Servant Leadership and Caring: Parallel Constructs for the Healthy Workplace

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Two powerful constructs developed in parallel tributaries over a span of forty years. One developed in the realm of business through the work of leaders seeking to build value in their products and in their people. Some business leaders perceived the de-humanization of the practices of the Industrial Revolution and the horrors of war and political unrest. Influenced by a teacher and Leo, a servant to travelers in the mythical Journey to the East (Hesse, 2003), Robert Greenleaf (2002) proposed that considering and serving the needs of others offered an alternative paradigm for human interaction.

Ethical concerns arose within education and nursing also. The caring construct, the other tributary, garnered interest in education and nursing. Mayeroff (1971) explored caring of educators for students, the arts, and the environment. Early leaders of the National League for Nursing worked to eliminate behaviorism in nursing education due to behaviorism’s failure to acknowledge the mental and emotional variables in human interaction (Bevis, 1989; Nelms, 1989). Caring theory grew within nursing once educational and other various requirements for nursing practice afforded recognition of nursing as a profession. Yet, nursing professionals still labor under the heavy, though justifiable, performance burdens of competency and licensure, and the stress of tending the needs of increasingly ill populations. Roach (2002), who considered caring as the “human mode of being,” cautioned that competence without compassion could be “…brutal and inhumane” (p. 54).

Wade and Kasper (2006) posited, “When students perceive the climate of nursing education as caring, they learn a professional way of being” (p. 16). Human interaction in the nursing workplace, though defined by the American Nurses Association (ANA) Code of Ethics and Interpretive Statements (2015), is modeled within nursing education where novice nurses learn inside environments valuing empirical data and clinical treatment over unquantifiable human relationship and transpersonal caring (Bevis, 1989; Boychuk-Duchscher, 2000; Tanner, 1988). Therefore, nursing faculty are ethically obligated to model transpersonal practices of self-care and care for others in support of nursing students as they become caring professionals (Clark, 2016). Faculty incivility impairs professional formation in nursing students predisposing them to unhealthy behaviors upon entry into professional practice.

Servant leadership and caring bear remarkable similarities. A healthy workplace resulting from service to and caring for the Other, whether peer or patient, possesses the potential to bring to healthcare desirable outcomes of patient and healthcare employee satisfaction with all inherent benefits. Servant leadership characteristics include 1) listening, 2) empathy, 3) healing, 4) awareness, 5) persuasion, 6) conceptualization, 7) foresight, 8) stewardship, 9) commitment to the growth of others, and 10) building community (Spears, 2004). Caring presented by Watson (1979) included 1) instillation of faith and hope, 2) cultivation of sensitivity to self and others, 3) development of a helping-trust relationship, 4) promotion and acceptance of the expression of positive or negative feelings, and 5) provision for a supportive, protective or corrective mental, physical, socio-cultural and spiritual environment. Powerfully connecting the tributaries of servant leadership and caring, Noddings (1988) established the growth of one cared for as an outcome of caring. Greenleaf (2002), a career businessman, characterized the test of servant leadership: “Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely to become servants?” (p. 27)

Service industries outside healthcare have repeatedly shown the benefit of transformational, situational, and servant leadership in improving health of valuable human resources within organizations. Servant leadership offers a grounded framework by which to begin correction of dysfunction in the nursing profession. The model of servant leadership embodies serving the highest needs of others to help them
achieve goals. Schwartz and Tumblin (2002) offered a concise review of leadership literature for physicians, acknowledging the service nature of healthcare, and advocating transformation of health-care organizations into learning organizations (Senge, 1990) which are generative and adaptive when led by leaders who demonstrate emotional intelligence, ethical behavior, and technical competencies. Servant leadership overlapping with effective communication, builds trust between health care providers and patients (Trastek, Hamilton, & Niles, 2014), a principal well suited to workplace relationships.

Cabral, Hanson, and Reilly (2016) demonstrate how leaders of differing generations might apply a caring attitude in growing and retaining a healthy, multi-generational nursing workforce which flows smoothly over generations of healthcare providers and recipients. How might nursing leaders bridge the gap in thinking of and interacting with multiple generations? Servant leadership with focus upon meeting the needs of the one(s) served and modeling value for diverse others provides the necessary framework for creating such a helping, healing workplace.

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**Abstract Summary:**
Parallel development of servant leadership, with values common to nursing, and caring theory occurred over forty-plus years. Both measure effectiveness by growth of the one cared for/served. Servant leadership provides a framework for healthy workplace creation where multiple generations value and support each other regardless of age or heritage.

**Content Outline:**

1. **Introduction**
   1. Servant Leadership: Robert Greenleaf – unlike thinking of his time (1970s); inspired by mythical servant, Leo, in *The Journey to the East.*
   2. Caring and ethics: Mayeroff (1971) and early leaders of National League for Nursing (1970s) considered appropriateness of caring ways for education and nursing respectively.

2. **Caring**
   1. Early modern nursing leaders involved in National League for Nursing pursued movement of nursing education away from behaviorism to caring science.
   2. Students who see caring ways modeled perceive and hopefully acquire a professional attitude for interaction with patients and colleagues.

3. **Servant leadership**
   1. Developed in business with availability of extensive body of literature.
   2. Proposed by healthcare leaders to be an appropriate fit for human interaction in healthcare.

4. **Caring and Servant Leadership** share the common outcome of growth of the one cared for/served.

5. **Consideration of multi-generation nursing workforce**
   1. Diverse generations ranging from
   2. Veteran nurses who work independently requiring minimal feedback to
   3. Millennial nurses of lesser experience who require feedback from leadership for confident practice and ongoing development.
6. Servant leadership among nurses at all levels of experience and influence demonstrated by caring consideration of colleagues and patients potentiates health in the workplace evidenced by expected outcomes of personal and professional growth.

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**Author Summary:** Dr. Coffman's professional service has been primarily in the oncology community setting in both treatment and coordination of patient care in high-volume medical oncology practice and clinical research. When interest turned to nursing education, master's in nursing education study led directly into a unique doctorate program designed to prepare leaders in higher education and secondary education which included extensive study of leadership history, theory and modern application. She currently serves in teaching undergraduate nursing students.