© The Author(s), under exclusive licence to Springer Nature Switzerland AG 2022 Satinder Dhiman and Gary E. Roberts The Palgrave Handbook of Servant Leadership 10.1007/978-3-030-69802-7_72-1

Servant Leadership in a Nordic Healthcare Organization

Katja Halonen¹ and Elina Riivari²

(1)Enfo Oyj, Kuopio, Finland(2)School of Business and Economics, University of Jyväskylä, Jyväskylä, Finland

Katja Halonen (Corresponding author)

Elina Riivari Email: <u>elina.riivari@jyu.fi</u>

Abstract

The aim of this chapter is to deepen the understanding of employees' perceptions of servant leadership (SL) in the context of healthcare organizations. The empirical findings are based on the analysis of qualitative data collected in a Nordic healthcare organization that supports SL. Based on theory-driven content analysis, perceptions of SL were evaluated based on Spears' definition of SL, which this chapter supports and develops. The findings show that SL seems to be a suitable approach for leadership in a healthcare organization. Its ethical and human-centered values especially seem to fit the context of healthcare.

KeywordsServant leadership -Supervisors -Healthcare organization -Nordic countries -Content analysis

Introduction

Leadership is a topic that has long attracted people's interest (Yukl, 2013). In today's rapidly changing working environment, people's ideas about what constitutes good leadership are also changing, and a more ethical and people-centered way of leading is being pursued (van Dierendonck, 2011). While the importance of good leadership may be obvious, its true significance is essential to remember. It has been stated that a person's leadership style should be service-oriented in order to achieve sustainably positive results for people, organizations, and communities, such as employee engagement, company success, and innovation that benefit the society in which the organization exists (Gandolfi & Stone, 2016). In this chapter, servant leadership is approached

from the employee perspective. This is important because, according to van Dierendonck (2011), employees should be the core focus of servant leadership. Servant leadership focuses on supporting employees' needs and personal growth. Thus, it is crucial to examine employees' perceptions of servant leadership. Moreover, employees have a special role as a strategically important resource and a source of successful organizational performance. Therefore, increasing knowledge about employees' perceptions of servant leadership is imperative.

Ongoing changes in the organizational and work environment, e.g., different pressures and demands at work, the growing number of elderly people in society, technological development, and quality of care, have put more pressure on healthcare organizations to be successful. These changes also challenge the leadership in healthcare organizations. In constantly changing organizations, employees still need support, feedback, and professional development opportunities to succeed in their work. Servant leadership has been suggested as a promising leadership approach that could match the needs of healthcare organizations in times of rapid changes (Trastek et al., 2014). Prior research on servant leadership in the context of healthcare organizations supports positive employee outcomes, such as well-being at work and organizational trust (Gunnarsdóttir, 2014), employee engagement (Aij & Rapsaniotis, 2017), and innovative work behavior and job performance (Kül & Sönmez, 2021).

Although the importance of servant leadership is recognized in the healthcare sector, there is little information about what the healthcare sector employees think about servant leadership. Employees' perceptions of servant leadership are needed when organizations want to maintain, support, and develop the leadership processes and practices that are essential to organizational success and performance. Moreover, there is still a need for empirical studies on servant leadership in the context of healthcare organizations. This chapter helps fill this gap by presenting empirical research findings from interviews conducted with nursing employees in a Finnish public healthcare organization that was applying the servant leadership model to its day-by-day leadership practices and processes. Toward that end, it reports on the employees' definitions and perceptions of the servant leadership dimensions and features in a Nordic healthcare organization.

This chapter focused on the perspective of employees because the servant leadership approach emphasizes the importance of the employees' role and experiences in the leadership process. In servant leadership, leadership is not hierarchal, granting some employees power over others. Leadership is not about managing and being a "manager"; rather, it focuses on primarily serving others. According to Greenleaf (2002), servant leadership is primus inter pares, the first among his/her peers. Instead of having and holding power, leadership is about promoting the achievement of something good using ethical methods. Moreover, leadership works with an attitude that helps and serves the community (Juuti, 2013). Serving employees is the central element of servant leadership, and employees' needs and personal growth are emphasized (van Dierendonck, 2011). Therefore, it is important to understand employees' perceptions of servant leadership. The findings presented in this chapter are based on data from individual interviews with nurses working in a Finnish healthcare organization.

This chapter examines employees' perceptions of what servant leadership means and how it can be practiced in the context of healthcare organizations. First, it presents an overview, background, and review of servant leadership in that context. It then describes and discusses the research results and highlights the key findings. The final section summarizes and concludes this discussion.

