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SERVANT LEADERSHIP AND NURSES' WORK PERFORMANCE IN THE UAE HEALTHCARE SECTOR: MULTI-MEDIATING EFFECTS OF NURSES' WELL-BEING DIMENSIONS AMID HEALTHCARE REFORMS

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Abstract: The sustainability of nurses' work performance has become a global concern amid intensifying healthcare reforms, workforce shortages, and growing professional pressures, particularly within the United Arab Emirates (UAE). Servant leadership (SL) has emerged as a pivotal determinant of nurses' performance; however, the psychological and contextual mechanisms underlying this relationship remain insufficiently explored. Drawing upon the Conservation of Resources (COR) theory and the Job Demands–Resources (JD-R) model, this study investigated the direct and indirect effects of SL on nurses' work performance (NWP) through the mediating roles of nurses' social well-being (NSWB), workplace well-being (NWWB), and subjective well-being (NSBWB). Data were collected from 415 nurses employed in public healthcare institutions across Abu Dhabi, Dubai, and the Northern Emirates and analyzed using partial least squares structural equation modeling (PLS-SEM). The results revealed a partially mediated model, indicating that SL exerts a direct positive influence on NWP while enhancing nurses' social, workplace, and subjective well-being. Social and workplace well-being significantly mediated the SL–NWP relationship, whereas subjective well-being did not. The model explained 82% of the variance in NWP, underscoring its strong predictive power. Overall, the findings advance leadership and well-being literature by demonstrating SL's resource-enabling function and offer practical insights for integrating SL practices into healthcare leadership development and reform strategies.

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

1. INTRODUCTION

Nurses are the most significant constituent of healthcare systems worldwide, fulfilling an eclectic role beyond the limits of ordinary clinical interventions to include broad-based contextual, adaptive, and interpersonal functions crucial to the proper functioning of healthcare institutions (Kaltiainen & Hakanen, 2022). These include not only the provision of direct patient care, but also resolving problems, coordinating, communicating, and innovating, the aggregate totality of which promotes system resilience and accelerates the quality of care (Demeke et al., 2024). These functions have become exceedingly complex and demanding to meet the broad-based shifts in the provision of healthcare worldwide, where increasing patient demands, technological innovations, and institutional restructuring place greater demands on nurses' adaptability, emotional resilience, and professional competence (Al Badi et al., 2023; Al-Yateem et al., 2022). In these dynamic situations, the continued performance of nurses has become a key determinant of the quality of healthcare, patient satisfaction, and long-term healthcare institution sustainability.

In the United Arab Emirates (UAE), healthcare reform serves as the linchpin of the national agenda to build a world-class, patient-centered healthcare system. Consonant with the UAE Vision 2031, this strategic agenda emphasizes service delivery excellence and the cultivation of human capital, where nurses are framed as key drivers of healthcare transformation (Al Badi et al., 2023; Alkhateeb et al., 2025). Therefore, nursing performance comes increasingly to be seen not only as an individual measure of competence but also as a strategic priority for the delivery of national health aims and the achievement of optimal patient outcomes (Alahbabi et al., 2023). However, as these reforms enable nurses to take on increasingly dynamic and autonomous roles, they simultaneously place nurses at heightened risk of professional challenge, including increased workload, expanding role demands, and the perennial requirement of lifelong learning and upskilling (Alahbabi et al., 2023; Al-Yateem et al., 2021). Left poorly addressed, those demands have the capacity to erode well-being, dilute engagement, and eventually harm both individual and organisational performance (Javed et al., 2025).

Recent data highlight the severity of this issue. Presently, the nurse-to-population ratio of the UAE remains at 6.05 nurses per 1,000 population—a level far lower than the World Health Organization's recommended minimum of 8 nurses per 1,000 population (Wang et al., 2025; WAM, 2024). According to the Healthcare Report by Colliers (2023), the UAE would have to employ 26,000 additional nurses by 2030 to meet the increasing demands of healthcare coverage (Colliers, 2023). This existing scarcity has increased workload demands, psychological stress, and burnout among nursing staff, finally posing significant risks for their own health and the operational success of healthcare centers (Al Badi et al., 2023; Alahbabi et al., 2023; Hasan et al., 2023). Thus, nurses' stronger performance and well-being have emerged as primary targets for maintaining the quality of healthcare and developing the success of national reform processes (Al Badi et al., 2023; Alkhateeb et al., 2025). For this agenda, leadership has come to be understood as an influential determinant of nurses' drive, engagement, and collective performance (Al-Bashaireh et al., 2025; Huang et al., 2025; Niinihuhta & Häggman-Laitila, 2022). Among the divergent leadership models reviewed throughout healthcare literature, servant leadership has gained growing popularity because of its ethical, empowering, and people-centered focus (Demeke et al., 2024; Kül & Sönmez, 2021; Upadhyay, 2024).

Different from transactional or transformational leadership, servant leadership centers subordinate needs and growth, fostering trust, humility, empowerment, and shared purpose (Demeke et al., 2024; Kül & Sönmez, 2021). Servant leadership (SL) strongly aligns with the sociocultural values of the UAE, where the emphasis on collectivism, social harmony, and mutual help applies well (Upadhyay, 2024). Experimental evidence demonstrates that SL promotes nurses' innovative behavior, organizational citizenship, and performance outputs by creating environments of psychological safety, ethical integrity, and mutual respect (Bayati et al., 2025; Demeke et al., 2024; Specchia et al., 2021). Nevertheless, even as increasing recognition of SL value grows, the exact mechanisms by which servant leadership maps onto the better job performance of nurses—the UAE's reform-oriented healthcare system in the foreground—is insufficiently understood (Alahbabi et al., 2023; Demeke et al., 2024; Niinihuhta & Häggman-Laitila, 2022). An emerging line of investigation recognizes nurses' well-being as a mediating personal resource through which leadership influence gets converted into actual performance outcomes (Holtan et al., 2024; Kaltiainen & Hakanen, 2022; Kohnen et al., 2024; Xiao et al., 2023).

