Relationship between Servant Leadership and Work Engagement among Head Nurses

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Abstract

Background: Servant leadership is a leadership style focus on help others achieve personal and professional growth, foster emotional attachment among employees by showing empathy and fostering a positive work environment. Employees with high level of emotional ties to the organization are more engaged in work. Thus contribute to the organization success. **Aim of the study**: This study aimed to assess the relationship between servant leadership and work engagement among head nurses. **Research design**: A descriptive, correlational design was used. **Setting**: The study was conducted at El -Fayoum University Hospitals. **Subjects:** The study subjects included all head nurses and their assistants (n =80) who are working in El-Fayoum University Hospitals. **Data collection tools**: The data were collected by using two tools namely: SLQ (Servant leadership questionnaire) leader form and Utrecht work engagement scale. **Results**: The study results revealed that the majority of head nurses had low servant leadership while the minority of them had high servant leadership. Also, the majority of head nurses had low work engagement level while the minority of them had high work engagement level. **Conclusion**: There was a highly statistically significant positive correlation between servant leadership and work engagement among head nurses. **Recommendations**: Based on the study finding, it was recommended that servant leadership should be included in nursing curricula given its importance in preparing future leaders. The managers should provide opportunities for staff nurses to grow and encourage them to participate in career decisions. Further studies should be developed to assess the relationship between head nurses' servant leadership and staff nurses empowerment.

Keywords: Servant leadership, Head nurses, Work engagement.

Introduction:

Servant leadership is a leadership style that emphasizes service, community and vision .Also it is demonstrated by empowering and developing people, expressing humility, authenticity, interpersonal acceptance, stewardship and providing direction .Additionally, servant leadership is characterized by a set of attributes and behaviors that encompass active listening, empathy, the capacity for healing, heightened self-awareness, persuasive skills, the ability to conceptualize complex issues, foresight, stewardship, an unwavering commitment to follower growth and the establishment of a sense of community **(Kansil & Sujuti, 2024)**.

A servant leadership style refers to leaders whose primary purpose for leading is to serve others by investing in their development and well-being for the benefit of completing tasks and objectives. This leadership helps subordinates grow to reach their maximum potential for optimal organizational and professional success and places the needs of his or her subordinates before his or her own . Thus, servant leadership emphasizes the significance of prioritizing employees' comfort and growth as a top priority **(Cai et al., 2024).**

Servant leadership dimensions includes: altruistic calling, emotional healing, wisdom, persuasive mapping and organizational stewardship. *Altruistic Calling*: the degree to which a person having both desire and willingness to put aside self-interest in order to benefit followers. *Emotional Healing*: the degree to which a person has the ability to recognize when and how to foster the healing process within others **(Neville et al., 2021)**.

Persuasive mapping: the degree to which a person is able to map issues and conceptualize greater possibilities and are compelling when

articulating these opportunities. *Wisdom*: the degree to which a person has the combination of height of knowledge and utility .And *organizational Stewardship*: the degree to which a person extends leadership beyond the organization by taking responsibility for the well-being of the community and ensuring that strategies and decisions undertaken reflect the commitment to give back to a larger community**(Valdez, 2021).**

Characteristics of servant leaders enable them to create personal and meaningful bonds with their followers; namely, altruistic calling, wisdom, persuasive mapping, emotional healing and organizational stewardship. Furthermore, a servant leader creates an atmosphere of growth for their followers. These elements significantly impact the work environment and employees' emotional and behavioral outcomes, which affect overall wellbeing .Also, the altruism of servant leadership lead to a variety of positive outcomes such as commitment, loyalty, work engagement, job satisfaction and more **(Zeeshan et al.,2021).**

Work engagement is defined as a positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption **(Zhu et al., 2023).** Vigor which represents a high level of energy and mental resilience during work, dedication is identified as a strong involvement in one's work while experiencing a sense of importance, enthusiasm and challenge, and absorption in work roles which is defined by willingness and happiness in conducting one's work **(O'Neal, 2022).**

The outcomes of work engagement are higher levels of contagious personal initiative, decreased hospital mortality rates and significantly higher financial profit, employees who are engaged display a high potential and play a vital role in planning the future of their organization. Also, they exhibit high efficiency with their innovation, clear understanding of their role and commitment to the organization **(Maze et al., 2023).** Furthermore, work engagement is important in increase employee intent to stay, make them proactive in seeking accepting responsibilities in their profession, valuing and organizing their work to receive positive feedback, improves well-being, patient satisfaction and quality of care **(Alhadidi et al., 2023).**

