

EXPLORING HOW SERVANT LEADERSHIP ENHANCES NURSES' WORK PERFORMANCE THROUGH PSYCHOLOGICAL WELL-BEING AND WORK ENGAGEMENT AMID UAE HEALTHCARE REFORMS

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Abstract: The global nursing shortage has heightened the demand for effective leadership approaches that enhance nurses' performance and promote workforce retention, particularly within the reform-driven healthcare landscape of the United Arab Emirates (UAE). Servant leadership (SL) has emerged as a pivotal leadership style influencing nurses' outcomes; however, the psychological and motivational pathways underlying this relationship remain insufficiently examined. Drawing on the Conservation of Resources (COR) theory and the Job Demands–Resources (JD-R) model, this study investigates the direct and indirect effects of SL on nurses' work performance (NWP) through the mediating roles of nurses' psychological well-being (NPWB) and work engagement (NWE). Data collected from 415 nurses in UAE public healthcare institutions were analyzed using partial least squares structural equation modeling (PLS-SEM). The findings revealed a partially mediated model explaining 87% of the variance in NWP, indicating that SL positively influences NPWB, NWE, and NWP, while both NPWB and NWE significantly enhance NWP. These results confirm that SL strengthens nurses' psychological and motivational resources, thereby fostering superior performance. The study advances leadership and well-being research by elucidating SL's resource-enabling role and provides actionable insights for integrating servant leadership principles into healthcare leadership development and reform initiatives to enhance performance and sustainability.

Keywords: servant leadership; nursing; psychological well-being; work performance; healthcare reform, UAE, structural equation modeling.

1. INTRODUCTION

Nursing is recognized as the bedrock of a successful healthcare system where nurses' task and context performance is considered a critical determinant of healthcare effectiveness and success (Jackson et al., 2022; Krijghsheld et al., 2022). Nurses' roles in a healthcare setup are not limited to traditional nursing skills but encompass a wide array of responsibilities and duties related to patient advocacy and support roles and health education, as well as continued development through training and conducting research (Sarıköse & Göktepe, 2022; Xue et al., 2025). Their ability to perform effectively in a complex and dynamic healthcare setting is crucial for maintaining patient safety and system sustainability (Jackson et al., 2022). In a continuously transforming healthcare system, nurse performance, in terms of both skills and context, is a critical success factor in evaluating and measuring a healthcare system's competence in offering balanced and high-quality health services (Krijghsheld et al., 2022; Xue et al., 2025).

The United Arab Emirates (UAE) has implemented substantial reforms through its Vision 2031 plan to establish a world-class healthcare system and prioritize nursing roles in this strategic change (Al-Bashaireh et al., 2025; Al-Yateem et al., 2022). However, there are persistent challenges that have a direct effect on both nursing performance and nursing health (Al Badi et al., 2023). The reliance on expatriate nursing staff from a multicultural and

multilingual context has posed challenges as well as opportunities for nursing practice in a multicultural setting (Al-Yateem et al., 2023). This can cause challenges for nursing performance. The nursing environment in the UAE has remained under pressure due to a shortage of nursing staff that continues to affect nursing performance (Alhosani et al., 2023). The nursing shortage has risen to alarming proportions as a critical concern for this country. The ratio in the UAE is below that recommended for health care delivery. The ratio is 6.05 per 1,000 people in comparison to a recommended ratio of eight per 1,000 people as recommended by the World Health Organization (Wang et al., 2023; WAM, 2024). There are forecasts that this shortage will need to increase to 26,000 more nurses to cater to rising demands for services in 2030 (Colliers, 2023). In this context, the nursing shortage has increased nursing stress and burnout in this country (Al Badi et al., 2023; Hasan et al., 2023). Therefore, boosting nursing performance and well-being has become a key and a top concern in this country (Al Badi et al., 2023; Al-Bashaireh et al., 2025). Therefore, serious nursing leadership is required to meet all challenges within this field.

In this scenario, leadership is one of the factors that significantly affect nursing motivation, flexibility, and performance (Purwatyningsih et al., 2025). In relation to leadership styles and theories, Servant Leadership (SL) has emerged as a more relevant and fitting strategy that is more in line with the humane and communally focused ideals that nursing is deeply committed to (Demeke et al., 2024). With its underlying tenets revolving around empathy, altruism, fairness in all undertakings, and a sincere interest in and concern for one's "followers'" development and well-being, Servant Leadership is associated with a "trust-based and morally centered" work environment that is focused on empowerment and ethics (Bayati et al., 2025; Purwanti et al., 2023). Contrary to other leadership patterns like transactional and/or transactional-transformational leadership styles that are much more self-centered and focused on transactional exchanges between leaders and their workers in pursuit of shared success and productivity gains (Xue et al., 2025), Servant-Leaders personalize all efforts and undertakings in a more meaningful and profoundly humanistic fashion that is primarily and directly centered on catering to and serving "subordinate" interests and needs (Demeke et al., 2024; Kül & Sönmez, 2021). Empirical evidence suggests that servant leadership is associated with reduced nurse burnout, enhanced job satisfaction, and improved individual and organizational performance (Kül & Sönmez, 2021; Purwatyningsih et al., 2025; Westbrook et al., 2022). In the UAE, where healthcare reforms necessitate both high task performance and adaptability, servant leadership may offer unique advantages over other styles by nurturing the psychological and motivational resources nurses need to thrive (Al Badi et al., 2023; Al-Bashaireh et al., 2025; Hasan et al., 2023).

Although there is a growing realization about the positive role of servant leadership, there is a lack of clarity on how different individual resources and capabilities mediate its indirect effect on the performance of nurses (Kaltiainen & Hakanen, 2022; Niinihuhta & Häggman-Laitila, 2022). Current literature has acknowledged that psychological well-being and work engagement are important personal resources that can mediate between servant leadership and performance in nurses (Alluhaybi et al., 2023; Kaltiainen & Hakanen, 2022; Niinihuhta & Häggman-Laitila, 2022). Psychological well-being is a looking-glass term that refers to job satisfaction, balance, and stability in mental health (Alzghoul et al., 2023). Psychological well-being allows nursing staff to manage stress and build their abilities and confidence in staying resilient and in enhancing their performance (Putra et al., 2024; Yang et al., 2024). On the other hand, work engagement refers to vigor, dedication, and absorption in a workplace that approximates a state of heightened and stable job dedication and absorption (Kaltiainen & Hakanen, 2022; Xue et al., 2025). Psychological well-being enables nurses to manage stress, maintain resilience, and sustain motivation, while work engagement, characterized by vigor, dedication, and absorption, has been shown to mediate the relationship between leadership and job performance (Al Badi et al., 2023; Alluhaybi et al., 2023; Kaltiainen & Hakanen, 2022). However, the extent to which these constructs jointly mediate the impact of servant leadership on nurses' performance, especially within the unique context of the UAE's healthcare reforms, warrants further investigation (Al Badi et al., 2023; Al-Bashaireh et al., 2025; Hasan et al., 2023).

To fill this gap, guided by the Conservation of Resources (COR) theory and complemented by the Job Demands–Resources (JD-R) model, this study investigates the direct impact of servant leadership on nurses' work performance in the UAE's healthcare, within the context of healthcare reforms. More critically, it explores the mediating roles of nurses' psychological well-being and work engagement in this relationship. Through the integration of these theoretical frameworks, the current study sheds light on how servant leadership catalyzes resource attainment and preservation through the psychological well-being and work engagement of nurses, ultimately giving rise to outstanding task and contextual performance.

