

Servant Leadership and its' Role on Staff Nurses' career aspiration at kidney and urology Minia University Hospital

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Abstract

Background: In a healthcare organization, servant leadership can fulfill nurses' needs effectually through prioritizing their career aspiration and development in their workplace. **Aim:** To investigate the relationship between servant leadership and its' role on staff nurses' career aspiration. **Research design:** A descriptive correlational study design was used. **Setting:** The study conducted at Kidney and Urology Minia University Hospital, Minia, Egypt. **Subjects:** Convenience sample which includes nurses who work at Kidney and Urology Minia University Hospital, their total number were 231 nurses. **Tools of data collection:** two tools were used; Servant Leadership Assessment Instrument; and career aspiration Scale. **Results:** nurses' total levels of servant leadership, and career aspiration were higher. **Conclusion:** There was a highly statistically significant positive correlation between servant leadership and its' role on staff nurses' career aspiration. **Recommendations:** It was recommended to establish a work environment that supports the benefits of servant leadership and its impact on career aspiration.

Keywords: Career aspiration & Servant Leadership, Staff nurses.

Introduction

The rising trend of career uncertainty and the nature of work in healthcare organizations are changing rapidly in today's world. Nursing staff are frequently confronted with emergency situations, resulting in unpredictably high workloads and uncertain working conditions the demands of the job become overwhelming in such circumstances, and it becomes extremely challenging for nurses to equilibrium the needs of work with the demands of family life (Kim, 2022).

Moreover, if nurses are unable to adjust to these changes, their turnover rate will rise, resulting in severe consequences for the organization. Furthermore, healthcare organizations must embrace an effective leadership philosophy that allows staff nurses to adapt to career changes and increase their career aspiration. In today's dynamic environment, servant leadership is a favorable leadership style. Rather than constraining subordinates, it uses influence and persuasion (Farrington & Lillah, 2022). The philosophy of servant leadership receives continuously growing interest among clinical nursing healthcare leaders (Lythreitis & Mostafa, 2022). The nurse as

servant-leader begins with the natural feeling that the leader wants to render; subsequently, the perfect choice brings one to aspire for leadership. A nurse person is different from one who wants to be the head of nursing only, probably due to servant leaders taking care of the other peer nurses who have the highest preference needs being served at work time (Leeet al., 2022).

Servant leadership is defined by the qualities of being a good listener, having self-awareness, empathy, and management, which enables leaders to understand the needs of employees and optimize their potential, while at the same time adapting employee aspirations to organizational needs and goals. Servicing leaders place employees at the center of their attention and strive to attend to their needs while doing their best to foster employee development with adequate support and resources (Pakpahan, 2023).

Servant leadership is more than a style of leadership; it is a concept and set of activities that enrich the lives of nurses, improve the organization, and, in the end, promote a more objective and compassionate environment. Servant leadership is a comprehensive and broad leadership method that

involves followers in numerous dimensions, allowing them to grow into what they are capable of becoming (Ayuningtyas et al., 2022).

Servant leadership stresses "service" and prioritizes meeting employees' needs, and it can influence employees by serving and assisting them in developing their behavior. The dimensions of servant leadership are conceptual skills, emotional healing, putting subordinates first, helping subordinates grow and develop, behaving ethically, empowering, creating value for the community, and humility (Ayuningtyas et al., 2022).

Servant-leader nurses today concentrate on the growth and well-being of their staff, health organizations, and communities to which they belong. However, classical leadership generally including the collection and pursuit of the strength of the superior leader, but servant leadership is various. The servant leader cooperates by power sets their needs of them first and helps others to evolve and carry out their activities by honoring the aspirative nursing work of the career as possible (Shah et al., 2022).

Career aspiration is defined as the employees' competencies, capacities, and resources in dealing with transitions, traumas, and occupational aspiration issues in their careers. It refers to how well employees are prepared for predictable activities in their jobs, the responsibilities they play and the shifting or unanticipated situations they encounter (Orie & Semeijn., 2023)

Nursing career aspiration is viewed as a fundamental component of nursing as a calling. Particularly, at direct nursing care rehearses, an attendant who coordinates her/his inventiveness; will find that they function as self-strengthening (Bartos, 2022). With this strengthening, push the medical caretaker to serve the best nature of care as could be expected, and push for the development of her/his self and association results. Nurses who coordinate inventive original thoughts into inpatient care can lessen expenses to the medical care framework and back the maintainable advancement conduct of nursing rehearses (Liu et al., 2022).

Career aspiration also reflects the desire to seek opportunities pertaining to leadership, training and managing others, and furthering one's education. Indeed, career aspiration is a combination of push factors of the individual, helping him or her give full commitment and attention to anything that will help achieve career success. (Hartman and Barber, 2022).