Borrowing from modern organizational psychology, well-being comes to be framed as a multidimensional construct of social, workplace, and subjective well-being, each having unique but complementary effects on motivation and effectiveness (Kaltiainen & Hakanen, 2022; Kohnen et al., 2024). For nurses, social well-being, rooted in supportive relationships and belongings, strengthens teamwork and buffers stress (Holtan et al., 2024); workplace well-being, defined by fairness, autonomy, and favorable organizational climate, supports engagement and turnover intention (Kohnen et al., 2024; Niinihuhta & Häggman-Laitila, 2022); and subjective well-being, given by life satisfaction and emotional balance, maintains motivation and performance even under stressful work conditions (Chen et al., 2024). The dynamic interplay of these dimensions forms an integrated system of personal and contextual resources, capable of accentuating or buffering the impact of leadership on any given performance outcomes (Holtan et al., 2024; Kohnen et al., 2024; Niinihuhta & Häggman-Laitila, 2022).

However, the overwhelming majority of the current works have analyzed these multidimensional features of well-being separately, biased towards a solitary understanding of their cumulative impact (Kaltiainen & Hakanen, 2022; Niinihuhta & Häggman-Laitila, 2022; Xiao et al., 2023). This theoretical compartmentalization of the construct clouds the processes by which servant leadership actualizes nurses' multidimensional well-being and maintains it to yield better performance. Under the increasing demands placed by healthcare reform in the UAE, there remains the present need for an integrative framework capable of explaining the mechanisms by which servant leadership works on nurses' social, workplace, and subjective well-being and strengthens both their task and contextual performance (Al Badi et al., 2023; Alkhateeb et al., 2025; Upadhyay, 2024).

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' social, workplace, and subjective well-being 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 multidimensional well-being 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. Do nurses' social well-being, workplace well-being, and subjective well-being serve as mediators 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

Based on the COR theory (Hobfoll et al., 2018) and the JD-R model (Bakker & Demerouti, 2018), this framework conceptualizes servant leadership (SL) as a central organizational resource that both directly and indirectly strengthens nurses' work performance under 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). COR theory indicates that servant leadership serves as a resource generator, allowing nurses to obtain, maintain, and stockpile valuable psychological as well as job-based resources that buffer emotional exhaustion and strengthen autonomy (Prapanjaroensin et al., 2017). Development of such resources bolsters task performance—the competent execution of role-defined tasks—and contextual performance, which involves discretionary behavior maintaining social as well as organizational functioning (Ma et al., 2021; Xiao et al., 2024). Concurrently, the JD-R model suggests that servant leadership enriches job resources, for example, empowerment, collegial support, as well as participative decision-making, while reducing job demands such as workload pressures as well as emotional strain (Alahbabi et al., 2023; Westbrook et al., 2022). This twofold process strengthens motivational states and, in turn, performance outcomes (Kohnen et al., 2024).

In this framework, we also hypothesized that SL generates nurses' well-being, defined as a multidimensional construct that includes social, work, as well as subjective well-being. These well-being dimensions are conceptualized as key personal and job resources within the JD-R model, encompassing psychological safety, quality of work life, and life satisfaction (Bayati et al., 2025; Ma et al., 2021; Xiao et al., 2023). Empirical evidence demonstrates that servant leadership enhances psychological safety, trust, and empowerment, which are foundational for nurses' social and workplace well-being (Ahmed et al., 2023; Demeke et al., 2024). Similarly, by prioritizing ethical integrity, individualized support, as well as community orientation, they advance subjective well-being, enhancing nurses' sense of purpose as well as work satisfaction (Bayati et al., 2025). Consistent with COR and JD-R theories, it proposes that nurses' well-being mediates between servant leadership and work performance. Nurses' well-being acts as a psychological resource reservoir whereby resource-boosting effects from servant leadership translate to high-quality task as well as contextual outcomes (Morales-García et al., 2024; Xiao et al., 2024). Such a mechanism holds great importance during the UAE's ongoing healthcare reform, where high job demands strain nurses' emotional resources (Mohammed et al., 2023). In general, it provides a resource-based account of how, by fostering nurses' well-being, servant leadership promotes superior performance in the context of ongoing healthcare reforms. Figure 1 provides the conceptual model guiding the present work.

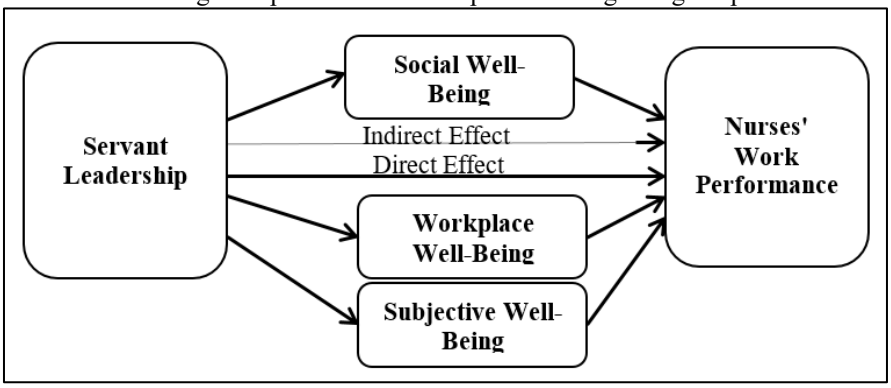

Figure 1. The Conceptual Model

2.2 Hypothesis Building

2.3.1 Servant Leadership (SL) and Nurses' Work Performance (NWP)

Servant Leadership (SL) has emerged as a crucial leadership style for boosting excellence and care in healthcare settings. SL, as a theoretical form of leadership, advocates for putting subordinates' needs, development, and welfare before that of leaders' leaders based on altruistic and virtuous foundations (Demeke et al., 2024; Eva et al., 2019). In a healthcare facility, this form of leadership encourages empathy, trust, and power, which are key for maintaining continuity during challenging conditions (Nisar Khattak et al., 2024; Wu et al., 2024). For SL, seven overlapping factors work as a channel of this form of leadership, which includes emotional healing, value for community, conceptual skills, empowerment, development, success, putting subordinates first, being honest, and

