant leadership is conceptualized in healthcare contexts, the theoretical frameworks that guide its implementation, its documented outcomes, and practical strategies for cultivation in healthcare settings.

Conceptualizing Servant Leadership in Healthcare

Core Dimensions of Servant Leadership

While various frameworks exist for understanding servant leadership, several key dimensions consistently emerge in healthcare-specific research. Demeke et al. (2024) conducted a comprehensive content analysis of servant leadership descriptions in healthcare literature, identifying nine core categories that characterize servant leadership in healthcare settings:

1. **Ensuring autonomy:** Supporting followers' independence and self-direction
2. **Fostering relationships:** Building meaningful connections with team members
3. **Caring for others:** Demonstrating genuine concern for the wellbeing of followers
4. **Giving recognition:** Acknowledging contributions and achievements
5. **Promoting equity:** Ensuring fair treatment and opportunities for all
6. **Nurturing collaboration:** Facilitating teamwork and cooperation
7. **Prioritizing others' needs:** Placing followers' needs above self-interest
8. **Developing employees:** Investing in professional growth and development
9. **Involving in decision-making:** Including followers in organizational decisions

These dimensions reflect the relational and developmental focus of servant leadership, which is particularly relevant in healthcare settings where interdisciplinary collaboration and continuous professional development are essential. The emphasis on caring, autonomy, and collaboration aligns with core healthcare values and contributes to creating supportive work environments that can mitigate challenges like burnout and high turnover (Mahon, 2021; Ma et al., 2021).

Servant Leadership in Nursing

In nursing contexts, servant leadership has been conceptualized as particularly congruent with the profession's historical and philosophical foundations. Neville et al. (2021) conducted a concept analysis of servant leadership in nursing, noting that the approach harmonizes with nursing's commitment to patient-centered care and holistic wellbeing. Nursing leaders who embrace servant leadership principles focus on creating conditions where nurses can thrive professionally while delivering optimal patient care. Sturm (2009) identified specific principles of servant leadership in community health nursing through ethnographic research, highlighting behaviors such as "putting patients first," "building trusting relationships," and "valuing staff contributions." These behaviors create a supportive clinical environment that enhances both nurse satisfaction and patient outcomes. Similarly, Anderson (2016) argued that servant leadership is essential for baccalaureate nursing students, pairing naturally with emotional intelligence to create a foundation for effective nursing practice.

Servant Leadership in Pharmacy

In pharmacy settings, servant leadership has been explored as a complementary approach to traditional leadership models. Allen et al. (2016) examined the role of servant leadership in academic pharmacy, suggesting that pharmacy leaders who adopt servant leadership principles can better address the complex challenges facing pharmacy education and practice. The authors note that servant leadership's emphasis

on developing others and building community resonates with pharmacy's professional values of patient care and interprofessional collaboration.

Research by Yadav et al. (2022) demonstrated that servant leadership in pharmaceutical organizations promotes environmental awareness and sustainable practices, suggesting broader impacts beyond direct patient care. This research highlights how servant leadership in pharmacy can influence organizational culture and strategic priorities, potentially contributing to more socially responsible pharmaceutical practices.

Servant Leadership in Clinical Management

At the broader clinical management level, servant leadership has been conceptualized as a transformative approach capable of enhancing organizational performance while supporting staff wellbeing. Aij and Rapsaniotis (2017) conducted a systematic review comparing servant leadership with lean leadership in healthcare, concluding that both approaches contribute to delivering high-value patient care, with servant leadership particularly strong in fostering employee engagement and satisfaction.

Anderson (2003) explored how servant leadership can strengthen hospital-physician relationships, suggesting that clinical managers who practice servant leadership create environments of mutual respect and shared purpose. This relational dimension is crucial in complex healthcare systems where effective collaboration between different professional groups determines overall organizational effectiveness.

Theoretical Frameworks and Mechanisms

Understanding the theoretical underpinnings of servant leadership in healthcare provides insight into the mechanisms through which it influences individual and organizational outcomes. Several theoretical frameworks have been employed to explain how and why servant leadership works in healthcare contexts.