Successful nursing leadership highlights the crucial part of leaders in the prospection of their

teamwork nurses' actions at the workplace. The importance of servant leadership as role models is to encourage sustainable behavior among employees and nurses by converting nurses green routine-work behavior to more sustainability-oriented behaviors at their workplace and utilizing the best nurses to create aspiration for self or organization development (Godsey et al., 2022).

In the ever-changing and competitive business world, employee career aspiration has become a highly significant aspect. Employees who feel supported in their career aspiration tend to be more dedicated, productive, and positively contribute to the organization's success. Therefore, a leader's role in facilitating employee growth and career aspiration has become increasingly crucial. However, there are issues that require further investigation, such as the extent to which servant leadership impacts employee career aspiration in the context of modern organizations. Fundamental questions arise, such as whether leaders adopting this approach can effectively motivate, support, and facilitate employee career aspiration, and how the impact of servant leadership on employee growth and aspiration can be measured and assessed (Putranto & Unggul, 2023).

Significance of the study:

Servant leaders possess a wide range of leadership skills that enable them to serve, nurture, and develop subordinates to reach their maximum potential. They assist their subordinates in achieving their objectives, preparing for the future, making independent decisions, and gaining confidence to overcome barriers. Therefore, subordinates will have a high degree of career aspiration and feel more connected to the organization (Shabeer et al., 2023)

When individuals are influenced by servant leadership in the organization, they become more focused and open, are more likely to produce and discover new methods and ideas for solving problems and have satisfied their level of career aspiration, and put more energy into their work. Servant leaders stimulate employees to participate positively while interacting with employees so that they can become more resilient, energetic, and creative, and have aspiration in their careers (Diener et al., 2022)

A study conducted by Malik et al., (2022) explored "Employee Perceptions of Barriers to Career aspiration and HRM strategies Tenacity Employee Career Development" this study was in Pakistan and they found that employee perceptions

and HRM strategies significantly affect employees' career aspiration, whereas barriers to career development have an insignificant impact.

also according to conducted by **Abdelmotaleb et al., (2022)** about " Servant Leadership and Nurses' Upward Voice Behavior in an Egyptian Hospital: Does Prosocial Motivation Matter?" they found that Egyptian nurses with lower prosocial drive, the link between servant leadership and upward voice was larger than for those with higher prosocial motivation.

The current study concentrated on servant leadership as an approach that gives a positive value to the nursing profession, which improves nurses' career aspiration and sustainable development behavior outcomes in their work settings. Consequently, understanding such concepts in the context of the healthcare sector may, in turn, help establish new links between leaders and their subordinates and improve the quality of the workplace.

During clinical supervision with school nursing students at Kidney and Urology Minia University Hospital, i observed the nurse's exposure to stress, pressure, and fatigue, there was no satisfaction in giving nursing care, the continuous absenteeism of the nurses, as a result of poor first line management and nursing relationship. There was a lack of previous studies that linked those two interrelated variables together, so the researcher conducted this study to assess the relationship between servant leadership and nursing career aspiration in a health care setting. So, the significance of this study lies in its potential to improve nursing leadership, enhance patient care, promote nurse retention and satisfaction, support professional development, and contribute to the broader understanding of effective leadership in healthcare.

Aim of the study

The aim of the study is to assess servant leadership and its' role on staff nurses' career aspiration at Kidney and Urology Minia University Hospital.

Research questions:

- What is the level of servant leadership and career aspiration among staff nurses?
- Is there a relation between servant leadership and career aspiration among staff nurses?

- Is there a relation between servant leadership, nurses' career aspiration, and socio-demographic data among staff nurses?

Subjects and Method

Research design

A descriptive correlational research design was used to achieve the aim of the current study.

Setting

The study will be conducted at kidney and urology Minia University Hospital, Minia, Egypt. This hospital is selected randomly from all Minia University hospitals.

Subjects

Convenience sample which includes all nurses who work at (kidney and urology Minia University Hospital). Their total number will be 231 nurses.

Data collection tools

The study was conducted by using two tools as following:

Tool (I): self-administered questionnaire: It will consist of two parts as follows:

Part I: socio-demographic Data:-

It will be used to collect data about nurses encompassing items such as age, gender, educational qualification, marital status, department, years of experience in the nursing field, and residence.

Part II: The Servant Leadership Questionnaire (SLO)

The Servant Leadership Questionnaire (SLQ) developed by Liden et al., (2008) to assess servant leadership practices and modified by the researcher, is composed of 28 items that measure seven major dimensions of servant leadership: emotional healing = "4 items ", creating value for the community= " 4 items ", conceptualizing = "4 items ", empowering= " 4 items ", helping followers grow and succeed= " 4 items " putting followers first = " 4 items "and behaving ethically= " 4 items ". With an ordinal 3-point Likert scale ranging from: 1 = strongly disagree, 2 = Undecided, and 3= strongly agree.

The scoring system will range from (28 to 84), and it is classified into three levels as follows: low level from (28- 46), Moderate level from (47- 65), and high level from (66-84).