ethical behavior in a context (Eva et al., 2019; Liden et al., 2015). SL, comprising seven factors, forms a channel that boosts nurses' psychological resources, power, and commitment, which further bolsters job satisfaction as well as efficiency for nurses (Demeke et al., 2024; Eva et al., 2019). Various research studies supported that ethical behavior, individual attention, or shared vision in SL practices helps increase nurses' creativity, job commitment, or overall work performance at different care settings worldwide successfully (Bayati et al., 2025; Kül & Sönmez, 2021; Purwanti et al., 2023).

With respect to the UAE, as a country with a developing national healthcare system that seeks to create a world-class patient-focused healthcare system (Al-Yateem et al., 2021; Upadhyay, 2024), SL holds particular relevance. Existentially, the UAE's healthcare environment is noted to comprise a culturally heterogeneous expatriate nurse population who often face Cross-Cultural, as well as Work-Related, Stresses (Al-Bashaireh et al., 2025; Al-Yateem et al., 2023). Servant Leadership, which fosters Supportive-Optimized Relations, might address such concerns in a manner that emphasizes increased Psychological Safety, Cultural Integration, as well as Internal Motivation (Upadhyay, 2024). Additionally, its compliance with the UAE's Collectivist culture, which stresses community welfare, further justifies its social sustainability as a relevant framework for healthcare leaders' application (Alahbabi et al., 2023). Additionally, existing UAE-styled empirical studies indicate that Servant Leadership, in addition to benefiting nurses' overall performance, increases nurses' happiness, a core driver of quality healthcare sustainability in a global context (Alahbabi et al., 2023; Al-Bashaireh et al., 2025; Upadhyay, 2024). In theoretical contexts, the COR theory aptly underlies this theoretical perspective, which interprets how SL automatically contributes towards nurses' Psychological Resource Gain, as relevant foundations for increased effectiveness under relevant UAE healthcare reform pressures (Ma et al., 2021; Xiao et al., 2024). In response, the following hypothesis is introduced in the present study:

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

2.3.2 The Mediating Roles of Nurses' Social, Workplace, and Subjective Well-Being in the Healthcare Reform Context

Servant leadership is a significant contextual stimulus for enhancing work performance among nurses; however, previous studies indicate that there is still ambiguity regarding the individual psychological resources that can enhance the indirect effect of servant leadership on nurses' performance, especially in light of demanding healthcare reforms (Alahbabi et al., 2023; Bayati et al., 2025; Kül & Sönmez, 2021). Nurses' well-being is gaining increasing recognition as a multidimensional resource encompassing their social well-being, workplace well-being, and subjective well-being, which, together, form the basis of the motivational pillars of work performance, including task and contextual performance, particularly in situations where demanding healthcare reforms exacerbate nurses' challenges (Alahbabi et al., 2023; Al-Dossary, 2022; Morales-García et al., 2024). Individually, each dimension identified outlines the underlying motivational foundation for nurses' task and contextual performance, especially when confronted by a highly demanding health environment emerging from frequent health reforms (Vakilabad et al., 2024).

Social well-being, indicative of the extent to which interpersonal relations and a sense of belonging to professional networks are developed, is particularly crucial for enabling nurses to function well under stressful and interdependent circumstances (Vakilabad et al., 2024). Strong social ties and professional colleague trust are crucial for serving as resilience resources that help counteract stressful impacts, improve emotional regulation, and support cooperative collaboration (Xiao et al., 2022). Empirical findings also confirm that when nurses demonstrate strong social well-being, it leads them to exhibit greater commitment, collaboration, and flexibility when facing challenges during periods of health care system transformation (Al-Dossary, 2022; Morales-García et al., 2024). This implies that a strong social well-being helps nurses overcome difficult transformations, making them perform well collaboratively. Workplace and subjective well-being provide additional supports for nurses' performable capabilities by enhancing psychological stability and affective balance (Almeida et al., 2024; Odole et al., 2023). Workplace well-being, defined by factors such as joy, appreciation, and a positive organizational environment, improves commitment, retention, and performance (Abdullah et al., 2021; Engström et al., 2025). The beneficial presence of a positive environment for nurses boosts them for professional advancement, minimizes turnover behaviors, and improves task and contextual performance (Odole et al., 2023; Almeida et al., 2024). Equally, subjective well-being, including life happiness and positive mood, increases motivation, resilience, and healthy adaptation to stressful circumstances (El Keshky & Sarour, 2024; Zheng et al., 2024). Built upon the foundation of the JD-R model, strong well-being is a critical source for the nurses' relevance, achieving superior well-being levels for them and enabling them to respond favorably to transformations, govern their emotions, and sustain directed efforts, leading to improved performance (Chen et al., 2024; Morales-García et al., 2024). Therefore, the following hypotheses are proposed:

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

Hypothesis 3: Nurses' workplace well-being positively predicts their work performance within the UAE's healthcare reform context.

Hypothesis 4: Nurses' subjective well-being positively predicts their work performance within the UAE's healthcare reform context.