Based on the foregoing, this study seeks to answer the following research questions:

1. To what extent does servant leadership influence nurses' work performance in the UAE's healthcare reforms?
2. Does nurses' psychological well-being serve as a mediator in the relationship between servant leadership and nurses' work performance in the UAE's healthcare reforms?
3. Does nurses' work engagement serve as a mediator in the relationship between servant leadership and nurses' work performance in the UAE's healthcare reforms?

2. LITERATURE REVIEW AND HYPOTHESIS BUILDING

2.1 Theoretical Framework

On the basis of the Conservation of Resources (COR) theory (Hobfoll et al., 2018) and based on Job Demands–Resources (JD-R) theory (Bakker & Demerouti, 2018), this study proposes that servant leadership (SL) is a critical organizational resource that directly and indirectly boosts nurses' work performance in reform-oriented healthcare

settings. SL as a second-order construct is posited as having seven behaviorally distinct dimensions: "emotional healing, building community value, conceptual skills, empowerment, facilitating subordinates' development and success, prioritizing subordinates, and ethical behavior" (Liden et al., 2015). Together, they offer psychosocial as well as structural resources that buffer stressors to create an empowering climate of trust, sympathy, and support (Demeke et al., 2024; Purwatyningsih et al., 2025). The COR theory argues that servant leadership serves as a resource-generating factor that serves to help nurses build and retain valued individual and job resources like autonomy, psychological well-being, and work engagement (Chen et al., 2024; Putra et al., 2024). The acquisition and conservation of resources can avert burnout syndrome and boost nurses' level of work motivation and high-level task performance (Alahbabi et al., 2023; Chen et al., 2024). On a different note—but equally important—servant leadership is revealed as a job resource that enhances empowerment and participation in decision-making while reducing emotional and job pressure and stress in job demands and resources theory (Bakker & Demerouti, 2018; Alahbabi et al., 2023; Westbrook et al., 2022). Servant leadership operates as a dual-process theory that accumulates resources and diminishes job resources to produce positive job states that eventually translate to outstanding performance and contextual performance (Kohnen et al., 2024; Xiao et al., 2024).

Based on this theoretical foundation, this theoretical framework explains how servant leadership improves nurses' psychological well-being and work engagement as key mediating factors in linking leadership styles and performance. According to COR theory, servant leaders promote psychological resources of optimism, job satisfaction, and resilience that are required to manage emotional demands and sustain a positive well-being during the healthcare reform in the UAE (Cai et al., 2023; Ma et al., 2021). On a different note, though, is how Job Demand and Resource theory states that servant leaders build job resources that promote vigor, dedication, and absorption in order to boost nurses' engagement (Kohnen et al., 2024; Xue et al., 2025). The boosting of this psychological status not only leads to increased well-being but is reflected in enhanced job attitudes in which nurses' motivation and discretion improve work performance (Kaltiainen & Hakanen, 2022). In general, it provides a resource-based account of how, by fostering nurses' psychological well-being and work engagement, servant leadership promotes superior performance in the context of ongoing healthcare reforms. Figure 1 provides the conceptual model guiding the present work.

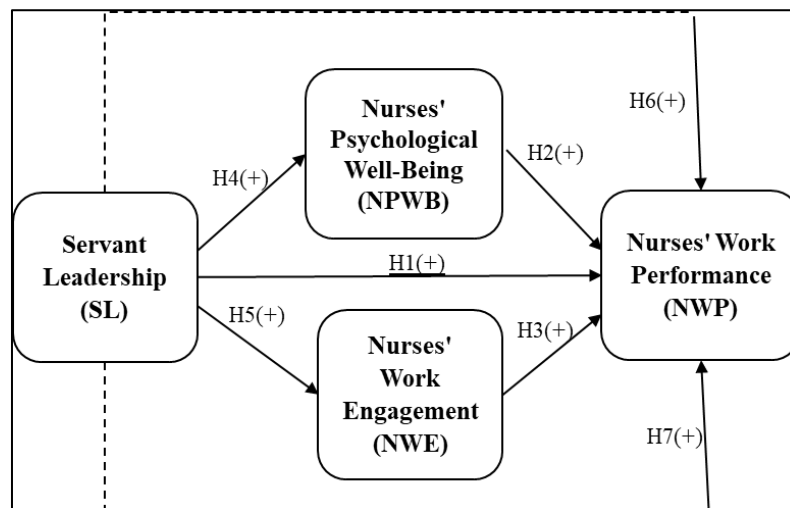


Figure 1: The Conceptual Model

2.2 Hypothesis Building

2.3.1 Servant Leadership and Nurses' Work Performance

Servant Leadership (SL) has emerged as a pivotal leadership paradigm for promoting excellence, compassion, and continuity of care in healthcare organizations. Conceptually, SL advocates prioritizing the needs, development, and well-being of subordinates above those of the leader, grounded in altruistic and virtuous values (Demeke et al., 2024; Eva et al., 2019). Within healthcare environments, this leadership style fosters empathy, trust, and empowerment, key psychological and relational resources essential for sustaining performance during periods of uncertainty and reform (Nisar Khattak et al., 2024; Wu et al., 2024). As delineated by Eva et al. (2019) and Liden et al. (2015), SL comprises seven interrelated dimensions: emotional healing, creating value for the community, conceptual skills, empowerment, helping subordinates grow and succeed, putting subordinates first, and demonstrating ethical behavior. Collectively, these dimensions form a multidimensional framework that strengthens nurses' psychological resources, intrinsic motivation, and commitment, thereby enhancing job satisfaction and professional efficiency (Demeke et al., 2024; Eva et al., 2019). Empirical evidence consistently demonstrates that the ethical conduct, individualized attention, and shared vision embedded in SL practices significantly improve nurses' creativity, job commitment, and work performance across diverse healthcare settings globally (Bayati et al., 2025; Faraz et al., 2023; Kül & Sönmez, 2021; Purwanti et al., 2023).

Within the context of the UAE, SL holds distinct significance given the nation's ongoing efforts to develop a world-class, patient-centered healthcare system (Al-Yateem et al., 2022; Upadhyay, 2024). The UAE's healthcare sector is characterized by a culturally heterogeneous expatriate nursing workforce that frequently encounters cross-

cultural and work-related stressors (Al-Bashaireh et al., 2025; Al-Yateem et al., 2023). Servant leadership, through its focus on supportive and empowering relationships, offers a constructive mechanism to address these challenges by fostering psychological safety, cultural integration, and intrinsic motivation (Upadhyay, 2024). Furthermore, SL aligns closely with the UAE's collectivist cultural values that emphasize community welfare and shared responsibility, thereby reinforcing its social and ethical sustainability as a leadership framework for healthcare administrators (Alahbabi et al., 2023). Recent UAE-based empirical studies have further substantiated that SL not only enhances nurses' work performance but also elevates their overall happiness—a critical driver of healthcare quality and organizational sustainability in the global context (Alahbabi et al., 2023; Al-Bashaireh et al., 2025; Upadhyay, 2024). The COR theory (Hobfoll et al., 2018) provides the theoretical foundation for understanding how SL fosters nurses' psychological resource gain, enabling them to maintain and expand valuable emotional and cognitive capacities under the pressures of healthcare reform (Ma et al., 2021; Xiao et al., 2024). In line with this theoretical perspective, servant leadership is posited to enhance nurses' work performance. Accordingly, the present study proposes the following hypothesis:

Hypothesis 1: Servant leadership exerts a significant and positive effect on nurses' work performance within the UAE's healthcare reform context.