Tool (II): Career Aspiration Scale(CAS)

Career Aspiration Scale (CAS) – developed and Revised by Gregor & O'Brien, (2015) and modified by the researcher; It consisted of 24 items divided under three subscales leadership Aspiration = "8 items ", achievement Aspiration = "8 items ", education Aspiration = "8 items "measured by three-point Likert Scale ranging from "1" (not at all true of me), "2"(moderately true of me) "3"(very true of me).

The scoring system will range from (24 to 72), and it is classified into three levels as follows: low level from (24- 39), Moderate level from (40- 56) and high level from (57-72).

Validity of scales:

A panel of five nursing administration experts, consisting of one Professor and four Assistant Professors in nursing administration from the Faculty of Nursing at Minia University, conducted face validity to the scales. Each expert was tasked with evaluating the scale for various aspects such as content coverage, clarity, wording, length, format, and overall appearance. The necessary adjustments were made according to the recommendations of the jury panel.

Reliability of the scales:

The reliability of the scales was examined through the application of the Cronbach alpha test to confirm the consistency of the study scales. The results of this test indicated a high level of internal reliability of the scales. Also, the scales were tested for their reliability by using the Cronbach alpha test which revealed a high level of internal reliability for the scales; and distributed as follows (servant leadership scale and career aspiration scale 0.92&0.90 respectively)

Pilot Study:

A pilot study was carried out before starting data collection on 10% of nursing staff (23 nurse) randomly selected from Minia University Kidney and Urology Hospital, to test the data collection tools regarding the phrasing, the order, and the need for adding or omitting items, as well to test the clarity, comprehensiveness, accessibility, and applicability of the study tools, and to estimate the time needed to fill each tool, it was about 35 to 40 minutes for the three scales, in addition, it helped in identifying any obstacles and problems that might interfere with data collection. Results of the pilot study indicated that the study tools were applicable

without changes, and add to final results without alteration.

Data collection procedure

- ❖ The Dean and the Ethical Committee of Nursing Faculty at Minia University granted an official letter to carry out the study.
- ❖ The scales were translated into Arabic and approved by the jury for data collection purposes.
- ❖ The Minia University Kidney and Urology Hospital director provided written approvals after being informed about the study's purpose.
- ❖ With permission in hand, the researcher introduced herself to the hospital department head nurses and the nursing staff. She explained the nature and objectives of the study, as well as how to complete the scales.
- ❖ The estimated time for completing the questionnaire was determined after conducting the pilot study, ranging from 35 to 40 minutes.
- ❖ The researcher planned and scheduled visits to each department. The researcher met studied nurses for data collection two days per/week relying on their respective work schedules.
- ❖ The researcher, with the help of the head nurses, personally distributed the scales to all nursing staff during regular working days.
- ❖ The researcher started collecting data from the participants at their workplace by providing an oral explanation of the study's type and objectives.
- ❖ Then the study tools were distributed to the participants at their workplace individually by the researcher.
- ❖ The participants were asked to fill out questionnaires; each nurse was provided with their own set of scales and given a timeframe of 35 to 40 minutes to complete them. The researcher was available to answer any questions that the nursing staff had. The data collection phase took place over four months, starting from May 2024 and concluding in August 2024.

Ethical Consideration:

1. The Research Ethics Committee of the Faculty of Nursing at Minia University provided written approval for conducting the study.

2. The purpose of the study was explained to the directors of Minia University Kidney and Urology Hospital, and written approvals were obtained from them.

3. Oral consent was obtained from each participant before the pilot study and the actual study, after explaining the nature and purpose of the study.

4. Participants were informed that they had the right to refuse to participate or withdraw from the study at any time without providing a reason.

5. Participants were assured that their data would be kept highly confidential, and their privacy was protected by assigning a number to each nurse instead of using their names.

Data statistical analysis

The collected data was tabulated, computerized, analyzed, and summarized by using descriptive statistical tests to test research questions using the SPSS version (25). Qualitative data were

expressed as frequency and percentage. Probability (P-value) is the degree of significance, less than 0.05 was considered significant. The smaller the P-value obtained, the more significant the result (*), and less than 0.001 was considered highly significant (**).

Fisher–exact were used for qualitative data tests to detect the relation between the socio-demographic data of nursing staff and their study variables.

The statistical method of correlation is used to determine the type and degree of a link between two numerical variables. The co-sign efficient indicate the type of the relationship (positive/negative), while the value indicates its strength, as follows: Rho values below 0.25 indicate a weak correlation, 0.25-0.499 indicates a fair connection, 0.50-0.74 indicates a moderate correlation and values above 0.74 indicate a strong correlation.

RESULTS

Table (1): Distribution of the studied staff nurses according to their Socio-demographic data at Kidney and Urology Minia University Hospital (n= 211).