Servant leadership is a model for leadership that signifies a paradigm shift in the concept of leaders and leaders' activity, leading to improved well-being for nurses by using empathy, behaving ethically, and building followers (Demeke et al., 2024; Bayati et al., 2025). This form of leadership focuses more on the interest and advancement of the leader's followers, creating a positive work environment wherein individuals are cherished, empowered, and self-driven (Demeke et al., 2024; Ma et al., 2021). Under the health system transformation settings in the United Arab Emirates (UAE), the practice of servant leadership helps equip nurses with the necessary resources to thrive, despite having greater work pressure and relentless change in the system (Alahbabi et al., 2023; Faraz et al., 2023). The practice of servant leadership helps leaders form strong relations, thereby increasing their interest in serving others, and leaders' interest in their followers signifies the first ingredient for a healthy well-being for nurses (Bayati et al., 2025; Purwatyningsih et al., 2025; Xiao et al., 2024).

Regarding social well-being, servant leaders establish a feeling of belongingness, togetherness, and mutual appreciation by advancing team spirit and social closeness (Bayati et al., 2025; Purwanti et al., 2023). This practice helps improve relational social capital and reduces the risk of isolation and anxiety, normally experienced by expatriate nurses, in the Emirati culturally diverse settings (Al-Bashaireh et al., 2025; Niinihuhta & Häggman-Laitila, 2022). With regard to workplace well-being, servant leaders encourage settings anchored in empathy, integrity, and justice, aligning well with the nursing sector's inherent moral roots (Bayati et al., 2025; Purwanti et al., 2023). Through psychological safety and growth opportunities, serving leaders mitigate burnout, boost satisfaction, and improve engagement (Asfour et al., 2025; Bai et al., 2023; Ma et al., 2021). This is particularly important in a transformation-oriented health system, where continuous staff support and retention highly depend on leaders' support and alignment to desired values (Al-Bashaireh et al., 2025). In addition, SL improves nurses' subjective well-being by fostering happiness, satisfaction, and fulfillment (Faraz et al., 2023). This is because servant leaders, through personalized care, recognition, and authentic direction, cultivate a strong spirit of trust, autonomy, and professional identity (Alahbabi et al., 2023; Du et al., 2024). Additionally, by cultivating creativity, autonomy, and emotional homeostasis, servant leaders improve internal motivations and emotional energy (Faraz et al., 2023; Ma et al., 2021). This aligns with the COR theoretical perspective, where servant leadership acts as a psychological reservoir that improves nurses' ability to resist stressful situations at their workplaces and protect their well-being. Therefore, from the foregoing discussion, the following hypotheses are proposed:

Hypothesis 5: Servant leadership has a positive effect on nurses' social well-being within the context of the UAE's healthcare reform.

Hypothesis 6: Servant leadership has a positive effect on nurses' workplace well-being within the context of the UAE's healthcare reform.

Hypothesis 7: Servant leadership has a positive effect on nurses' subjective well-being within the context of the UAE's healthcare reform.

On the basis of the foregoing hypotheses, it is proposed that servant leadership has a direct, positive impact on the performance level of nurses, and simultaneously, it also affects performance indirectly through the mediation process offered by the well-being level of nurses, including social, work, and subjective well-being. Despite a lack of prior research exploring the proposed hypothesis, it has been found that well-being plays a crucial mediating role in the relationship between leadership and performance (Alahbabi et al., 2023). Recent studies have identified that well-being 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 (Kaltiainen & Hakanen, 2022). For example, the study by Westbrook et al. (2022) has identified that servant leadership improves job satisfaction and burnout, in which the relationship was fully mediated by job satisfaction in relation to the performance level of nurses. Subsequently, psychological safety and empowerment, factors critical for well-being, were also found to mediate the relationship in reducing burnout and increasing performance for nurses (Ahmed et al., 2023; Ma et al., 2021).

Additionally, there is support for the notion that servant leadership can produce prosocial environments that benefit constructive networks that can improve the three elements associated with well-being. Servant leaders first increase social well-being for nurses through collaboration, interpersonal trust, and mutual belonging, which can lead to improved nursing interactions and nursing performance (Bayati et al., 2025; Faraz et al., 2023). Second, by ensuring improved job satisfaction and work-life quality, important facets for workplace well-being, servant leaders can ensure improved nursing performance (Abdullah et al., 2021; Westbrook et al., 2022). Third, servant leaders can improve well-being by increasing happiness and life satisfaction, leading to, in turn, improved engagement and nursing performance (Alahbabi et al., 2023; Morales-García et al., 2024). Based on the principles derived from the COR theory and the JD-R model, it can also be stated that servant leadership acts as an important interpersonal and structural resource that helps endow nurses with social and psychological resources, shielding them from stressful conditions triggered by health sector reforms (Demeke et al., 2024; Bayati et al., 2025). For the specific UAE health sector scenario, where collaboration and flexibility are fundamental, such social resource enablers play an important facilitating or mentoring role (Alahbabi et al., 2023). Taking forward the discussion, the following hypotheses could also be made:

Hypothesis 8: Nurses' social well-being positively mediates the correlation between servant leadership and nurses' work performance within the UAE's healthcare reform context.

Hypothesis 9: Nurses' workplace well-being positively mediates the correlation between servant leadership and nurses' work performance within the UAE's healthcare reform context.
Hypothesis 10: Nurses' subjective well-being 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 achieve representativeness, a stratified random sampling approach was used, where the target population was divided based on the emirates, followed by a proportional random sampling technique for each stratum. In addition, ethical approval for the data gathering process was obtained from the concerned regional health authorities in the UAE prior to the field work commencement. Out of the 500 distributed questionnaires, 415 were found to be valid, thus reflecting an accumulated response rate of 83%. The sample mostly included female nurses (74.2%), the vast majority of whom are expatriates (71.8%), aged between 31 and 45 years old. Moreover, the vast majority held at least a Bachelor's degree (84.3%), and an equal percentage held six to fifteen years of experience in the public healthcare sector (75.4%). In table \verb+1+ below, other demographics relating to the participants' allocation within the healthcare establishments, work shifts, and the concerned emirates are highlighted.