Social Exchange Theory

Social exchange theory dominates the explanatory frameworks in healthcare-specific servant leadership research (Demeke et al., 2024). This theory, based on Blau's (1964) work, suggests that social relationships evolve through reciprocal exchanges, with individuals feeling obligated to return benefits they receive. In the context of servant leadership, when leaders prioritize followers' needs and development, followers reciprocate with increased commitment, engagement, and performance.

Mostafa and El-Motalib (2019) applied social exchange theory to examine how servant leadership promotes proactive behavior among healthcare professionals through leader-member exchange quality. Their findings confirmed that servant leaders foster high-quality exchange relationships, which in turn motivate employees to engage in proactive behaviors beneficial to the organization.

Self-Determination Theory

Self-determination theory offers another valuable lens for understanding servant leadership's effectiveness in healthcare. This theory, developed by Deci and Ryan, proposes that human motivation and wellbeing are enhanced when three basic psychological needs are met: autonomy, competence, and relatedness (Xiao et al., 2023). Servant leadership, with its emphasis on empowerment, development, and genuine care, directly addresses these fundamental needs.

Research by Der Kinderen et al. (2020) demonstrated that servant leadership facilitates eudaimonic well-being (psychological good functioning) among mental health care professionals by supporting their basic psychological needs. This finding highlights how servant leadership can contribute to sustainable workforce wellbeing, a critical concern in healthcare environments prone to burnout and stress.

Conservation of Resources Theory

Conservation of resources theory provides another framework for understanding servant leadership's impact in healthcare settings. This theory posits that individuals strive to obtain, retain, and protect resources they value, with stress occurring when these resources are threatened or lost (Faraz et al., 2023). Servant leaders provide valuable resources to followers—including emotional support, guidance, development opportunities, and recognition—that help mitigate resource depletion and associated stress. Ma et al. (2021) applied this theoretical lens to examine how servant leadership reduced burnout among nurses during the COVID-19 pandemic. Their findings revealed that servant leadership created psychological safety, which helped preserve nurses' emotional resources during a period of extraordinary demand and stress. This mechanism explains how servant leadership can function as a protective factor in high-stress healthcare environments.

Outcomes of Servant Leadership in Healthcare

A growing body of empirical research documents the positive outcomes associated with servant leadership in healthcare settings. These outcomes span individual employee factors, team dynamics, and organizational performance.

Individual Employee Outcomes

At the individual level, servant leadership has been consistently linked with positive employee outcomes in healthcare. Research indicates that healthcare professionals working under servant leaders experience:

- **Increased job satisfaction:** Multiple studies demonstrate that servant leadership enhances job satisfaction among healthcare workers (Farrington & Lillah, 2019; Irving & Berndt, 2017; Westbrook et al., 2022). This relationship is particularly important given the role of job satisfaction in reducing turnover intentions in healthcare professions.
- **Enhanced wellbeing:** Servant leadership positively influences both psychological wellbeing (Xiao et al., 2023) and eudaimonic wellbeing (Der Kinderen et al., 2020) among healthcare professionals. By creating supportive work environments and prioritizing employee needs, servant leaders help mitigate stress and prevent burnout.
- **Reduced burnout:** Research by Ma et al. (2021) and Yasir and Jan (2023) confirms that servant leadership reduces burnout among healthcare workers, a critical finding given the high rates of burnout in healthcare professions and its impact on quality of care.
- **Increased commitment:** Healthcare professionals working under servant leaders demonstrate higher levels of organizational commitment (Raoush, 2022; Uktutias et al., 2022), contributing to workforce stability and continuity of care.
- **Professional growth:** Servant leadership creates conditions conducive to professional development and learning (Vanderpyl, 2012; Nadeak, 2019), supporting the ongoing skill development essential in rapidly evolving healthcare environments.