Socio-demographic data	No.	%
Age/ years		
20 < 29	134	58,0
29 < 39	67	29,0
39 < 49	26	11,3
49 ≥ 59	4	1,7
Mean ± SD	30,0 ± 7.3	
Marital status		
Single	39	16.9
Married	179	77.5
Widow	6	2.6
Divorced	7	3.0
Years of experiences		
Less than five years	106	45.9
5 < 10 years	89	38,0
15 < 25 years	20	13,0
25 ≥ 35 years	6	2,6
Mean ± SD	8.6 ± 6.7	
Residence		
Rural	162	70,1
Urban	69	29,9

Table (1) reveals that more than half (58.0%) of nurses is between the ages of 20 to less than 29 years. While the majority of them are married, (77.5%). The same table shows that less than half of nurses had less than five years of nursing experience (45.9%), with Mean ± SD (8.6± 6.7). Concerning residence, the majority of nurses were live in rural (70.1%).

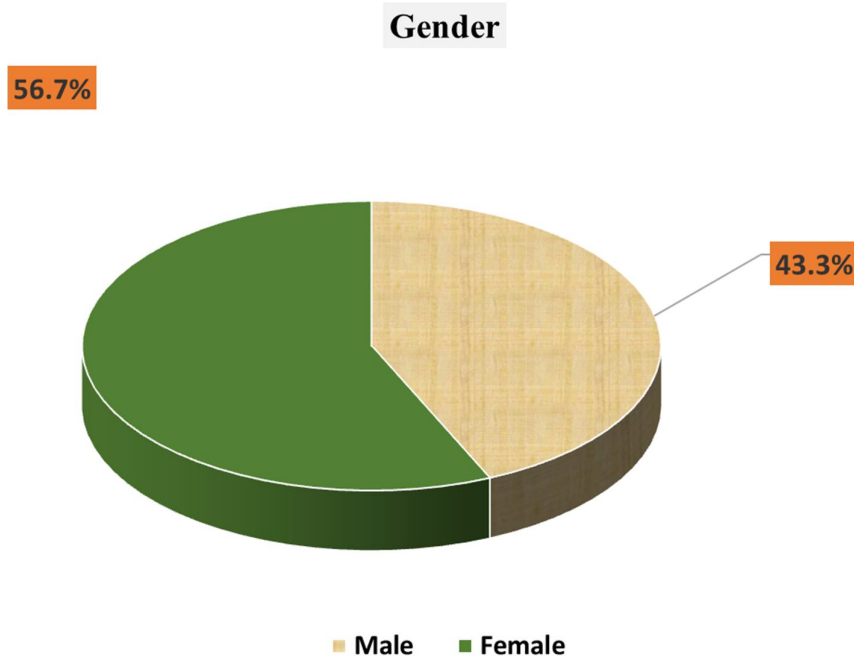


Figure (1): Distribution of the nursing staff according to their gender (n = 231).

Figure (1) shows that more than half of the nurses (56.7 %) of nurses were female, while (43.3 %) of them were male.

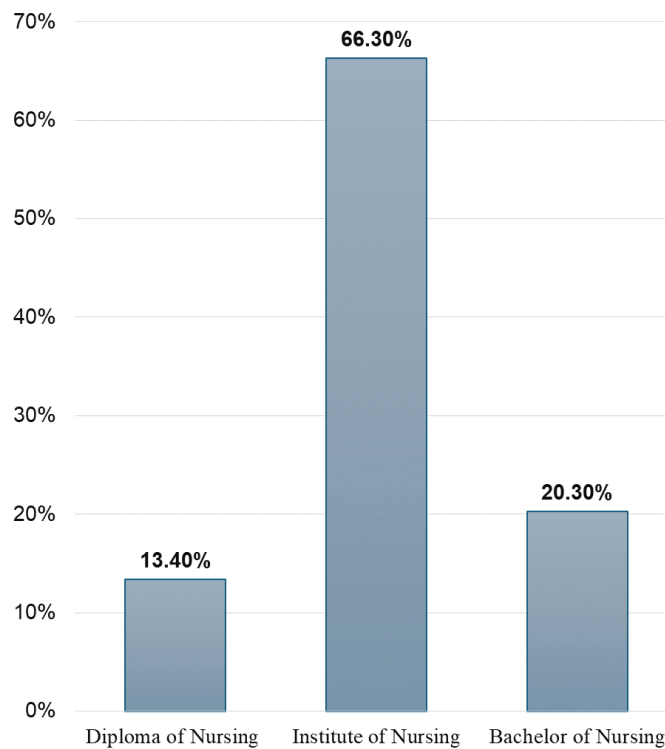


Figure (2): Distribution of the staff nurses according to their educational qualification (n= 231).

Figure (2) reveals that, nearly two third of nurses (66.3%) had a technical institute of nursing followed by (20.3%) of them had a Bachelor of Science in nursing and only (13.4%)of them had a diploma of a secondary nursing school.