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 social, workplace, and subjective well-being. Servant leadership 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' social, workplace, and subjective well-being were measured by using the validated scale developed by Pradhan and Hati (2022) that consists of: social well-being (consisting of 9 items), workplace well-being (consisting of 9 items), and subjective well-being (consisting of 4 items). 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 & Schuberth, 2023). As such, the approach is best suited to studying the predictive effect of servant (SL) combined with nurses' social (NSWB), workplace (NWWB), as well as subjective well-being (NSBWB) on nurses' work performance (NWP), together with assessing the mediation roles of the three dimensions of well-being.

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 analyzed 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 reflect 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 Nurses' Well-Being Measure (after deleting some items)

Dimension	**Item**	**Loading (≥0.60)**	**Cronbach's Alpha (≥0.70)**	**CR (≥0.70)**	**AVE (>0.50)**
"Social Well-being (NSWB)"	NSWB1	0.86	0.93	0.94	0.71
	NSWB2	0.86			
	NSWB3	0.87			
	NSWB4	0.67			
	NSWB5	0.88			
	NSWB7	0.87			
	NSWB8	0.85			
"Workplace Well-being (NWWB)"	NWWB1	0.81	0.93	0.94	0.63
	NWWB2	0.85			
	NWWB3	0.64			
	NWWB4	0.84			
	NWWB5	0.86			
	NWWB6	0.58			
	NWWB7	0.85			
	NWWB8	0.84			
	NWWB9	0.84			
"Subjective Well-being (NWB-SuWB)"	NSBWB1	0.90	0.88	0.91	0.73
	NSBWB2	0.92			
	NSBWB3	0.77			
	NSBWB4	0.81			

* "These Items, NSWB6 and NSWB9 were deleted from the list due to the testing of Loading <60."

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, fourteen specific items out of 41 (NWP-TP5, NWP-TP6, 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 five constructs and a total of 75 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)
Task Performance (NWP_TP)	NWP_TP1	0.72	0.94	0.95	0.57
	NWP_TP2	0.78			
	NWP_TP3	0.52			
	NWP_TP4	0.71			
	NWP_TP8	0.76			
	NWP_TP9	0.73			
	NWP_TP10	0.78			
	NWP_TP11	0.79			
	NWP_TP13	0.76			
	NWP_TP15	0.76			
	NWP_TP16	0.79			
	NWP_TP18	0.77			
	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	0.61			
	NWP_CP16	0.62			
	NWP_CP17	0.62			
	NWP_CP18	0.64			

* "These Items, NWP-TP5, NWP-TP6, 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; 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

Construct	NSBWB	NSWB	NWP-CP	NWP-TP	NWWB	SL-BE	SL-CS	SL-CV	SL-E	SL-EH	SL-HSGS	SL-PSF
NSBWB												

NSWB	0.84											
NWP-CP	0.62	0.63										
NWP-TP	0.67	0.73	0.85									
NWWB	0.86	0.86	0.68	0.74								
SL-BE	0.52	0.54	0.77	0.82	0.57							
SL-CS	0.53	0.54	0.81	0.78	0.59	0.71						
SL-CV	0.54	0.54	0.77	0.77	0.55	0.72	0.89					
SL-E	0.60	0.56	0.83	0.79	0.62	0.76	0.86	0.81				
SL-EH	0.52	0.52	0.70	0.74	0.58	0.59	0.80	0.83	0.73			
SL-HSGS	0.57	0.59	0.83	0.82	0.59	0.77	0.78	0.74	0.84	0.70		
SL-PSF	0.57	0.55	0.83	0.81	0.60	0.85	0.74	0.77	0.86	0.67	0.89	

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 five latent constructs measured by a combined 75 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 R^2 values, each being instrumental in assessing the explanatory strength as well as the overall quality of the model.