2.3.2 The Mediating Roles of Nurses' Psychological Well-Being and Work Engagement in the Healthcare Reform Context

Servant leadership serves as a pivotal contextual stimulus for enhancing nurses' work performance; however, empirical ambiguities persist regarding the underlying psychological resources that mediate this relationship, particularly in the face of reform-driven healthcare systems such as those in the United Arab Emirates (UAE) (Alahbabi et al., 2023; Bayati et al., 2025; Yu et al., 2025). Grounded in the COR theory and the JD-R model, nurses' psychological well-being (NPWB) and work engagement (NWE) are conceptualized as core personal and job resources that transform high job demands into sustained performance (Morales-García et al., 2024; Xiao et al., 2023). In the high-stress environment of healthcare, particularly within the context of the UAE's ambitious reform agenda, nurses' psychological well-being is not merely a desirable state but a critical determinant of their ability to deliver safe and effective care (Al-Yateem et al., 2022). Poor psychological well-being can lead to productivity loss through absenteeism and presenteeism (impaired performance while at work). Recent empirical evidence strongly supports this relationship. Empirical evidence across African and Middle Eastern contexts reveals that higher NPWB predicts superior task and contextual performance, whereas diminished NPWB contributes to productivity loss through absenteeism and presenteeism (Opoku & Owusu, 2024; Hussein et al., 2024). For instance, studies in Ghana and Egypt demonstrate that psychological well-being explains up to 83% of performance variance among nurses (Mobarak et al., 2023), while in the UAE, approximately 42% of nurses experience severe psychological distress linked to impaired productivity (Al-Yateem et al., 2022). Thus, the link between NPWB and performance is particularly salient. Therefore, we hypothesize that:

Hypothesis 2: Nurses' psychological well-being positively predicts their work performance within the UAE's healthcare reform context.

Work engagement, characterized by vigor, dedication, and absorption, is a key driver of proactive and effective work behavior (Mohammed et al., 2025). Within the JD-R framework, engagement is the motivational pathway through which job and personal resources are translated into higher performance (Morales-García et al., 2024). Engaged nurses are not only more likely to perform their prescribed tasks effectively but also to engage in discretionary efforts that contribute to organizational success (Huang et al., 2025). The empirical link between work engagement and performance in nursing is well-established in recent literature. A 2025 study of midwives in Ghana, using structural equation modeling, found that work engagement fully mediated the relationship between organizational commitment and work performance, with a strong path from engagement to performance ($\beta=0.662$, $p<0.05$) (Mohammed et al., 2025). Further supporting this, a cross-sectional study of 329 nurses in Peru revealed that high work engagement was the strongest predictor of high job satisfaction ($OR=10.764$), a well-known correlate of performance (Cayllahua Curiñaupa et al., 2025). The UAE's healthcare reforms, with their emphasis on quality, efficiency, and expanded nursing roles, demand a highly engaged workforce (Al Badi et al., 2023). Given the evidence that engagement drives performance and satisfaction, we hypothesize that:

Hypothesis 3: Nurses' work engagement positively predicts their work performance within the UAE's healthcare reform context.

Servant leadership (SL), because of its orientation towards the development and welfare of the followers, is hypothesized to establish a motivated and psychologically healthy work context (Demeke et al., 2024; Bayati et al., 2025). By placing more emphasis on the welfare of their adherents, servant leaders can moderate the harmful strains imposed by job demands and improve individuals' personal resources. This can lead to enhanced psychological well-being (Huang et al., 2025; Xiao et al., 2023). This has particular applicability to the UAE health context, where nurses currently encounter high levels of stress sources related to workload and the psychosocial demands of patient treatment (Demeke et al., 2024; Ma et al., 2021). The role of servant leadership in health has been systematically reviewed; this shows the significantly positive relationship between servant leadership and health-related staff's well-being (Demeke et al., 2024). A relationship analysis involving 443 nurses during the COVID-19 outbreak presented a significantly inverse relationship between SL and burnout factors ($\beta=-0.318$), clearly developing the buffering role of servant leadership (Ma et al., 2021). Moreover, the positive relationship between SL and teachers' job-specific health gained prominence. This revealed a positive regression effect between SL and teachers' job-specific health ($\beta=0.269$, $p<.001$), and the relationship between the factors became partly

mediated by individuals' perceptions of their role autonomy. This mediation explained 49.07% of the total relationship (Yu et al., 2025). Given the documented psychological distress among UAE nurses (Al-Yateem et al., 2022) and the reform-driven need for a resilient workforce, leadership styles that actively promote well-being are essential. Therefore, we hypothesize that:

Hypothesis 4: Servant leadership has a significant positive effect on nurses' psychological well-being within the UAE's healthcare reform context.

Servant leadership cultivates an environment where nurses feel valued, supported, and empowered, which are key drivers of work engagement. According to the JD-R model, servant leaders provide crucial job resources, such as social support, autonomy, and opportunities for growth, which in turn stimulate the motivational process leading to work engagement (Kohnen et al., 2024). By providing resources, showing empathy, and encouraging participation, servant leaders enhance nurses' intrinsic motivation and their willingness to invest themselves fully in their work, ultimately leading to higher levels of work engagement (Kohnen et al., 2024; Malićanin et al., 2025; Xue et al., 2025). In the UAE's healthcare sector, where supportive leadership styles are found to boost nurses' work engagement, servant leaders can play a pivotal role in fostering a workforce that is vigorous and dedicated (Al-Bashaireh et al., 2025). Therefore, we hypothesize that:

Hypothesis 5: Servant leadership has a significant positive effect on nurses' work engagement within the UAE's healthcare reform context.

Building on H2 and H4, we argue that servant leadership enhances work performance not just directly, but by first fostering a psychologically healthy work environment. Servant leaders, by their nature, are attuned to the well-being of their followers. They create conditions that reduce stress and burnout, which in turn allows nurses to perform their duties more effectively (Demeke et al., 2024). A study on the effects of servant leadership in a nursing unit found that it buffered hindrance stressors and decreased burnout, while job satisfaction fully mediated the relationship with individual performance (Westbrook et al., 2022). While job satisfaction is not identical to psychological well-being, it is a significant component of it. Another study found that psychological safety, a construct closely related to psychological well-being, mediated 63.1% of the variance in nurses' burnout during the COVID-19 pandemic, with servant leadership being a key antecedent (Ma et al., 2021). The study on kindergarten teachers, which found that psychological empowerment mediated the relationship between servant leadership and professional well-being, also provides a model for how such a mediation could work (Yu et al., 2025). In the UAE context, where psychological distress is high (Al-Yateem et al., 2022), the ability of servant leaders to improve psychological well-being could be a primary mechanism for enhancing nurse performance. Therefore, we hypothesize that:

Hypothesis 6: Nurses' psychological well-being positively mediates the correlation between servant leadership and nurses' work performance within the UAE's healthcare reform context.

Based on H3 and H5, we propose that servant leadership boosts work performance by increasing nurses' engagement. Despite a lack of prior research exploring the proposed hypothesis, it has been found that work engagement plays a crucial mediating role in the relationship between leadership and performance (Holtan et al., 2024). Recent studies have identified that work engagement plays a crucial role in serving as a psychological mechanism through which the positive impacts of leaders' behaviors are linked to the desired outcome, namely performance (Kohnen et al., 2024; Ozturk et al., 2021; Xue et al., 2025). Servant leaders achieve this by providing the resources and support that fuel the vigor, dedication, and absorption characteristic of engagement. A 2024 study provides a strong parallel, showing that person-organization fit partially mediates the relationship between servant leadership and work engagement (Keneke, 2024). Furthermore, a study of midwives in Ghana demonstrated that work engagement fully mediates the relationship between organizational commitment and work performance (Mohammed et al., 2025; Zada et al., 2022). This provides a clear model for how an antecedent state (in this case, commitment, which can be fostered by servant leadership) is translated into performance through engagement. For the UAE, where the National Strategy for Nursing/Midwifery aims to build a world-class nursing workforce (Al Badi et al., 2023), understanding the mechanisms that translate leadership into performance is crucial. Fostering engagement is a more direct and sustainable path to high performance than command-and-control approaches. Therefore, we hypothesize that:

Hypothesis 7: Nurses' work engagement positively mediates the correlation between servant leadership and nurses' work performance within the UAE's healthcare reform context.