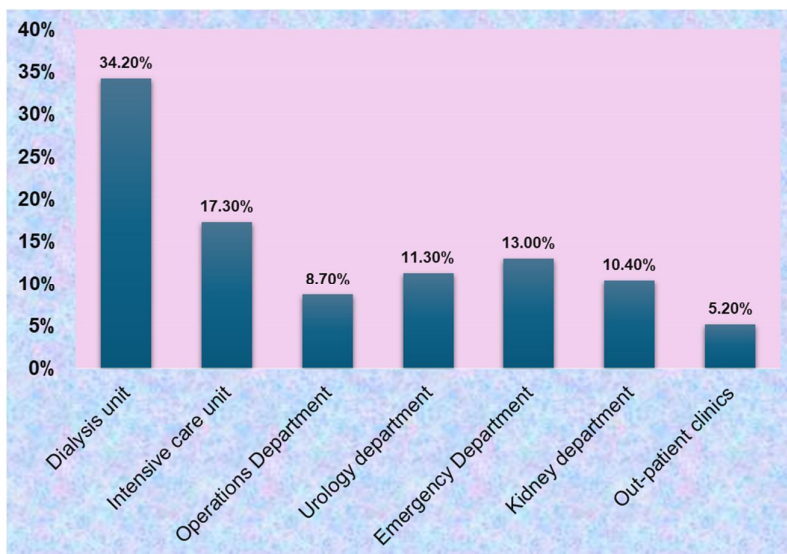


Figure (3): Distribution of the staff nurses according to their department (n= 231).

Figure (3): Demonstration that , nurse work in the dialysis unit, intensive care unit, emergency department , urology department , kidney department , operation department and out- patient clinics representing (34.20% , 17.30% , 13.0% , 11.30% , 10.40% , 8.70 and 5.20% respectively).

Total servant leadership

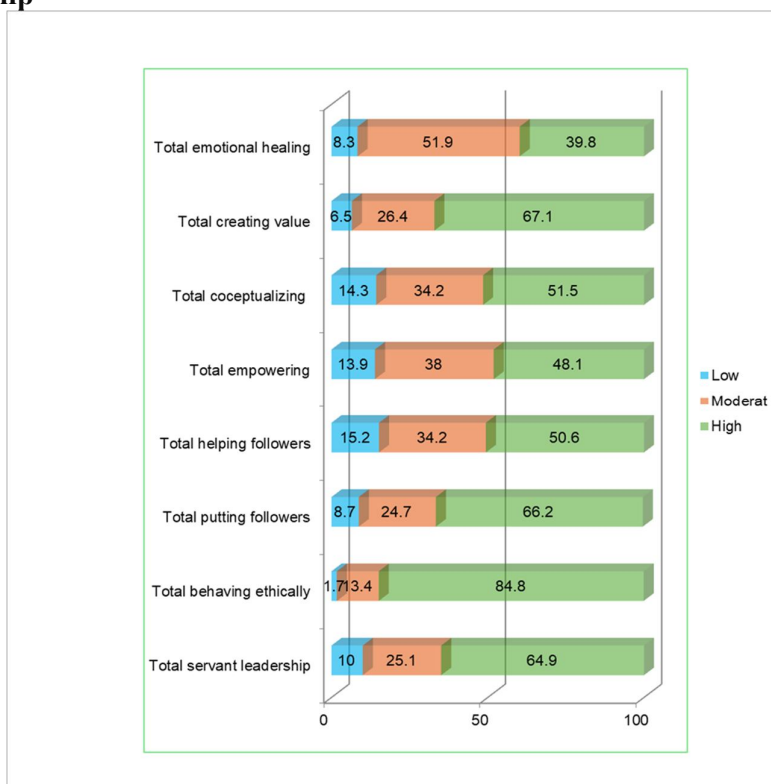


Figure (4) Distribution of the total Servant Leadership Level among the staff nurses at Kidney and Urology Minia University hospital (n= 231).

Figure (4) demonstrates that, total servant leadership level and its dimensions levels was high(64.9%) , and categorized as total behaving ethically was the great first dimension (84.8%), followed by total creating value (67.1%)and then Putting followers first(66.2%).