Team and Interprofessional Outcomes

Servant leadership also influences team dynamics and interprofessional collaboration in healthcare settings:

- **Improved leader-member exchange:** Hanse et al. (2016) found significant correlations between servant leadership dimensions and leader-member exchange quality among healthcare professionals, indicating more effective working relationships.
- **Enhanced collaboration:** While Garber et al. (2009) noted that attitudes toward collaboration and servant leadership varied among different healthcare professions (nurses, physicians, and residents), research generally indicates that servant leadership promotes collaborative practices essential for effective healthcare delivery.
- **Voice behavior:** Abdelmotaleb et al. (2021) demonstrated that servant leadership encourages nurses' upward voice behavior, facilitating communication that can improve patient care and organizational processes.
- **Innovative behavior:** Kul and Sonmez (2021) found that servant leadership by nurse managers strengthened the relationship between nurses' innovative behaviors and job performance, suggesting that servant leadership creates conditions where innovation can flourish.

Organizational Outcomes

At the organizational level, servant leadership contributes to outcomes that impact healthcare delivery and organizational effectiveness:

- **Organizational performance:** Several studies link servant leadership to enhanced organizational performance in healthcare settings (Saleem et al., 2022; Hattab & Kornelius, 2021), suggesting broader impacts beyond individual and team outcomes.
- **Patient care quality:** While direct studies of patient outcomes are limited, the documented effects on staff satisfaction, collaboration, and innovation suggest positive implications for patient care quality and safety.
- **Environmental responsibility:** Research by Peng et al. (2022) and Yadav et al. (2022) demonstrates that servant leadership in healthcare promotes pro-environmental behaviors and environmental awareness, contributing to more sustainable healthcare practices.
- **Reduced turnover intentions:** Studies by Omanwar and Agrawal (2022) and Yasir and Jan (2023) confirm that servant leadership reduces turnover intentions among healthcare professionals, addressing a significant challenge in healthcare workforce management.

Implementing Servant Leadership in Healthcare

Translating servant leadership principles into practice requires intentional strategies and organizational support. Based on the literature, several approaches emerge for implementing servant leadership in nursing, pharmacy, and clinical management contexts.

Leadership Development and Training

Research indicates that leadership training can increase servant leadership behaviors in healthcare settings (Murphy et al., 2020). Effective development programs should focus on both the philosophical foundation of servant leadership and practical behavioral skills. Specific strategies include:

- Experiential learning activities that allow leaders to practice servant leadership behaviors in simulated healthcare scenarios
- Reflective practice to help leaders examine their assumptions about leadership and power
- Mentoring relationships with established servant leaders who can model effective behaviors
- Training in specific competencies aligned with the nine dimensions identified by Demeke et al. (2024), such as active listening, empowerment techniques, and collaborative decision-making

Tropello and DeFazio (2014) suggest that incorporating servant leadership principles into nursing administration and academic programs can shape future generations of healthcare leaders who naturally embrace these approaches. This recommendation extends to other healthcare professions, suggesting value in integrating servant leadership into pharmacy education and clinical management training.

Organizational Culture and Systems

Individual leadership development must be supported by organizational cultures and systems that reinforce servant leadership principles. Yancer (2012) documented how servant leadership was used to heal a "broken hospital," highlighting the importance of aligning organizational processes with servant leadership values. Strategies for creating supportive organizational contexts include:

- Revising performance evaluation systems to recognize and reward servant leadership behaviors
- Implementing policies that support work-life balance and employee wellbeing
- Creating structural opportunities for staff input in decision-making
- Establishing recognition programs that celebrate service-oriented behaviors
- Developing succession planning approaches that identify and develop potential servant leaders

Addressing Challenges and Barriers

While servant leadership offers significant benefits in healthcare settings, implementation faces several challenges that must be addressed:

- **Time constraints:** Healthcare environments often operate under intense time pressure, potentially limiting leaders' ability to engage in the relationship-building central to servant leadership. Organizations must create realistic workloads that allow leaders to invest in relationships.
- **Professional silos:** Garber et al. (2009) noted differences in attitudes toward servant leadership among different healthcare professions, reflecting professional silos that can impede collaborative approaches. Interprofessional education and team-building initiatives can help address these divisions.
- **Hierarchical traditions:** Healthcare has historically operated with strong hierarchical structures, which may resist the more egalitarian approach of servant leadership. Gradual cultural change, supported by visible commitment from senior leadership, can help overcome this resistance.
- **Measurement challenges:** The relational outcomes of servant leadership may be difficult to quantify in healthcare systems increasingly focused on metrics and measurement. Developing appropriate indicators that capture both quantitative and qualitative impacts can help demonstrate value.