Significance of the study:

In today's competitive market, the ability to create an atmosphere in which the employees feel they are valued, and fostered is essential **(Barry, 2020),** A positive leadership style is a source of motivation for employees to remain engaged in their work, when employees are fully engaged they are fully committed to use the best of their abilities for the benefit of the organization. Employees have higher levels of work engagement when their needs and interests are better met by their leaders through their servant leadership style and they provides reasonable resources to its employees with such care that can be helpful in increasing psychological safety, well-being and engagement in the work which is strongly required in the healthcare **(Zeeshan et al., 2021).**

The researcher as an academic staff work in faculty of nursing and during round on internship and undergraduate students in El-Fayoum University Hospitals. The researcher observed staff nurses have unhappy feeling toward their leaders because their leadership style where they focus on meet goals, needs of organization regardless meet needs of employees and they don't recognize their abilities. Consequently, there is a requirement to assess servant leadership of head nurses to manage the level of servant leadership and determine its effect upon work engagement.

Aim of the Study:

This study was aimed at assessing the relationship between servant leadership and work engagement among head nurses.

Research Question:

Is there a relationship between servant leadership and work engagement among head nurses?

Subjects and Methods:

Research design

A descriptive, correlational design was utilized for conducting the study.

Setting

The study was conducted at El -Fayoum University hospitals, these hospitals are medical university hospital, surgical university hospital and pediatric university hospital, which included 40 units as (ICUs units, emergency department, pediatric department, dialysis department, operation room department, obstetric department and orthopedic department…..etc).

Subjects

The study subjects included all head nurses and their assistants (n =80) who are working in El-Fayoum university hospitals at the time of the study.

Tools of data collection

Data of this study were collected by using two tools namely: SLQ (Servant leadership questionnaire) leader form and Utrecht work engagement scale.

Tool I: SLQ (Servant Leadership Questionnaire) Leader Form

It was aimed to assess head nurses' leadership behaviors and attitudes as they perceive them. It consists of two parts:

First Part: This part was aimed to collect data about personal and job characteristic such as age, department, gender, level of education and years of experience …etc.

Second Part: This part was developed by **(Barbuto and Wheeler, 2006)** and was modified by the researcher. It was aimed to assess head nurses' leadership behaviors and attitudes as they perceive them. It consists of 23 items divided into five dimensions as following: Altruistic calling (4 items), Emotional healing (4 items), Wisdom (5 items), Persuasive mapping (5 items), and Organizational stewardship (5 items).

Scoring system

The response to each item was on a five point Likert scale ranging from 0 to 4 to the responses "not at all", "once in a while",

"sometimes", "fairly often", "frequently, if not always " respectively. The scores of each dimension were summed up, divided by the number of items, and converted into percent scores. For categorical analysis, a score of 60% or more was considered as high while a score less than 60% was considered low **(Scardino, 2013)**.

Tool II: Utrecht Work Engagement Scale:

This tool was aimed to assess level of work engagement among head nurses. It was adopted from **(Ahmed, 2014)** based on **(Schaufeli, Bakker, & Salanova, 2006)**.It consists of 32 items divided into three dimensions as following: Vigor (11 items), Dedication (11 items), and Absorption (10 items).

Scoring system:

The response to each item was on a five point Likert scale ranging from 1 to 5 to the responses "never", "rarely", "sometimes", "mostly", "always" respectively. The scores of each dimension were summed up, divided by the number of items, and converted into percent scores. For categorical analysis, a score of 60% or more in each dimension was considered as high while a score less than 60% was considered low **(Ahmed, 2014)**.

II. Operational Design:

The operational design included preparatory phase, pilot study and the fieldwork.

Preparatory phase

The researcher reviewed current and past, local and international related literature using textbooks, scientific articles, periodicals, journals and internet to prepare the tool for data collection. This stage was started from January to May 2023.

Validity:

This phase was conducted at April 2023.The tools were validated through two types of tools' validity namely, content and face

validity. It was established by a jury of "nine" experts; they were two professor and three assistant professors from faculty of nursing, Ain-Shams University, three assistant professor from faculty of nursing, El Fayoum University, and one professor from faculty of nursing, Damanhur University. The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recording on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, comprehensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation. The tools were finalized based on their opinions, mainly in the form of rephrasing some items.