Total career aspiration

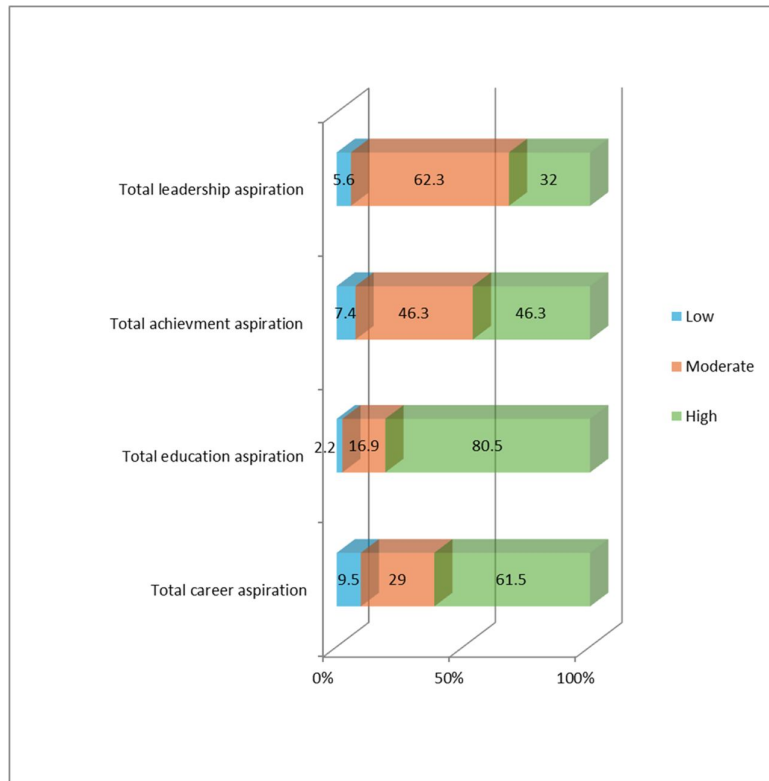


Figure (5) Distribution of the total career aspiration Level among staff nurses at Kidney and Urology Minia University Hospital (n= 231).

Figure (5) illustrates that, total career aspiration level is high (61.5%)which the total education aspiration come in the first dimension (80.5%) followed by the total achievement aspiration level(46.3%). While total leadership aspiration is moderate (62.3%).

Table (2): Relation between servant leadership and socio-demographic data among staff nurses at Kidney and Urology Minia University Hospital (n= 231).

Socio – demographic data	Low (n= 23)		Moderate (n = 58)		High (n = 150)		
	No.	%	No.	%	No.	%	
Age/ years							
20 < 29	134	7	5.2	15	11.2	112	83.6
29 < 39	67	5	7.5	34	50.5	28	41.8
39 < 49	26	9	34.6	7	26.9	10	38.5
49 ≥ 59	4	2	50.0	2	50.0	0	0.0
Fisher (P – Value)	44.789 (0.0001)**						
Gender							
Male	100	10	10.0	25	25.0	65	65.0
Female	131	13	9.9	33	25.1	85	65.0
Fisher (P – Value)	5.779 (0.06) NS						
Educational qualifications							
Diploma of Nursing	31	4	12.9	22	71.0	5	16.1
Institute of Nursing	103	13	8.5	12	7.8	128	83.7
Bachelor of Nursing	47	6	12.8	24	51.1	17	36.2
Fisher (P – Value)	57.799 (0.0001)**						
Marital status							
Single	39	4	10.3	10	25.6	25	64.1
Married	179	18	9.5	45	25.7	116	64.8
Widow	6	0	0.0	2	33.3	4	66.7
Divorced	7	1	14.3	1	14.3	5	71.4
Fisher (P – Value)	7.037 (0.317)						

Socio – demographic data	Low (n= 23)		Moderate (n = 58)		High (n = 150)		
	No.	No.	%	No.	%	No.	%
Department							
Dialysis unit	79	0	0.0	0	0.0	79	100.0
Intensive care unit	40	1	2.5	20	50.0	19	47.5
Operations Department	20	1	5.0	10	50.0	9	45.0
Urology department	26	1	3.8	13	50.0	12	46.2
Emergency Department	30	16	53.3	0	0.0	14	46.7
Kidney department	24	3	12.5	11	45.8	10	41.7
Out-patient clinics	12	1	8.3	6	50.0	5	41.7
Fisher (P – Value)	34.329 (0.001)**						
Years of experiences							
Less than five years	106	11	10.4	26	24.5	69	65.1
5 < 10 years	89	9	10.1	22	24.7	58	65.2
15 < 25 years	30	2	6.7	9	30.0	19	63.3
25 ≥ 35 years	6	1	16.7	1	16.7	4	66.7
Fisher (P – Value)	5.808 (0.445)NS						
Residence							
Rural	162	16	9.9	41	25.3	105	64.8
Urban	69	7	10.1	17	24.6	45	65.3
Fisher (P – Value)	3.049 (0.218) NS						

Percentage was done by raw

*Statistical significance differences at 0.05 ** highly statistical significance differences at 0.01

Table (2) shows that, presence of a highly statistically significant relationship between servant leadership and their age, educational qualifications, and department, it p = (0.001) ** except gender, material status, years of experience and residence.

Table (3): Relation between nurses' career aspiration, and socio-demographic data among staff nurses at Kidney and Urology Minia University Hospital (n= 231).