Future Directions for Research and Practice

While research on servant leadership in healthcare has grown substantially, several areas warrant further investigation to strengthen both theoretical understanding and practical application.

Research Priorities

Demeke et al. (2024) identified several research priorities for advancing servant leadership in healthcare:

- **Antecedents of servant leadership:** More research is needed on factors that predict or facilitate servant leadership behaviors in healthcare contexts. Understanding these antecedents could inform selection and development of healthcare leaders.
- **Team-level dynamics:** Current research focuses primarily on individual outcomes, with limited attention to how servant leadership influences team functioning in healthcare. Given the team-based nature of healthcare delivery, this represents a significant gap.
- **Patient outcomes:** Direct examination of how servant leadership affects patient satisfaction, safety, and clinical outcomes would strengthen the case for its implementation in healthcare settings.
- **Methodological approaches:** Most current research employs cross-sectional designs with self-report measures. Longitudinal, multi-method studies using consistent measurement tools would provide more robust evidence of servant leadership's impacts.

Practical Applications

From a practical perspective, several opportunities exist to enhance servant leadership implementation in healthcare:

- **Contextualized applications:** Developing specific applications of servant leadership principles for different healthcare contexts (acute care, community health, long-term care) would provide more targeted guidance for practitioners.
- **Integration with other approaches:** Exploring how servant leadership complements other leadership models, such as authentic leadership or transformational leadership, could offer healthcare leaders a more comprehensive toolkit.
- **Technology-enabled servant leadership:** As healthcare increasingly incorporates virtual care and digital tools, understanding how servant leadership principles translate to technology-mediated interactions becomes increasingly important.
- **Crisis leadership:** Research by Ma et al. (2021) during the COVID-19 pandemic suggests servant leadership's value in crisis situations. Further exploration of how servant leadership functions during healthcare crises could inform preparedness planning.

CONCLUSION

Servant leadership offers a compelling model for healthcare environments, particularly in nursing, pharmacy, and clinical management contexts. Its emphasis on putting others first, fostering development, and creating supportive environments aligns naturally with healthcare's service-oriented mission and values. Empirical evidence demonstrates that servant leadership contributes to positive outcomes for healthcare professionals, teams, and organizations, suggesting significant potential for addressing contemporary healthcare challenges.

The implementation of servant leadership in healthcare requires both individual development and organizational support, with attention to the unique contextual factors that shape healthcare delivery. While challenges exist, the growing body of research provides a foundation for effective application of servant leadership principles in diverse healthcare settings.

As healthcare continues to evolve in response to technological, demographic, and economic forces, leadership approaches that preserve and enhance the human dimension of care become increasingly vital. Servant leadership, with its focus on the growth and wellbeing of healthcare professionals and the communities they serve, represents not simply a leadership style but a philosophy that can guide healthcare through the complexities of 21st-century challenges while remaining true to its fundamental healing mission.