3. METHODS

3.1 Data Collection and Participants

The public healthcare sector constitutes a vital pillar of societal well-being and national development in the UAE, serving as both a social welfare mechanism and a driver of economic growth (Al-Bashaireh et al., 2025). Nurses, as frontline healthcare professionals, play a pivotal role in ensuring the effective delivery of care and the overall efficiency of the system (Al Badi et al., 2023). This aligns with the strategic objectives of UAE Vision 2031, which aspires to position the nation among the world's top ten healthcare systems by cultivating a highly skilled national workforce while simultaneously attracting international expertise. According to 2023 statistics, the UAE's public healthcare workforce comprises 59,798 nurses, with 31,153 in Abu Dhabi, 23,291 in Dubai, and 5,354 across the Northern Emirates (U.A.E. Healthcare Sector, 2024; WAM, 2024). Against this backdrop, the present study

focuses on the public healthcare sector, with the expectation that its findings will provide a robust representation of the broader healthcare landscape across the UAE and the wider GCC region.

To ensure representation, the study used a stratified random sampling approach, dividing the target population into emirates and then using proportional random sampling for each category. Additionally, the study obtained formal ethical approval from the concerned health authorities in the UAE for gathering the data used for the research. Out of the total of 500 distributed questionnaires, 415 valid responses were obtained, reflecting a response rate of approximately 83%. The selected sample represents mostly female nurses (74.2%), who are mainly expatriate nationals (71.8%). Additionally, the vast majority are aged between 31 and 45 years old. Moreover, the majority (84.3%) indicated the attainment of a baccalaureate degree, while three-fourths (75.4%) indicated six to fifteen years of public healthcare sector work experience. Also, Table 1 above highlights other demographics reflecting the healthcare facilities, shifts, and emirates designated for the study participants, among others. In conclusion, the demographics used for the sample are proportional to the healthcare sector's settings and characteristics in the public healthcare sector of the UAE's nursing profession generally.

Table 1: The Respondents' Characteristics (n= 415)

Item	Category	Frequencies	Percentage
Gender	Male	107	25.8
	Female	308	74.2
Nationality	Emirati	117	28.2
	Non-Emirati	298	71.8
Age Group	25-30 Year	71	17.1
	31-35 Year	82	19.8
	36-40 Year	145	34.9
	41-45 Year	105	25.3
	46-50 Year	12	2.9
Education Level	Diploma	19	4.6
	Bachelor	350	84.3
	Master	35	8.4
	Doctorate	11	2.7
Healthcare Experience	3-5 years	79	19.0
	6-10 years	176	42.4
	11-15 years	137	33.0
	16-20 years	13	3.1
	More than 20 years	10	2.4
Type Facility	Hospital	280	67.5
	Clinic	67	16.1
	Private practice	4	1.0
	Community Health Centre	64	15.4
The Work Shift	Day shift	127	30.6
	Night shift	9	2.2
	Rotating shifts	279	67.2
The region (Emirate Name)	Abu Dhabi	224	54.0
	Dubai	157	37.8
	The Northern Emirates	34	8.2

3.2 Measures

According to the conceptualized theoretical model, there are five key central constructs as shown in Figure 1. To warrant the validity and reliability of measurement, the study adopted psychometrically established scales that have been widely applied in past studies. Each of the constructs was operationalized by adopting a five-point Likert scale from 1 (Never) to 5 (Always), appropriately covering nurses' perceptions of servant leadership (SL) and work performance of nurses (NWP), while the scale from 1 (strongly disagree) to 5 (strongly agree), appropriately covering nurses' perceptions of their psychological well-being (NPWB) and work engagement (NWE). SL was measured by using the validated scale developed by Dennis and Bocarnea (2005). The measure consists of 28 items that capture the seven dimensions identified as a second-order construct: "Emotional Healing (SL-EH), Community Value (SL-CV), Conceptual Skills (SL_CS), Empowering (SL_E), Helping Subordinates Grow and Succeed (SL_HSGS), Putting Subordinates First (SL_PSF), and Behaving Ethically (SL_BE)". Nurses' psychological well-being was measured by using the validated scale developed by Pradhan and Hati (2022) that consists of 8 items. Nurses' work engagement (NWE) was measured by using the "Utrecht Work Engagement Scale (UWES)" developed by Schaufeli et al. (2002), consisting of 17 items operationalized at the second-order construct that consists of vigor, dedication, and absorption. Finally, nurses' work performance (NWP) was measured by using the validated scale developed by Greenslade and Jimmieson (2007), and modified for the GCC context by Al-Dossary (2022). The measure consists of 41 items that capture the two dimensions identified as a second-order construct: task performance and contextual performance.

3.3 Procedure

Due to the predictive emphasis of the study, the measurement and structural model were assessed through the SEM-PLS approach, using the Smart-PLS 3.3.3 software. PLS-SEM is extensively recognized as a powerful method for research that is predictive as well as research that analyzes complex frameworks (Alshammakh & Azmin, 2021; Hair et al., 2021). As opposed to covariance-based SEM, the former provides improved statistical power in predictive settings as well as enhanced flexibility for multiple-construct models (Henseler & Schubert, 2023). As such, the approach is best suited to studying the predictive effect of servant (SL) combined with nurses' psychological well-being (NPWB), and nurses' work engagement (NWE) on nurses' work performance (NWP), together with assessing the mediation roles of the NPWB and NWE.

It was carried out in two separate stages. In the first, the measurement model was evaluated for both validity and reliability. Higher values than 0.70 for the Composite Reliability (CR) indicated internal consistency (Hair et al., 2021), while Average Variance Extracted (AVE) values of at least 0.50 confirmed convergent validity (Hair et al., 2021). The PLS Algorithm was used to evaluate item loading, which demonstrates convergent validity at the construct level when it exceeds 0.60 (Alhindaassi et al., 2025; Hair et al., 2021). Discriminant validity was ascertained using the HTMT criterion, where values needed to be less than 0.90 (Al Azzani et al., 2024; Henseler et al., 2015). In the second phase, the PLS-SEM analysed the explained variance (R^2). According to Cohen (1988), if the R^2 value exceeds 0.26, the model enjoys substantial explanatory ability. Moreover, the effect of latent variables upon the dependent variable was assessed using the f^2 analyses, providing a complement to the R^2 evaluations (Hair et al., 2012). According to Cohen (2013), f^2 values report the effect sizes, as follows: small (0.02 to 0.15), medium (0.16 to 0.35), and large (> 0.35). Additionally, predictive relevance (Q^2), where values above zero reflects predictive validity (Hair et al., 2021). Path significance was tested during bootstrapping based on 5,000 resamples, where the one-tailed hypotheses were significant at $t \geq 1.645$ ($p < 0.05$) as well as $t \geq 2.33$ ($p < 0.01$) (Hair et al., 2021).