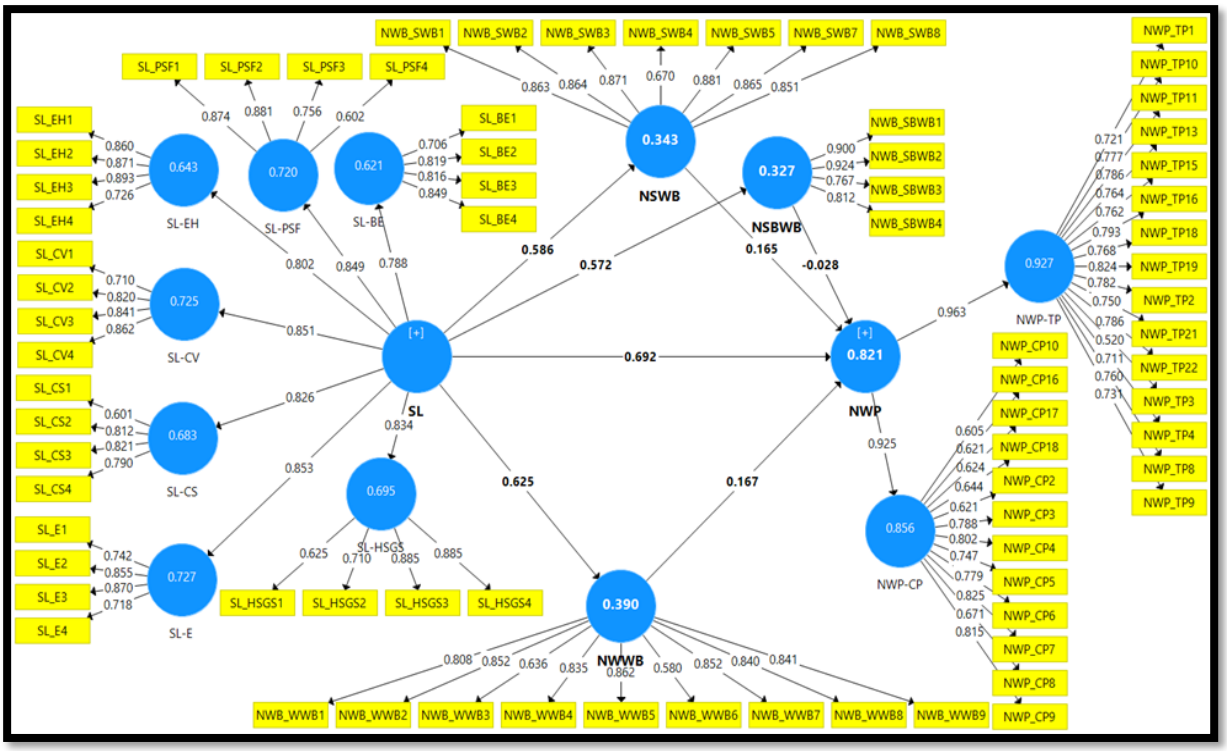

Figure 2: The Comprehensive Measurement Model Results

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 seven direct relationships among the fundamental constructs: servant leadership (SL), nurses' social well-being (NSWB), workplace well-being (NWWB), subjective well-being (NSBWB), 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 five of the six hypothesized relationships, while the fourth hypothesis (H4) received no support. Specifically,

SL recorded a statistically significant positive effect on nurses' work performance in the context of healthcare reforms in the UAE (β = 0.692, t = 21.425, p < 0.001), as a result validating hypothesis H1. Additionally, nurses' social and workplace well-being have significant positive values affecting NWP, while nurses' subjective well-being recorded a small-sized, statistically non-significant negative effect on NWP during the process of healthcare reforms (β = 0.165, t = 3.651, p < 0.001; β = 0.167, t = 3.908, p < 0.001; β = -0.028, t = 0.672, p = 0.251), respectively), as a result hypotheses H2 and H3 were accepted, and hypothesis H4 was rejected. Conversely, SL recorded statistically significant positive effects on nurses' social, workplace, and subjective well-being in the context of healthcare reforms in the UAE (β = 0.586, t = 15.018, p < 0.001; β = 0.625, t = 18.758, p < 0.001; β = 0.572, t = 15.803, p < 0.001), respectively), as a result validating hypotheses H5 through H7.

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	0.692	0.032	21.425	0.000	Supported
H2	NSWB -> NWP	0.165	0.045	3.651	0.000	Supported
H3	NWWB -> NWP	0.167	0.043	3.908	0.000	Supported
H4	NSBWB -> NWP	-0.028	0.041	0.672	0.251	Not Supported
H5	SL -> NSWB	0.586	0.039	15.018	0.000	Supported
H6	SL -> NWWB	0.625	0.033	18.758	0.000	Supported
H7	SL -> NSBWB	0.572	0.036	15.803	0.000	Supported

Key: "SL = Servant Leadership, NSWB = Social Well-being, NWWB = Workplace Well-being, NSBWB = Subjective Well-being, and NWP = Nurses' Work Performance."