REFERENCES

1. Abdelmotaleb, M., Metwally, A., & Saha, S. K. (2021). Servant leadership and nurses' upward voice behavior in an Egyptian hospital: Does prosocial motivation matter? *Human Systems Management*, 41(4), 1-12.
2. Aij, K. H., & Rapsaniotis, S. (2017). Leadership requirements for lean versus servant leadership in health care: A systematic review of the literature. *Journal of Healthcare Leadership*, 18(9), 1-14.
3. Allen, G. P., Moore, W. M., Moser, L. R., Neill, K. K., Sambamoorthi, U., & Bell, H. S. (2016). The role of servant leadership and transformational leadership in academic pharmacy. *American Journal of Pharmaceutical Education*, 80(7), 113.
4. Anderson, D. (2016). Servant leadership, emotional intelligence: Essential for baccalaureate nursing students. *Creative Nursing*, 22(3), 176-180.
5. Anderson, R. J. (2003). Building hospital-physician relationships through servant leadership. *Frontiers of Health Services Management*, 20(2), 43-54.
6. Barbuti, J. E., & Wheeler, D. W. (2006). Scale development and construct clarification of servant leadership. *Group & Organization Management*, 31(3), 300-326.
7. Blau, P. M. (1964). Exchange and power in social life. New York: Wiley.
8. Cotté, L., & McKimm, J. (2019). Putting service back into health care through servant leadership. *British Journal of Hospital Medicine*, 80(4), 220-224.
9. Demeke, G. W., van Engen, M. L., & Markos, S. (2024). Servant leadership in the healthcare literature: A systematic review. *Journal of Healthcare Leadership*, 16, 1-14.
10. Der Kinderen, S., Valk, A., Khapova, S. N., & Tims, M. (2020). Facilitating eudaimonic well-being in mental health care organizations: The role of servant leadership and workplace civility climate. *International Journal of Environmental Research and Public Health*, 17(4), 1173.

11. Faraz, N. A., Xiong, Z. D., Mehmood, S. A., Ahmed, F., & Pervaiz, K. (2023). How does servant leadership nurture nurses' job embeddedness? Uncovering sequential mediation of psychological contract fulfillment and psychological ownership. *Journal of Nursing Management*, 7294334.
12. Farrington, S. M., & Lillah, R. (2019). Servant leadership and job satisfaction within private healthcare practices. *Leadership in Health Services*, 32(1), 148-168.
13. Garber, J. S., Madigan, E. A., Click, E. R., & Fitzpatrick, J. J. (2009). Attitudes towards collaboration and servant leadership among nurses, physicians, and residents. *Journal of Interprofessional Care*, 23(4), 331-340.
14. Greenleaf, R. K. (1977). *Servant leadership: A journey into the nature of legitimate power and greatness*. New York: Paulist Press.
15. Hanse, J. J., Harlin, U., Jarebrant, C., Ulin, K., & Winkel, J. T. (2016). The impact of servant leadership dimensions on leader-member exchange among health care professionals. *Journal of Nursing Management*, 24(2), 228-234.
16. Hattab, S., & Kornelius, Y. (2021). Effect of servant leadership on the performance of a regional general hospital. *Problems and Perspectives in Management*, 19(2), 507-518.
17. Hosseini, S. M., Hosseini, S. S., & Maher, A. (2016). The relationship between servant leadership and spirituality in the workplace and perceived organizational support among nurses of medical and educational centers in Kermanshah. *International Journal of Medical Research & Health Sciences*, 5(9S), 94-99.
18. Irving, J. A., & Berndt, J. (2017). Leader purposefulness within servant leadership: Examining the effect of servant leadership, leader follower-focus, leader goal-orientation, and leader purposefulness in a large U.S. healthcare organization. *Administrative Sciences*, 7(2), 1-20.
19. Kul, S., & Sonmez, B. (2021). The effect of nurse managers' servant leadership on nurses' innovative behaviors and job performances. *Leadership & Organization Development Journal*, 42(8), 1168-1184.
20. Ma, Y., Faraz, N., Ahmed, F., Iqbal, M. K., Saeed, U., Mughal, M. F., & Raza, A. (2021). Curbing nurses' burnout during COVID-19: The roles of servant leadership and psychological safety. *Journal of Nursing Management*, 29(8), 2383-2391.
21. Mahon, D. (2021). Can using a servant-leadership model of supervision mitigate against burnout and secondary trauma in the health and social care sector? *Leadership in Health Services*, 34(2), 198-214.
22. Malak, H., Mirza, B., Rundio, A., & Mirza, M. (2022). Impact of practicing servant leadership style among Chief Nursing Officers (CNOs) in nursing organizations. *Journal of Interprofessional Education & Practice*, 29, 100562.
23. Mostafa, A. M. S., & El-Motalib, E. A. A. (2019). Servant leadership, leader-member exchange, and proactive behavior in the public health sector. *Public Personnel Management*, 48(3), 309-324.
24. Murphy, C., Campbell, E., Boland, P., & Sick, B. (2020). The leadership baseline: Assessing servant leadership and leadership self-efficacy in first-year health professions students. *Journal of Interprofessional Education & Practice*, 20(11), 100354.
25. Nadeak, B. (2019). Effects of servant leadership and training programs on servant motivation of hospital medical personnel. *Indian Journal of Public Health Research & Development*, 10(9), 1772-1775.
26. Neville, K. L., Conway, K., Maglione, J. L., Connolly, K. A., Foley, M. C., & Re, S. (2021). Understanding servant leadership in nursing: A concept analysis. *International Journal for Human Caring*, 25(1), 22-29.
27. Omanwar, S. P., & Agrawal, R. K. (2022). Servant leadership, organizational identification, and turnover intention: An empirical study in hospitals. *International Journal of Organizational Analysis*, 30(2), 239-258.
28. Peng, J., Samad, S., Coomite, U., Aslam, M. S., Butt, A. H., Javed, S., & Ur Rahman, M. (2022). Environmentally specific servant leadership and employees' energy-specific pro-environmental behavior: Evidence from a healthcare sector of a developing economy. *International Journal of Environmental Research and Public Health*, 19(13), 7641.
29. Raoush, A. (2022). Relationship between adopting servant leadership style and employee commitment: Empirical evidence from Jordanian governmental hospitals. *Problems and Perspectives in Management*, 20(1), 299-309.
30. Saleem, S., Tourigny, L., Raziq, M. M., Shaheen, S., & Goher, A. (2022). Servant leadership and performance of public hospitals: Trust in the leader and psychological empowerment of nurses. *Journal of Nursing Management*, 30(5), 1206-1214.
31. Schwartz, R. W., & Tumblin, T. F. (2002). The power of servant leadership to transform health care organizations for the 21st-century economy. *Archives of Surgery*, 137(12), 1419-1427.