Socio – demographic data	Low 22		Moderate 67		High 142		
	No.	No.	%	No.	%	No.	%
Age/ years							
20 < 29	134	11	8.2	20	14.9	103	76.9
29 < 39	67	6	9.	33	49.2	28	41.8
39 < 49	26	3	11.5	12	46.2	11	42.3
49 ≥ 59	4	2	50.0	2	50.0	0	0.0
Fisher (P – Value)	25.971 (0.002)**						
Gender							
Male	100	7	7.0	30	30.0	63	63.0
Female	131	15	11.5	37	28.2	79	60.3
Fisher (P – Value)	0.0511 (0.975)						
Educational qualifications							
Diploma of Nursing	31	11	35.5	14	45.2	6	19.3
Institute of Nursing	103	9	5.9	20	13.1	124	81.0
Bachelor of Nursing	47	2	4.3	33	70.2	12	25.5
Fisher (P – Value)	76.252 (0.0001)**						
Marital status							
Single	39	4	10.3	22	56.4	13	33.3
Married	179	12	6.7	42	23.5	125	69.8
Widow	6	3	50.0	1	16.7	2	33.3
Divorced	7	3	42.9	2	28.6	2	28.6
Fisher (P – Value)	31.537 (0.0002)**						
Department							
Dialysis unit	79	0	0.0	3	3.8	76	96.2
Intensive care unit	40	0	0.0	21	52.5	19	47.5
Operations Department	20	1	5.0	10	50.0	9	45.0
Urology department	26	11	42.3	6	23.0	9	34.7
Emergency Department	30	3	10.0	14	46.7	13	43.3

Socio – demographic data	Low 22		Moderate 67		High 142	
	No.	%	No.	%	No.	%
Kidney department	24	4.2	12	50.0	11	45.8
Out-patient clinics	12	50.0	1	8.3	5	41.7
Fisher (P – Value)	21.654 (0.0001)**					
Years of experiences						
Less than five years	106	3.8	10	9.4	92	86.8
5 < 1 ^o years	19	4.5	44	49.4	41	46.1
15 < 25 years	30	33.3	12	40.0	8	26.7
25 ≥ 35 years	6	66.6	1	16.7	1	16.7
Fisher (P – Value)	11.794 (0.019)*					
Residence						
Rural	164	9.2	35	21.6	112	69.1
Urban	69	10.1	32	46.4	30	43.5
Fisher (P – Value)	13.498 (0.0010)**					

Percentage was done by raw

*Statistical significance differences at 0.05 **highly statistical significance differences at 0.01

Table (3) shows that presence of a highly statistically significant relationship between nurses career aspiration and all socio- demographic characteristics at p = (0.001) ** except gender.

Part IV: Results related to correlation between servant leadership table (4).

Table (4): Correlation between Servant leadership style and career aspiration among staff nurses at Kidney and Urology Minia University Hospital (n= 231).

Item	Career aspiration	
	Servant leadership	R
P - value		0.000***

***Correlation at P – value < 0.05

Table (4) reveals that there was a highly statistically significant positive relationship between servant leadership and career aspiration where r = (0.342) and (p=0.000).

Discussion

Servant leadership is unique of the greatest useful leadership approaches that work across healthcare settings. So, today's healthcare nursing staff requires trend leadership approaches such as servant leadership and respecting positive values for the nursing profession that enable all levels of staff nurses to adopt an up-to-date era of entanglement and dependability of healthcare environment shift for better whilst also struggling for superiority in the nursing creativity, career aspiration and continues sustainability (Sorour & Elkholy, 2022). Healthcare organizations have been working to find ways to improve staff nurses' career aspiration create and expand their job embeddedness. All of these benefits can be obtained by maintaining a successful leadership style. Servant leadership is one of the most effective and idealized leadership styles in healthcare settings. Servant leaders possess a wide range of leadership skills that enable them is to serve, nurture, and develop subordinates to reach their maximum potential and achieve to highest level of career aspiration (Khan, Mubarik et al., 2023)

Servant Leadership is a leadership approach that places service to subordinates at the core of leadership functions. In the context of employee career aspiration, this concept holds significant implications. This theory suggests that effective servant leadership can help create an environment where employees feel supported, valued, and motivated to grow and develop professionally. (Agusta & Azmy, 2023). So, the current study aimed to assess servant leadership and its' role in staff nurses' career aspiration at Kidney and Urology Minia University Hospital.

The current study revealed that more than half of nurses were between the ages of 20 and less than 29 years. While the majority of them are married. Less than half of nurses had less than five years of nursing experience with a mean ± SD (8.6 ± 6.7). Concerning residence, the majority of nurses are lived in rural areas. Regarding gender, more than half of nurse was female. Regarding educational qualification, nearly two third of nurses had technical institute of nursing. As regards department, more than one third of nurses were worked in dialysis unite.