4. RESULTS

4.1 Measurement Model Results

Following the guidelines provided by Hair et al. (2021) and Meeker et al. (2022), the present research carried out a careful analysis of the measurement model, including tests of construct validity, convergent validity, as well as discriminant validity. As presented in Table 2, the Cronbach's alpha values of SL dimensions as a second-order construct ranged between 0.75 and 0.86, which were all above the minimum recommendation of 0.70, thereby confirming appropriate internal reliability. Likewise, the values of Composite Reliability (CR) also ranged between 0.85 and 0.91, all above the threshold requirement of 0.70, further substantiating construct consistency. To establish convergent validity, as reflected in Table 2, all items demonstrated loading values above 0.60, thereby meeting the convergent validity threshold at the construct level. Moreover, the values of the AVE for each construct were observed to be beyond the conventional threshold value set at 0.50, thereby confirming that the latent constructs significantly captured the variance underlying their respective indicators.

Table 2: Construct Reliability and Convergent Validity (Loading and AVE) for SL Measure

Dimension	Item	Loading (≥ 0.60)	Cronbach's Alpha (≥ 0.70)	CR (≥ 0.70)	AVE (> 0.50)
Emotional Healing (SL_EH)	SL_EH1	0.86	0.86	0.91	0.71
	SL_EH2	0.87			
	SL_EH3	0.89			
	SL_EH4	0.73			
Community Value (SL_CV)	SL_CV1	0.71	0.82	0.88	0.66
	SL_CV2	0.82			
	SL_CV3	0.84			
	SL_CV4	0.86			
Conceptual Skills (SL_CS)	SL_CS1	0.60	0.75	0.85	0.58
	SL_CS2	0.81			
	SL_CS3	0.82			
	SL_CS4	0.79			
Empowering (SL_E)	SL_E1	0.74	0.81	0.88	0.64
	SL_E2	0.86			
	SL_E3	0.87			
	SL_E4	0.72			
Helping Subordinates Grow and Succeed (SL_HSGS)	SL-HSGS1	0.63	0.79	0.86	0.62
	SL-HSGS2	0.71			
	SL-HSGS3	0.89			
	SL-HSGS4	0.89			
Putting Subordinates First (SL_PSF)	SL_PSF1	0.87	0.79	0.86	0.62
	SL_PSF2	0.88			

	SL PSF3	0.76			
	SL PSF4	0.60			
Behaving Ethically (SL_BE)	SL_BE1	0.71	0.81	0.88	0.64
	SL_BE2	0.82			
	SL_BE3	0.82			
	SL_BE4	0.85			

In addition, Table 3 illustrates that the Cronbach's alpha values of nurses' social, workplace, and subjective well-being ranged between 0.88 and 0.93, which were all above the minimum recommendation of 0.70, thereby confirming appropriate internal reliability. Likewise, the values of CR also ranged between 0.91 and 0.94, all above the threshold requirement of 0.70, further substantiating construct consistency. To establish convergent validity, two specific items (NSWB6 and NSWB9) were also dropped during analysis because their factor loadings decreased below the threshold value set at 0.60. As reflected in Table 3, the remaining items demonstrated loading values above 0.60, thereby meeting the convergent validity threshold at the construct level. Moreover, the values of the AVE for each construct were observed to be beyond the conventional threshold value set at 0.50, thereby confirming that the latent constructs significantly captured the variance underlying their respective indicators.

Table 3: Construct Reliability and Convergent Validity (Loading and AVE) for NPWB and NWE Measures (after deleting some items)

Constructs	Dimension	Item	Loading (≥0.50)	Cronbach's Alpha (≥0.70)	CR (≥0.70)	AVE (>0.50)
"Nurses' Psychological Well-being (NPWB)"		NPWB1	0.85	0.89	0.91	0.61
		NPWB2	0.90			
		NPWB3	0.72			
		NPWB4	0.86			
		NPWB5	0.51			
		NPWB6	0.72			
		NPWB8	0.83			
Nurses' Work Engagement (NWE)	Vigour (NWE-V)	NEW-V1	0.83	0.91	0.93	0.74
		NEW-V3	0.89			
		NEW-V4	0.87			
		NEW-V5	0.88			
		NEW-V6	0.83			
	Dedication (NWE-D)	NEW-D1	0.76	0.82	0.87	0.58
		NEW-D2	0.78			
		NEW-D3	0.74			
		NEW-D4	0.75			
		NEW-D5	0.77			
	Absorption (NWE-A)	NEW-A1	0.78	0.88	0.91	0.63
		NEW-A2	0.86			
		NEW-A3	0.86			
		NEW-A4	0.85			
		NEW-A5	0.78			
		NEW-A6	0.58			

* "These Items, NPWB7 & NWE-V2 were deleted from the list due to the testing of Loading <0.50."

Finally, Table 4 illustrates that the Cronbach's alpha values of nurses' work performance dimensions as a second-order construct ranged between 0.91 and 0.94, which were all above the minimum recommendation of 0.70, thereby confirming appropriate internal reliability. Likewise, the values of CR also ranged between 0.93 and 0.95, all above the threshold requirement of 0.70, further substantiating construct consistency. To establish convergent validity, thirteen specific items out of 41 (NWP-TP5, NWP-TP7, NWP-TP12, NWP-TP14, NWP-TP17, NWP-TP20, NWP-TP23, NWP-CP1, NWP-CP11, NWP-CP12, NWP-CP13, NWP-CP14, & NWP-CP15) were also dropped during analysis because their factor loadings decreased below the threshold value set at 0.50. As reflected in Table 4, the remaining items demonstrated loading values above 0.50, thereby meeting the convergent validity threshold at the construct level (Hair et al., 2021). Moreover, the values of the AVE for each construct were observed to be beyond the conventional threshold value set at 0.50, thereby confirming that the latent constructs significantly captured the variance underlying their respective indicators. Altogether, these results provide strong empirical support for the convergent validity of the measurement model, consisting of four constructs and a total of 78 items.

Table 4: Construct Reliability and Convergent Validity (Loading and AVE) for Nurses' Work Performance (after deleting some items)

Dimension	Item	Loading (≥0.50)	Cronbach's Alpha (≥0.70)	CR (≥0.70)	AVE (>0.50)
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Task Performance (NWP_TP)	NWP-TP1	0.72	0.94	0.95	0.55
	NWP TP2	0.79			
	NWP TP3	0.51			
	NWP TP4	0.71			
	NWP TP6	0.50			
	NWP TP8	0.77			
	NWP TP9	0.74			
	NWP TP10	0.78			
	NWP TP11	0.79			
	NWP TP13	0.76			
	NWP TP15	0.76			
	NWP TP16	0.79			
	NWP TP18	0.76			
	NWP TP19	0.82			
	NWP TP21	0.75			
	NWP TP22	0.79			
Contextual Performance (NWP_CP)	NWP CP2	0.62	0.91	0.93	0.51
	NWP CP3	0.79			
	NWP CP4	0.80			
	NWP CP5	0.75			
	NWP CP6	0.78			
	NWP CP7	0.83			
	NWP CP8	0.67			
	NWP CP9	0.82			
	NWP CP10	0.60			
	NWP CP16	0.62			
	NWP CP17	0.62			
	NWP CP18	0.64			

* "These Items, NWP-TP5, NWP-TP7, NWP-TP12, NWP-TP14, NWP-TP17, NWP-TP20, NWP-TP23, NWP-CP1, NWP-CP11, NWP-CP12, NWP-CP13, NWP-CP14, & NWP-CP15, were deleted from the list due to the testing of Loading <50."