32. Sturm, B. A. (2009). Principles of servant-leadership in community health nursing: Management issues and behaviors discovered in ethnographic research. *Home Health Care Management & Practice*, 21(2), 82-89.
33. Trastek, V. F., Hamilton, N. W., & Niles, E. E. (2014). Leadership models in health care: A case for servant leadership. *Mayo Clinic Proceedings*, 89(3), 374-381.
34. Tropello, P. D., & DeFazio, J. (2014). Servant leadership in nursing administration and academia shaping future generations of nurses and interdisciplinary team providers to transform healthcare delivery. *Nurse Leader*, 12(6), 59-66.
35. Uktutias, S. A. M., Iswati, S., Hadi, C., & Suhariadi, F. (2022). Servant leadership and job satisfaction and organizational commitment: Empirical evidence from Surabaya health care sector. *Open Access Macedonian Journal of Medical Sciences*, 10(E), 1082-1093.
36. Vanderpyl, T. H. (2012). Servant leadership: A case study of a Canadian health care innovator. *Journal of Healthcare Leadership*, 4, 9-16.
37. Westbrook, K. W., Nicol, D., Nicol, J. K., & Orr, D. T. (2022). Effects of servant leadership style on hindrance stressors, burnout, job satisfaction, turnover intentions, and individual performance in a nursing unit. *Journal of Health Management*, 24(4), 670-684.
38. Xiao, Q., Liang, X., Liu, L., Klarin, A., & Zhang, C. (2023). How do work-life balance programmes influence nurses' psychological well-being? The role of servant leadership and learning goal orientation. *Journal of Advanced Nursing*, 79(2), 2720-2731.
39. Yadav, M., Yadav, R., Tokas, S., & Farooq, R. (2022). Environmental awareness in Indian pharmaceutical industry: Role of green HRM and servant leadership. *Journal of Pharmaceutical Negative Results*, 13(8), 1660-1664.
40. Yancer, D. A. (2012). Betrayed trust: Healing a broken hospital through servant leadership. *Nursing Administration Quarterly*, 36(1), 63-80.
41. Yasir, M., & Jan, A. (2023). Servant leadership in relation to organizational justice and workplace deviance in public hospitals. *Leadership in Health Services*, 36(2), 164-185.