Reliability:

Internal consistency for the tools was measured using Cronbach's alpha to assess the consistency of results across items within a test.Servant leadership questionnaire (Leader form) was 0. 810, and Utrecht work engagement scale was 0.873.

Pilot study:

A pilot study was carried out on "8" head nurses which representing about 10% of the main study sample. A pilot study was done for test the clarity and applicability of the tools. It also helped to estimate the time needed for filling them. The time needed for filling the form was about 20-25 minute. Data obtained from the pilot study was analyzed and no modifications were done, so pilot study sample was included in the main study sample. The pilot study was conducted at May 2023.

Field work:

This phase was conducted at June 2023.After securing the official approvals for conducting the study,   the researcher met with the nursing director of each hospital and head nurses to explain the purpose and nature of the study and to determine the suitable time to collect the data. The time consumed to answer the questionnaires was about 20-25 minutes. The researcher was introduced herself to the study subjects distributed the tool and asked the head nurses to fill it out at the workplace. Then, the completed tools will be collected and checked for completeness.

III. Administrative Design:

Before carry out the study at the selected settings, official letters were issued from the Faculty of Nursing, Ain-Shams University to get permission from the hospital administration, and from the nursing directors of the selected hospitals. The purpose of the study and its procedures were explained to them to get their cooperation during the study. Ensuring confidentiality of the information obtained. Individual oral consent was also obtained from each participant in the study.

Ethical considerations:

Official permission was obtained from scientific ethical committee of the Faculty of Nursing –Ain Shams University and from the director of the selected hospitals to collect data for the study. Before carrying out the study the investigator met with the potential subjects to explain the aim of the study and its expected outcomes and to obtain their oral consent to participate. The subjects was informed of their rights to withdraw at any time and they were reassured about the anonymity and confidentiality of the information collected, and that it would be used only for the purpose of scientific research.

IV. Statistical Design:

Data entry and statistical analysis were using the Statistical Package for Social Science (SPSS), version 20.0. Data were presented using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Cronbach Alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. Pearson correlation analysis was used for assessment of the interrelationships between total scale scores.

Ethical code :23.12.184

Results:

Table (1): Shows that more than two thirds (68.7%) of head nurses had age ranged from 30 - 35 years old, with a mean age of 33.24 ± 5.78. Moreover two-thirds of head nurses are female (63.7%), more than half of them were married (56.2%).Regarding working departments, (68.7%) of them were working in non-critical departments. As well, more than a half of them were bachelor degree in nursing (55%). Finally, two-thirds (63.6%) of them had experience ranged from 5< 10years, with a mean experience years of 6.49±2.56.and no of them attending training program.

Table (2): Shows that the majority (92.5%) of head nurses had a low servant leadership while, the minority (7.5%) of them had high servant leadership.

Table (3): Shows that the majority (93.7%) of head nurses had a low work engagement level while, the minority (6.3%) of them had high work engagement level.

Table (4): Shows that there was a highly statistically significant positive correlation between head nurses' total servant leadership and their total work engagement.

Table (1): Number and percentage distribution of head nurses regarding their demographic data (N=80).

Demographic data	N	%
Age/year		
<30	20	25.0
30-35	55	68.7
35-40	5	6.3
Mean ± SD		33.24 ± 5.78
Range		27- 40
Gender		
Male	29	36.3
Female	51	63.7
Marital status		
Single	30	37.5
Married	45	56.2
Widower	3	3.8
Divorced	2	2.5
Working department		
Critical	25	31.3
Non critical	55	68.7
Nursing educational qualifications		
Diploma in Nursing	13	16.2
Technical diploma	10	12.5
Bachelor's degree in nursing	44	55.0
Master's degree	8	10.0
Doctorate degree	5	6.3
Years of experience		
< 5 years	19	23.8
5<10 years	51	63.6
10<15 years	5	6.3
>15 years	5	6.3
Mean ± SD		6.49±2.56
Range		3-20
Attended training sessions on servant leadership		
Yes	0	0
No	80	100

Table (2): Number and percentage of head nurses' total servant leadership (N=80).