Further discriminant validity evaluation was also performed using the HTMT, wherein all observed values in Table 5 were below the recommended threshold of 0.90 (Al Azzani et al., 2024; Hair et al., 2021; Henseler et al., 2015). Recent methodological debates point up the preference of HTMT as a more reliable threshold than the traditional Fornell–Larcker standard or even cross-loadings, the latter often proving unsuccessful as measures to determine problems related to discriminant validity (Hair et al., 2021; Henseler et al., 2015). As such, the use of HTMT allows a more rigorous as well as accurate assessment of the uniqueness of constructs.

Table 5: Discriminant Validity Results by HTMT

Const ruct	NP WB	NW E-A	NW E-D	NW E-V	NWP -CP	NWP -TP	SL- BE	SL- CS	SL- CV	SL -E	SL- EH	SL- HSGS	SL- PSF
NPWB													
NWE- A	0.62												
NWE- D	0.59	0.89											
NWE- V	0.60	0.78	0.75										
NWP- CP	0.65	0.88	0.89	0.82									
NWP- TP	0.73	0.84	0.79	0.89	0.85								
SL-BE	0.53	0.79	0.85	0.74	0.77	0.82							
SL-CS	0.59	0.81	0.72	0.74	0.81	0.79	0.71						
SL-CV	0.58	0.78	0.75	0.72	0.77	0.77	0.72	0.89					
SL-E	0.57	0.82	0.80	0.74	0.83	0.79	0.76	0.86	0.81				
SL-EH	0.54	0.70	0.67	0.68	0.70	0.73	0.59	0.80	0.83	0.73			
SL- HSGS	0.60	0.76	0.85	0.76	0.83	0.82	0.77	0.78	0.74	0.84	0.70		

SL-PSF	0.55	0.79	0.79	0.80	0.83	0.81	0.85	0.74	0.77	0.86	0.67	0.89	
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In summary, the findings provide convincing empirical support for the measurement model, with high construct reliability, as well as convergent as well as discriminant validity corroboration. The framework contains four latent constructs measured by a combined 78 indicators, showing stability on all psychometric tests. Figure 2 gives a pictorial representation of the comprehensive measurement model, which was estimated based on the PLS algorithm. It depicts the path coefficients, indicator loadings, and the R² values, each being instrumental in assessing the explanatory strength as well as the overall quality of the model.

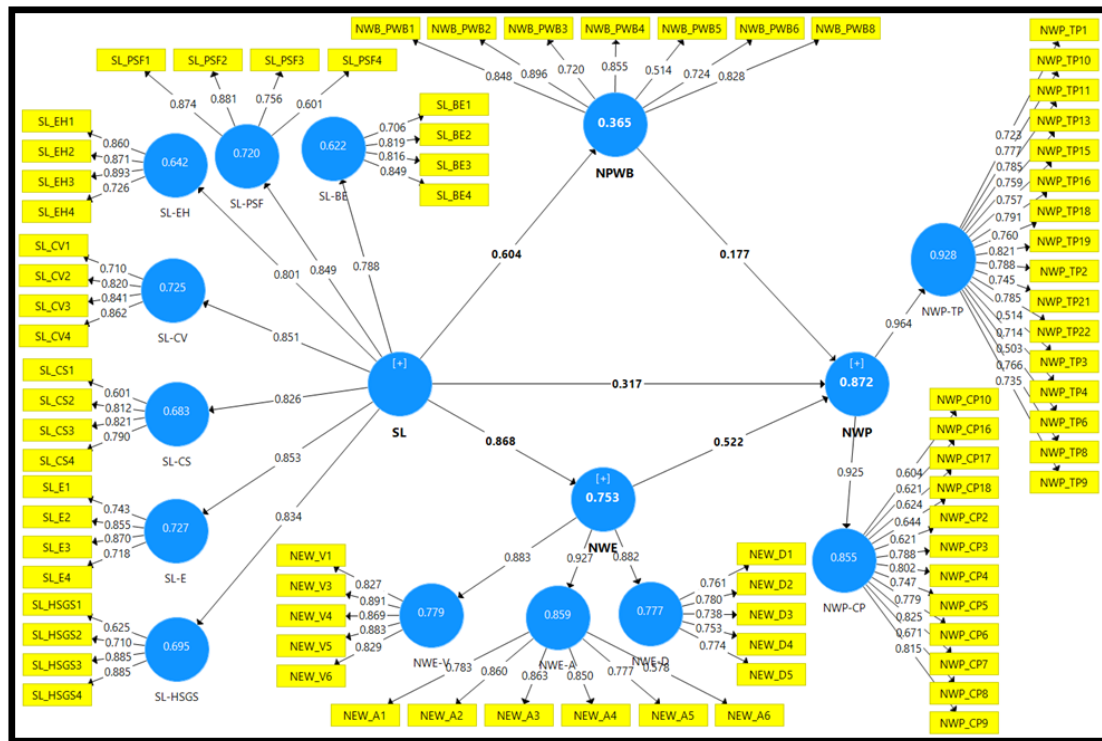


Figure 2: The Comprehensive Measurement Model Results

4.2 Structural Model Assessment Results

4.2.1 Testing the Direct Effects

To determine the statistical significance of the proposed relationships, a bootstrapping procedure comprising 5,000 resamples was executed. One-tailed tests were employed, with hypotheses recognized as significant at $t \geq 1.645$ ($p < 0.05$) and $t \geq 2.33$ ($p < 0.01$), in accordance with established standards (Hair et al., 2021). The analysis examined five direct relationships among the fundamental constructs: servant leadership (SL), nurses' psychological well-being (NPWB), work engagement (NWE), and work performance (NWP), within the framework of healthcare reforms in the UAE. Table 6 and Figure 3 display the results of the path coefficients (β), t-statistics, and p-values for the direct hypotheses. As indicated, the results provided strong support for all direct hypothesized relationships. Specifically, SL recorded a statistically significant positive effect on nurses' work performance in the context of healthcare reforms in the UAE ($\beta = 0.317$, $t = 6.911$, $p < 0.001$), thus validating hypothesis H1. Additionally, nurses' psychological well-being and work engagement have significant positive values affecting NWP within the process of healthcare reforms ($\beta = 0.177$, $t = 6.566$, $p < 0.001$; $\beta = 0.522$, $t = 10.774$, $p < 0.001$), respectively. As a result, hypotheses H2 and H3 were accepted. Conversely, SL recorded statistically significant positive effects on nurses' psychological well-being and work engagement in the context of healthcare reforms in the UAE ($\beta = 0.604$, $t = 15.935$, $p < 0.001$; $\beta = 0.868$, $t = 59.418$, $p < 0.001$), respectively, as a result validating hypotheses H4 and H5.

Table 6: The Direct Hypotheses Results

Hypo-NO.	Direct Hypothesis	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Decision
H1	SL -> NWP	0.317	0.046	6.911	0.000	Supported
H2	NPWB -> NWP	0.177	0.027	6.566	0.000	Supported
H3	NWE -> NWP	0.522	0.048	10.774	0.000	Supported
H4	SL -> NPWB	0.604	0.038	15.935	0.000	Supported

H5	SL -> NWE	0.868	0.015	59.418	0.000	Supported
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Key: "SL = Servant Leadership, NPWB = Psychological Well-being, NWE = Work Engagement, and NWP = Nurses' Work Performance."