The current revealed that nearly two-thirds of leaders had a high level of servant leadership. This finding might be due to the head nurse at work having skills that perform a good job and the leaders possess the skill of servant leadership, treat nurses well, putting the nursing needs first, and using the method of motivation instead of punishment, this is by making the nurses obey and respect their supervisors.

This result was confirmed by **Uktutias et al., (2022)**, who studied servant leadership and job satisfaction and organizational commitment: empirical evidence from Surabaya's health care sector." who found servant leadership at a high level and had positive significance on job satisfaction and organizational commitment. Also, this result comes in line with **Bilal et al., (2022)** about Servant Leadership: A New Perspective to Explore Project Leadership and Team Effectiveness, who found that more than half high-level servant leadership and positive significance influence on subordinates effectiveness, and servant leaders emphasize the personal development of their followers rather than their personal or organizational interests.

Controversially, this result contradicts **Cummings et al., (2022)**, who revealed that the majority of staff nurses had moderate and low levels of using their leaders' servant leadership approach and low levels of career aspiration among nurses due to centralized decision-making and authoritarian leadership style that ordinarily did not involve nurses to share in quality or crisis teams, for example. While staff nurses seek to achieve career aspiration.

Moreover, the current study indicated that more than half of the nursing staff had a high level of career aspiration. The reason may be due to the nurses 'attempt to prove their presence at work, obtain rewards and promotions, and the desire to reach a leadership position. this result comes inconsistent with (**Susanto, Amanda, 2023**) about "Analysis of Recruitment, Performance Evaluation, and Career Aspiration to Support Employee Performance" which found career aspiration levels of nearly to two third level and career aspiration have a significant influence on employee engagement.

The current study presented that there was a high positive statistically significant relationship between servant leadership and career aspiration. This correlation may be due to the positive effect of head nurses' servant leadership on nurses' career aspiration reflected in their actions, which

dramatically embrace and uphold the hospital's ideals, and their attempts to assist it, demonstrate the spiritual vitality of the staff, connect with, and embody the hospital's highest goals, and take pride in being a part of it, that meant that highly utilizing and applying of servant leadership approach led to a high level of nurses' career aspiration, and the opposite ones were correct. A servant leadership style, which prioritizes helping others, boosts organizational commitment by prioritizing the requirements for everyone first while empowering them to achieve maximum career aspiration. The benefits of optimizing performance and enhancing the organization as a whole are the results.

This result is supported by **Saleh, Abd El Rahman, (2024)** who examined the relationship between Servant Leadership and career aspiration, and they found that there was a positive statistically significant relationship between head nurses' servant and career aspiration among nurses and demonstrated how servant leadership, which emphasizes helping others, increases career aspiration by putting their requirements first while enabling stakeholders to maximize performance and improve the organization as a whole.

This is in the same line with **Shabeer et al., (2023)** who tested inclusive leadership and career aspiration: the mediating role of organization-based self-esteem and the moderating role of organizational justice and reported that contemporary approaches of leadership such as servant leadership were reported positive relation with career aspiration. While this study is the opposite with **El Sherbeny et al., (2021)** found that no statistically significant correlation between servant leadership style and career aspiration. That means the director acts as a servant leader but does not motivate their career aspiration may be due to workload over her which leads to less concern for our needs and less time contact with them.

Conclusion

Based on the present study findings, it is concluded that:

The study revealed that more than half of nurses had a high level of total servant leadership and total career aspiration. There was a highly positive statistically significant relationship between total servant leadership and total career aspiration at kidney and urology Minia University Hospital at ($p=0.000$). There was statistically significant relationship between total servant leadership and their age, educational qualification, department. While no statistically significant

relationship was detected with gender, material status, years of experience and residence .there was statistically significant relationship between career aspiration and their age, educational education, material status, department years of experience and residence. While no statistically significant relationship was found with gender.

Recommendations

Based on the results of the present study, the researcher came up with the following recommendations:

The hospital administrators should:

- Health care organizations should assume a servant leadership philosophy and develop leaders who establish the qualities of servant leadership.
- The managers should provide opportunities for staff nurses to grow and develop build confidence and encourage them to handle important career decisions.
- Increase the career flexibility of staff nurses, leaders should encourage the formation of work groups, implement long-term planning, and find innovative solutions to difficulties at work.
- Establishing a culture in which the director empowers and fortifies the spiritual allegiance of nurses in order to uplift and inspire them, so strengthening their commitment to the company.

Head nurses should:

- Improve workflow and have a favorable impact on their organizational dedication through promoting teamwork and teambuilding.
- Encourage their nurses and assist them in enrolling in educational programs.
- Provide effective strategies to enhance their career aspiration through giving their staff nurses constructive feedback, knowledge sharing, management, and emotional incentive and support.

Nurses should:

- Have open lines of communication with their manager about any negative behavior or issues they are having.

Suggestion for Further research

1. Investigate the effects of servant leadership style and innovative work behavior.
2. Study the relation between career aspiration and employee welling.

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