Servant leadership	Low		High	
	N	%	N	%
Altruistic calling	54	67.5	26	32.7
Emotional healing	78	97.5	2	2.5
Wisdom	68	85	12	15
Persuasive mapping	78	97.5	2	2.5
Organizational stewardship	79	98.8	1	1.2
Total servant leadership	74	92.5	6	7.5

Table (3): Number and percentage of head nurses according to their level of total work engagement (N=80).

Work engagement	Low		High	
	N	%	N	%
Vigor	76	95	4	5
Dedication	64	80	16	20
Absorption	74	92.5	6	7.5
Total work engagement	75	93.7	5	6.3

Table (4): Correlation between head nurses' servant leadership and their work engagement (N=80).

		Work engagement
Servant leadership	r	.323**
	P value	.003

Discussion

Servant leadership is an other-oriented approach to leadership manifested through one-on-one prioritizing of follower individual needs and interests and outward reorienting of the leader's concern for self towards concern for others within the organization and the larger community **(Bowman, 2021)**. Also, servant leaders seek to support and meet the needs of employees in the workplace through coaching, and to create opportunities in the workplace that allow employees to take their responsibility. Therefore, servant leaders can increase positive energy among employees. Also, when job expectations and goals are clear, employees become more engaged in their work, and when employees feel that the work can generate opportunities for personal growth, in turn, employees will spend more energy in their daily work **(Hermanto & Srimulyani, 2022)**.

The present study was aimed at assessing the relationship between servant leadership and work engagement among head nurses.

Regarding head nurses' total servant leadership, the current study revealed that the majority of head nurses had low servant leadership while, the minority of them had high servant leadership. From the researcher point of view, the lower levels of servant leadership may be due to fear of head nurses from loss of control over their team or fear from loss their position if the employees get over-empowerment.

This result disagree with **Grant-Hewitt, (2022)** who applied a study entitled "Servant leadership on burnout among physicians in residency training" and reported that minority of heath care provider were having low servant leadership, while majority of them having high servant leadership. Also, this result disagreed

with **Saleh et al, (2024)** who applied a study entitled "The relationship between head nurses' servant leadership and nurses' commitment to work" and reported that the majority of nurses had a high level of total servant leadership.

Regarding to head nurses' level of total work engagement, the current study showed that the majority of head nurses had low work engagement level while, the minority of them had high work engagement level. From the researcher point of view, the lower levels of work engagement may be due to inability to adapt to rapid changes in work environment and may be due to increased workload, lack of support from supervisors and co-workers and low salaries.

This result in agreement with **Nababan et al, (2023)** who applied study entitled " The relationship between work engagement and the dimensions of nurse staffing with patient safety culture in the inpatient room of porsea hospital " and reported that nurses who have high work engagement lower than nurses who have low work engagement so it can be concluded that the majority of nurses have low work engagement.

As well as this result agreed with **Diab & Elnagar, (2019)** who applied a study entitled "Work engagement of staff nurses and its relation to psychological work stress " and reported that the majority of the studied subjects have low level of their work engagement. Moreover, minority of them had a high work engagement.

In correlation between head nurses' servant leadership and their work engagement, the current study showed that there was a highly statistically significant positive correlation between head nurses' total servant leadership and their total work engagement. From the researcher point of view, this result may be due to the positive effect of head nurses' servant leadership on work engagement reflected in their actions, which servant leadership style prioritizes helping others, boosts work engagement by prioritizing the requirements for everyone first and empowering them to achieve maximum performance.

This result was agreed with **Peroceschi-Sprain, (2021)** who conducted study entitled" servant leadership and employee engagement among registered nurses in a Federally managed hospital in the Midwestern United State" and found that there is a relation between servant leadership and employee engagement .Also this result agreed with **Qin, et al., (2023)** who showed that nurses' perceived servant leadership of head nurses were positively associated with nurses' work engagement.

Conclusions

The study findings concluded that the majority of head nurses had low servant leadership while the minority of them had high servant leadership. Also, the majority of head nurses had low work engagement level while the minority of them had high work engagement level. In addition to that, there was a highly statistically significant positive correlation between servant leadership and work engagement among head nurses.

Recommendations

Based on the study finding, it was recommended that servant leadership should be included in nursing curricula given its importance in preparing future leaders. The managers should provide opportunities for staff nurses to grow and encourage them to participate in career decisions. Further studies should be developed to assess the relationship between head nurses' servant leadership and staff nurses empowerment.

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