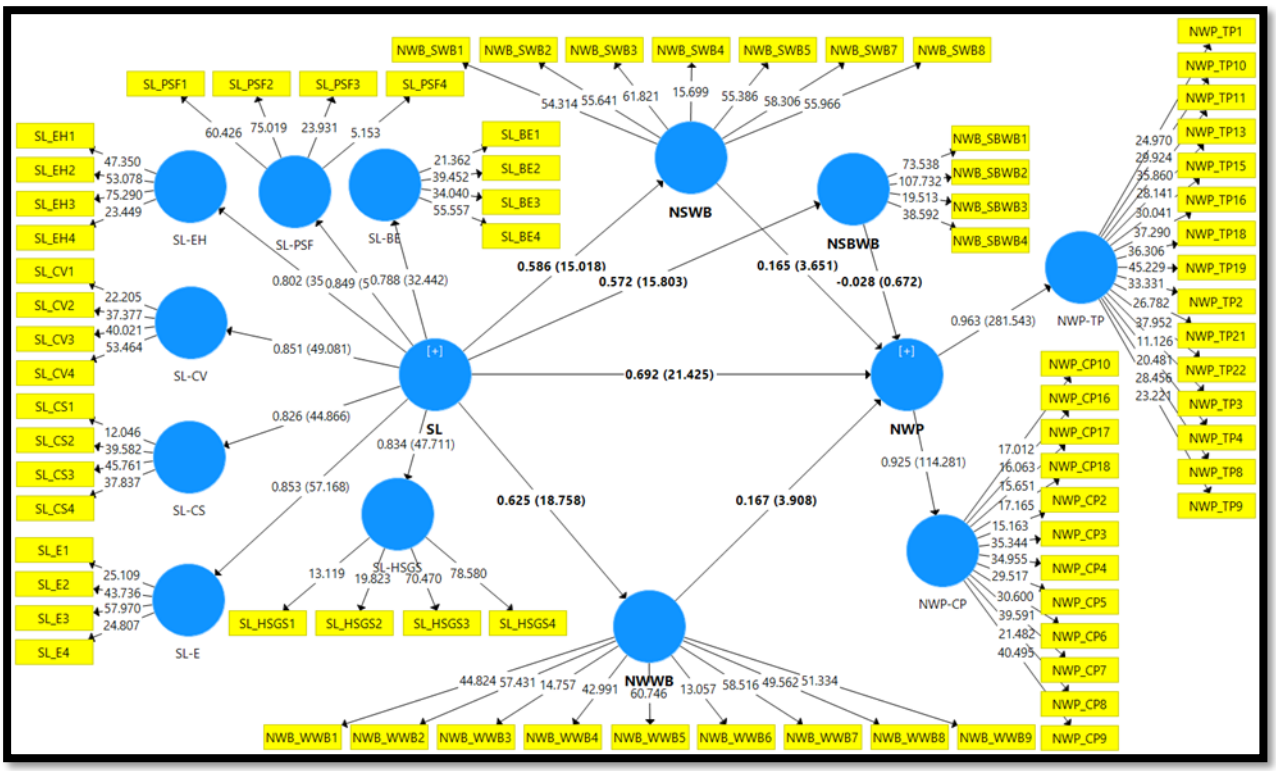

Figure 3: PLS bootstrapping Outputs

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' social well-being (NSWB), workplace well-being (NWWB), and subjective well-being (NSBWB), collectively accounted for 82% of the variance in nurses' work performance (NWE). Moreover, SL

alone explained 34% of the variance in NSWB, 39% in NWWB, and 33% in NSBWB, 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, NSWB, NWWB, and NSBWB on NWP were 0.569, 0.04, 0.04, and 0.02, respectively, all of which fall within the small-effect range, except for SL, which falls within the high-effect size. By contrast, the effect sizes of SL on NSWB, NWWB, and NSBWB were 0.523, 0.64, and 0.486, respectively, all of which fall within the large-effect range, indicating substantial explanatory power of SL in shaping nurses' well-being outcomes.

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

Construct	R^2	Effect Size (f^2)	Result
Nurses' Work Performance (NWP)			
SL	0.821	0.569	High
NSWB	0.821	0.04	Small
NWWB	0.821	0.04	Small
NSBWB	0.821	0.02	Small
NSWB			
SL	0.343	0.523	High
NWWB			
SL	0.390	0.64	High
NSBWB			
SL	0.327	0.486	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. The implication here is that the structural model not only explains significant variance on the endogenous constructs but also achieves high predictive accuracy, hence increasing its strength in the paradigm of the UAE's healthcare reforms.

Table 8: Predictive Relevance (Blindfolding) Q^2

Endogenous Construct	SSO	SSE	Q^2 (=1-SSE/SSO)	Predictive Relevance
Nurses' Work Performance (NWP)	11205	6764.682	0.396	High
Nurses' Social Well-being (NSWB)	2905	2217.283	0.237	Moderate
Nurses' Workplace Well-being (NWWB)	3735	2826.954	0.243	Moderate
Nurses' Subjective Well-being (NSBWB)	1660	1274.772	0.232	Moderate

4.2.2 Testing the Direct Effects

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' social well-being (NSWB), workplace well-being (NWWB), and subjective well-being (NSBWB) 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 NSWB and NWWB significantly mediate the relationship between SL and NWP, whereas NSBWB does not exhibit a significant mediating effect. Specifically, the bootstrapped indirect effects were statistically significant for NSWB ($\beta = 0.10$, $t = 3.435$, $p < 0.001$) and NWWB ($\beta = 0.104$, $t = 3.754$, $p < 0.001$), as their respective 95% confidence intervals did not include zero. Conversely, the indirect effect for NSBWB ($\beta = -0.016$, $t = 0.666$, $p = 0.253$) was not significant, as its 95% confidence interval contained zero. Accordingly, these findings lend empirical support to hypotheses H8 and H9 but not to H10. Furthermore, as shown in Table 6, the direct effect

of SL on NWP remained significant, suggesting that nurses' social and workplace well-being function as partial mediators in the SL–NWP relationship within the UAE's healthcare reform context.

Table 9: The Indirect Hypotheses Results

Hypo-NO	Indirect Direct Hypothesis	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	
H8	SL -> NSWB -> NWP	0.096	0.028	3.435***	
H9	SL -> NWWB -> NWP	0.104	0.028	3.754**	
H10	SL -> NSBWB -> NWP	-0.016	0.024	0.666*	

Note: "***: p<0.001", **: p<0.01, **: p> 0.5.

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 refeorms, 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' social, workplace, and subjective well-being 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.

5.1 Interpretation of the Findings

The results of this study mostly verify previous studies that highlighted the positive impact of servant leadership on employees' performance as well as well-being, in a healthcare reforming environment in the UAE. As found in previous studies, servant leadership had a positive influence on nurses' performance in healthcare during the conducted analysis, verifying hypothesis one. This result is in agreement with the views of previous studies in the field of nursing science that highlighted, in accordance with western studies in management theory, that in a reforming environment, leaders' behaviors that focus on empathy, ethics, and building followers lead to positive outcomes in employee performance as well as in service quality (Purwanti et al., 2023; Westbrook et al., 2022). As indicated in the COR theory, SL develops a positive working environment where employees are able to accumulate psychological capital even in the most difficult working environment (Demerouti, 2025; Xiao et al., 2024).

The positive impacts of nurses' social well-being and well-being in the workplace on performance at work further support the second and third hypotheses. These results lend further credence to a burgeoning body of scholarly opinion that suggests positive interpersonal relationships, interprofessional trust, and favorable workplace environments are essential in achieving positive outcomes and burnout prevention in a high-stakes medical environment (Almeida et al.,2024; Odole et al.,2023). Well-functioning nurses who engage in positive occupational interactions at the workplace demonstrate greater commitment, flexibility, and activity participation in patient care. This is in accordance with the JD-R model of the workplace, where social support, as well as a positive workplace environment, remains one of the most important workplace contributions that are capable of countering negative occupational outcomes, as well as strengthening employee motivation (Petersen et al., 2025).