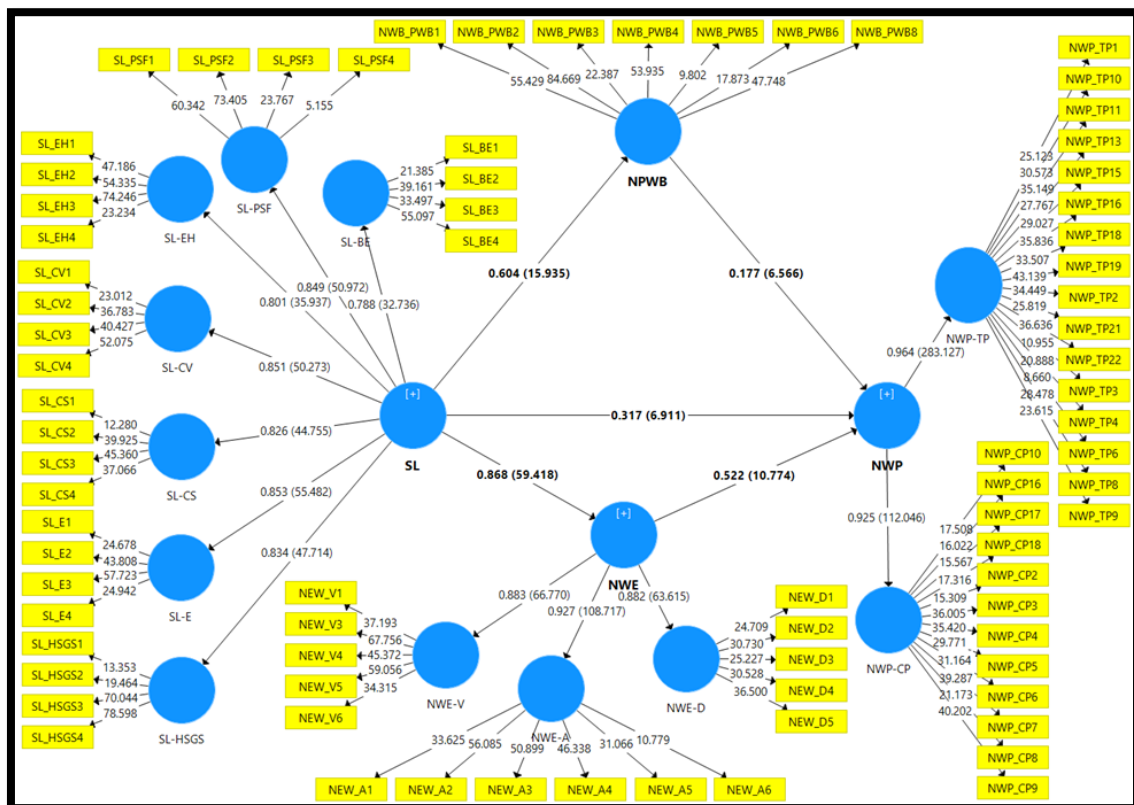


Figure 3: PLS bootstrapping Outputs

In addition, the R^2 statistic was employed to capture the proportion of variance in the dependent variables explained by their respective predictors. As shown in Figure 2 and Table 7, the results demonstrate that servant leadership (SL), together with nurses' psychological well-being (NPWB) and work engagement (NWE), collectively accounted for 87% of the variance in nurses' work performance (NWE). Moreover, SL alone explained 37% of the variance in nurses' psychological well-being and 75% in work engagement, underscoring the strong explanatory power of the model within the context of the UAE's healthcare reforms (Cohen, 1988). Beyond R^2 , the effect sizes of the latent variables on the dependent variables were assessed using f^2 analyses, thereby complementing the variance-explained evaluations (Hair et al., 2012). As Cohen (2013) notes, while p-values indicate the statistical significance of an effect, they do not convey its magnitude; f^2 values therefore provide additional insight into practical significance, with thresholds defined as small (0.02–0.15), medium (0.16–0.35), and large (>0.35). As reported in Table 7, the estimated effect sizes of SL, NPWB, and NWE on NWP were 0.19 (moderate), 0.15 (small), and 0.50 (high), respectively. By contrast, the effect sizes of SL on NPWB and NWE were 0.57 and 0.75, respectively, all of which fall within the large-effect range, indicating substantial explanatory power of SL in shaping nurses' psychological well-being and work engagement outcomes.

Table 7: R^2 Values and Impact Size f^2

Construct	R^2	Effect Size (f^2)	Result
Nurses' Work Performance (NWP)			
SL	0.872	0.19	Moderate
NPWB	0.872	0.15	Small
NWE	0.872	0.50	High
Nurses' Psychological Well-being (NPWB)			
SL	0.365	0.57	High
Nurses' Work Engagement (NWE)			
SL	0.753	0.75	High

Finally, the predictive significance of the model was determined using the Q^2 metric obtained from the blindfolding technique. While R^2 is used to report the explanatory strength of the model, Q^2 assesses the predictive accuracy of the model based on the degree to which the observed values would be reconstructed based on the parameter

estimates of the model. As presented in Table 8, all the Q^2 values significantly exceeded the threshold value of 0.000, hence reflecting that the model has moderate to high predictive significance aligned with the standards provided by Hair et al. (2021), which categorize 0.35 as indicative of a large predictive effect, 0.15 as medium, and 0.02 as weak.

Table 8: Predictive Relevance (Blindfolding) Q^2

Endogenous Construct	SSO	SSE	$Q^2 (=1-SSE/SSO)$	Predictive Relevance
Nurses' Work Performance (NWP)	11620	6833.65	0.41	High
Nurses' Psychological Well-being (NPWB)	2905	2282.40	0.21	Moderate
Nurses' Work Engagement (NWE)	6640	4048.44	0.39	High

4.2.2 Testing the Mediation Effect

Mediation analysis was conducted through the bootstrapping procedure based on 5,000 subsamples at the 95% confidence interval, a technique that is considered more accurate and reliable than traditional ones (Hair et al., 2021). Adhering to the research methodological guidelines provided by Hair et al. (2021) as well as Zhao et al. (2010), the current research explored the mediation roles of nurses' psychological well-being (NPWB) and work engagement (NWE) intervening between SL and nurses' work performance (NWP) relationship within the UAE healthcare reforms. The empirical results, presented in Table 9, provide strong evidence that NPWB and NWE significantly mediate the relationship between SL and NWP. Specifically, the bootstrapped indirect effects were statistically significant for NPWB ($\beta = 0.107$, $t = 5.38$, $p < 0.001$) and NWE ($\beta = 0.453$, $t = 10.73$, $p < 0.001$), as their respective 95% confidence intervals did not include zero. Accordingly, these findings lend empirical support to hypotheses H6 and H7. Furthermore, as shown in Table 6, the direct effect of SL on NWP remained significant, suggesting that nurses' psychological well-being and work engagement function as partial mediators in the SL–NWP relationship within the UAE's healthcare reform context.

Table 9: The Indirect Hypotheses Results

No	Hypothesis	Std Beta	Std Error	T Values	BCILL 5%	BCIUL 95%	Decision
H6	SL -> NPWB -> NWP	0.107	0.020	5.38***	0.076	0.140	Supported
H7	SL -> NWE -> NWP	0.453	0.042	10.73***	0.387	0.525	Supported

Note: "***: $p < 0.001$."

5. DISCUSSIONS

Servant leadership has been consistently identified as a significant predictor of nurses' attitudes and behaviors in the workplace, yet a more nuanced understanding of how it exerts its effect through particular mechanisms and under which specific conditions is still essential (Demeke et al., 2024). Differing from previous studies, this investigation, conducted within the UAE's healthcare reforms, differs in two important ways. Firstly, it openly applies the COR theory and the JD-R model to examine the connection between servant leadership (SL) and nurses' work performance (NWP), consequently further developing an application of these theories in healthcare settings and refining our understanding of SL effectiveness in healthcare settings that are subject to reform efforts. Secondly, it proposes a multi-mediation framework that integrates nurses' psychological well-being (NPWB) and work engagement (NWE) as mediators and provides strong evidence that organizational and psychological resources play a pivotal role in nurses' work performance. The following sections elaborate on the empirical findings, discuss the practical implications, and outline the limitations of this study.

5.2 Interpretation of the Findings

This particular research offers a thorough analysis of the multifaceted interplay between servant leadership, the psychological well-being of nurses, employee work engagement, as well as overall performance in the course of the transformative process of the healthcare sector reforms in the UAE. It is evident that servant leadership has a remarkably positive impact on the psychological well-being of nurses, overall employee work engagement, as well as performance, with psychological well-being as well as employee work engagement acting as partial mediators in the process. These findings are mutually consistent with existing empirical literature in various industries, including the healthcare sector, that has found a positive relationship between servant leadership and increased employee engagement, commitment, and performance (Kaltiainen & Hakanen, 2022; Purwanti et al., 2023; Zada et al., 2022). Previous studies already suggested that leaders who prioritize characteristics such as empathy, ethics, and empowerment of employees lead to increased job satisfaction and citizenship behaviors in nurses (Bayati et al., 2025). At the same time, the positive influence of psychological well-being and work engagement on performance again supports the importance of these factors as important psychological predictors of performance under pressure (Holtan et al., 2024; Iqbal et al., 2022; Mohammed et al., 2025). Previous studies suggested that a high level of psychological well-being in nurses leads to positive outcomes in terms of care performance and patient safety (Al Badi et al., 2023; Huang et al., 2025; Opoku & Owusu, 2024). At the same time, in accordance

with previous studies, this model found indirect influence of leadership on performance through such psychological factors (Alahbabi et al., 2023; Kaltiainen & Hakanen, 2022).

What makes this particular study distinct from previous literature is that this investigation is contextualized in the environment of UAE healthcare reforms that possess distinct structural and psychological demands. As opposed to studies done in more established environments of the healthcare sector, this analysis examines the process of servant leadership as a moment of stability and empowerment during a period of change (Alahbabi et al., 2023; Bai et al., 2023). This is evident in the high explanatory power of this model, as suggested via the large variance explained in work performance outcomes, implying that servant leadership becomes more relevant during a period of increased turmoil characterized by factors of uncertainty and workload. These results are greatly linked to the COR theory and the JD-R model. According to the COR theory, people aim to accumulate and protect valuable resources, where servant leadership is identified as a valuable resource that allows nurses to develop psychological reserves in terms of well-being and engagement in order to gain benefits beyond stress (Bon & Shire, 2022; Demerouti, 2025). Supporting this theory is the JD-R model that suggests job resources moderate the relationship between job demands and employee engagement (Xiao et al., 2024). Also identified as a job resource is servant leadership that enables nurses to effectively perform job demands at a high performance level (Kohnen et al., 2024). Finally, this article has empirically validated the COR theory and JD-R model, proving that servant leadership has a positive enrichment influence on the resource reservoir of nurses, hence increasing well-being, employee engagement, and performance. This article presents valuable theoretical and practical contributions in proving that in a reform-focused hospital environment, not only is servant leadership beneficial, but it is a necessity that facilitates a renewed vitality of the employees. It is recommended that in a hospital environment, there be a focus on developing servant leadership qualities in nurses in order to induce a high performance level in employees.

5.3 Practical Implications

This study offers critical insights into how servant leadership, nurses' well-being, and work engagement synergistically enhance work performance within the complex context of healthcare reforms in the UAE. The findings yield several practical implications for healthcare administrators, policymakers, and human resource professionals aiming to strengthen institutional effectiveness through evidence-based leadership and workforce strategies. First, the strong positive influence of servant leadership on nurses' psychological well-being, work engagement, and performance underscores the need to institutionalize this leadership philosophy within healthcare systems. Rooted in empathy, altruism, and empowerment, servant leadership fosters trust, psychological safety, and purpose among nurses (Faraz et al., 2023; Kohnen et al., 2024). Therefore, healthcare organizations should design structured leadership development initiatives that emphasize servant leadership competencies through mentorship, experiential workshops, and continuous professional training. Such programs can cultivate compassionate leadership, enhance nurses' motivation and effectiveness, and advance broader healthcare reform objectives.

Second, the findings highlight the mediating roles of nurses' psychological well-being and work engagement in translating servant leadership into superior performance, demonstrating that leadership effectiveness depends on employees' internal psychological resources. Leadership development efforts should thus be complemented by comprehensive well-being and engagement programs. These may include counseling services, resilience-building workshops, stress management interventions, and recognition systems that promote autonomy, participation, and career growth (Kaltainen & Hakanen, 2022). Together, these initiatives strengthen nurses' psychological energy and commitment to sustain high performance under demanding conditions. Third, the results call for a holistic, resource-based human resource management framework that aligns leadership behavior, well-being support, and engagement enhancement. Isolated leadership interventions are insufficient without systemic attention to nurses' psychological and motivational needs (Chang et al., 2024). Hence, policymakers should embed servant leadership principles into recruitment, promotion, and appraisal systems to institutionalize it as a strategic organizational capability rather than a discretionary managerial style (Zada et al., 2022). Ultimately, cultivating servant leadership alongside well-being and engagement policies offers a sustainable pathway to address burnout, turnover, and job disengagement. Consistent with prior evidence (Faraz et al., 2023; Kohnen et al., 2024), such an integrated approach fosters resilient, committed, and high-performing nursing workforces essential for the success of healthcare reform in the UAE and comparable contexts.

6. LIMITATIONS AND FUTURE RESEARCH

Despite the significant contributions of this study, several limitations warrant acknowledgment. First, its cross-sectional design restricts the capacity to establish causal relationships among the examined constructs. To enable stronger causal inferences, future research should adopt longitudinal or experimental designs. Second, the reliance on a relatively small sample drawn from the UAE's public healthcare sector limits the generalizability of the findings. Greater validity and robustness could be achieved through larger-scale studies conducted across more diverse healthcare settings. Third, while the proposed model demonstrated strong explanatory and predictive utility, its replication across both developed and developing nations, or through cross-national comparative studies, may yield more contextually grounded insights. Finally, this study employed nurses' psychological well-being and work engagement as mediators to illuminate the psychological pathways through which SL influences NWP. Although this approach advances understanding of the mediating roles of well-being and work engagement, future studies should also incorporate other organizational and individual factors. Potential avenues include nurses'

professional identity, social status, social, workplace, and subjective well-being, or resilience, which may together provide a more comprehensive account of the dynamic interplay between leadership, work engagement, and work performance.

7. CONCLUSIONS

Drawing on the COR theory and the JD-R model, this study advances empirical understanding of the role of SL in shaping nurses' psychological well-being and work engagement, as well as overall performance within the context of healthcare reforms. This contribution is particularly salient given the recent global surge in nurse attrition and the resulting shortage of highly qualified nurses, a challenge especially pronounced in the United Arab Emirates. The findings reveal that SL directly and positively influences nurses' work performance (NWP) while also fostering higher levels of psychological well-being and work engagement. Notably, psychological well-being and work engagement partially mediate the SL-NWP correlation, confirming their function as key psychological and contextual mechanisms in sustaining nurses' effectiveness under reform pressures. These results confirm that cultivating servant leadership alongside well-being and engagement policies offers a sustainable pathway to address burnout, turnover, and job disengagement. Such an integrated approach fosters resilient, committed, and high-performing nursing workforces essential for the success of healthcare reform in the UAE and comparable contexts.

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