By contrast, the fourth hypothesis, that of a positive directs relationship between subjective well-being and performance at work, received no support. A lack of significance, combined with a negative tendency, means that a positive experience of general life satisfaction as well as a balance between positive and negative experiences, rather than advancing workers' performance in a reform-heavy environment in the medical sector, is not particularly relevant as a performance predictor. As a number of researchers, including Specchia et al. (2021), highlighted, performance is a factor that is not influenced much in a given context by individuals' hedonic and eudaimonic experience. This is particularly the case considering that, in a reform-heavy environment of a state like the UAE, factors having a negative influence include those of a systemic nature, such as medical reform, technological development, accountability management, etc.

This is further expanded by the results of the mediation analysis. Servant leadership had a significant positive effect on all three dimensions of well-being, thereby supporting the fifth, sixth, and seventh hypotheses. Also, social well-being as well as workplace well-being had a significant positive mediation effect on the relationship between servant leadership and performance, thereby supporting the eighth and ninth hypotheses. These results not only reveal that servant leadership is effective in improving performance through motivational channels but also through channels of well-being, as identified in previous studies (Alzghoul et al., 2023; Bai et al., 2023; Alahbabi et al., 2023; Kaltiainen & Hakanen, 2022). Nonetheless, subjective well-being lacked any significant

mediation effects, thereby indicating that servant leadership is effective in increasing emotional satisfaction, whereas this benefit does not always lead to tangible performance increments. This highlights that either socially embedded well-being or workplace well-being is a more effective means through which the factor of servant leadership affects performance, thereby reinstating previous findings (Specchia et al., 2021).

Taken together, the model had a high degree of explanatory and predictive validity, confirming the assumptions of both the COR model as well as the JD-R model. This result aligns with theoretical models, including the COR theory and the JD-R model, accounting for how resources, such as SL, can safeguard and maximize well-being to foster work performance (Demerouti, 2025; Petersen et al., 2025). Through the derivation of empirical evidence of partial mediations of nurses' social and workplace well-being in the SL-NWP link, this research extends and strengthens theoretical perspectives that emphasize "gain spirals," whereby accumulated resources progressively enhance outcomes such as work performance. Taken in a wider context, this research helps to clarify that in a reform-heavy medical environment, servant leadership improves performance in nurses not by enhancing positive emotional experiences, per se, but by increasing social and workplace well-being.

5.2 Practical Implications

The results of this investigation highlight the positive influence of servant leadership on employee performance and well-being, as well as the mediating effects of nurses' social and workplace well-being in the SL-NWP link. This empirical analysis presents valuable findings that can help administrators in the medical sector, policymakers, and nursing administrators in particular in countries that experience extensive medical reforms, as observed in the UAE. Firstly, the positive relationship between SL and the overall performance of nurses emphasizes the importance of implementing leadership strategies that are rooted in empathy, empowerment, and ethical management. It is recommended that in medical institutions, SL strategies be integrated into leadership training in order to promote empowerment, boost the psychosocial factors of the nursing staff, as well as develop trust (Faraz et al., 2023; Kohnen et al., 2024). Secondly, by considering social and workplace well-being as performance levers, this study shows that the social and workplace well-being of nurses played a significant role in mediating the influence between servant leadership and the performance of nurses in the workplace, which is central to the importance of implementing appropriate initiatives in the organizational setting that transcend those conducted at the individual level. This is suggested by various activities that help foster a sense of brotherhood, feelings of belongingness, as well as a favorable environment at the workplace, such that programs like mentorship initiatives, teamwork, as well as complementing communication channels, can help boost this paramount element of social well-being to find a concrete outlet in terms of performance (Kohnen et al., 2024). Thirdly, in reconsidering well-being interventions, the non-significant mediation of subjective well-being indicates that well-being interventions need to target those well-being dimensions that are most relevant to performance outcomes. Establishing greater social connections at the workplace through organizational resources that boost workplace satisfaction rather than overall subjective well-being outcomes could be more effective.

Fourthly, in respect of the great explanatory power of SLS on well-being outcomes as well as performance outcomes, policymakers in the field of healthcare reform policy should consider incorporating a focus on leadership assessment and development. Budgeting and planning should cover training, mentorship activities, as well as the fostering of supportive work environments as important factors in the influence of both well-being outcomes and performance outcomes (Kaltiainen & Hakanen, 2022). Fifthly, at a policy level, the inclusion of standards of servant leadership in the planning of training in the field of healthcare accreditation, training, and quality assurance can embed such standards in the overall environment of healthcare systems. Lastly, as a means of moving towards sustainable excellence in the field of healthcare, programs that train nurses are advised to embed standards of servant leadership in training intended to train leadership to effectively cope with environments shaped by reform.

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 multidimensional nurses' social, workplace, and subjective well-being as mediators to illuminate the psychological pathways through which SL influences NWP. Although this approach advances understanding of the mediating role of well-being, future studies should also incorporate other organizational and individual factors. Potential avenues include nurses' professional identity, social status, psychological well-being, engagement, or resilience, which may together provide a more comprehensive account of the dynamic interplay between leadership, well-being, 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' work 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 social, workplace, and subjective well-being. Notably, social and workplace well-being partially mediate the SL-NWP correlation, confirming their function as key psychological and contextual mechanisms in sustaining nurses' effectiveness under reform pressures. Although subjective well-being did not exert a significant direct or mediating effect, the overall model demonstrated strong explanatory and predictive power, explaining 82% of the variance in NWP. These results confirm that servant leadership-driven well-being initiatives are critical for optimizing performance outcomes and advancing the UAE's healthcare reform objectives.

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