Background on Servant Leadership in Healthcare Organizations

Nurses are often described as being "born" to be nurses. Similarly, it can be thought that servant leaders are born to be servant leaders. It has been thought that nurses are servant leaders for their patients and family members because they are dedicated to nursing (O'Brien, <u>2010</u>).

The challenges facing the healthcare industry, such as competing interests of different stakeholder groups, quality of care, and pressures for lowering costs and increasing value, require strong management (Trastek et al., 2014). Trastek et al. (2014) have studied various leadership models in healthcare organizations. They found that servant leadership is the most prominent leadership model in a healthcare organization as it focuses on the strength of the team, empowerment of employees, the need to serve, and fostering a strong and confidential relationship between employees and patients. Servant leadership provides features for the highest quality care, which patients deserve. In servant leadership, one person takes care of others, and both employees and patients are served.

Servant leadership has been found to have many positive effects on healthcare personnel. Servant leaders want to foster nurses' best abilities (Hanse et al., 2016). Strum (2009) suggests that servant leadership promotes nurses' professional and personal growth. Supervisors in healthcare organizations want to serve employees and promote their relationships with them. Many nurses are promoted, and they may rise to assume the position of manager, not because they want power or seek honor but because they genuinely care about and want to help others and make things better, which are important elements in servant leadership. Servant leadership has been seen to adapt well with the values, role, and job duties of nurses (Fahlberg & Toomey, 2016). Servant leadership can also increase cooperation among nurses (Strum, 2009).

Significant changes occur constantly in the healthcare industry: the age structure of the population is changing, health inequalities between population groups are growing, legislation is being reformed, service structures are changing, and the demands of patients and other stakeholder groups are increasing. The shortage of professionals, the division of work between different operators, and the general scarcity of resources also create challenges for the industry. For these significant changes and reforms, it is necessary to develop and reform leadership in the healthcare sector. In healthcare, leadership is strongly related to the efficiency of the organization's operations as well as the quality of the employees' working life and their ability to cope with their workload. Healthcare leaders are often not professional managers; however, they are experts in their field, which makes leadership research and development in this industry increasingly important. Furthermore, management has been recognized as one of the top priority groups in national healthcare development in Finland (Hahl-Weckström, 2005; Ministry of Social Affairs and Health, 2009). Because leadership development is very topical in the healthcare industry, this chapter offers insightful ideas on servant leadership in a healthcare organization.

Employees' Perceptions of Servant Leadership in a Healthcare Organization

The researcher (corresponding author of this chapter) interviewed seven nurses working in a large, specialized healthcare organization in Finland. As such, the chapter describes the employees/nurses'

perceptions of servant leadership based on their experience with their nursing supervisors. In this chapter, the nurses' supervisors are the head nurses at the healthcare organization. In recent years, the position of head nurses has acquired more status, and their responsibility has increased (Surakka, 2006). The job of a head nurse includes demanding supervisory duties, such as clarifying the vision of the future, developing health services, managing budget and profitability, handling tasks related to the well-being of staff, and ethics management (Kanste, 2016). A head nurse's job requires planning, development, research and teaching skills, and ability to cooperative work and also the ability to work independently (Meriläinen et al., 2016). Research ethics were carefully considered during the data collection. The studied healthcare organization provided ethics approval for the interviews and research; all the interviewes provided informed consent before the interviews were conducted.

A semi-structured research instrument was used. All the interview responses were recorded and later transcribed into text. The interview consisted of five themes: demographic questions, defining servant leadership, employee-supervisor relationship, leadership characteristics, and outcomes of leadership. Each theme included from two to five qualitative questions or items; for example: How does your supervisor lead? Give an example. The interviewees were selected through voluntary sampling. First, members of the target group (nurses) were approached through the organization's internal information bulletin, and nurses were invited to participate in the research interviews. Seven interviewees signed up. All the interviewees worked at the same healthcare organization. The youngest interviewee was 31 years of age, and the oldest was 54 years of age. The median age of the interviewees was 43. All seven interviewees' work experience in the organization varied from 1 year to 31 years, and, on average, the work experience in the organization was approximately 10 years. The length of time that the interviewees had worked with their current supervisor ranged from 2 months to 4 years, with an average of 2 years. The supervisor of each interviewee was a head nurse.

Nurses' work requires wide-ranging nursing skills. In Finland, a nursing education takes 3.5 years to complete at a university of applied sciences. Some of the interviewees had a previous graduate degree in nursing, which took 2.5 years to complete. The main thing in nurses' work is the promotion and maintenance of human health, the prevention and treatment of diseases, and reducing suffering. Their work emphasizes a patient-oriented mindset. Nurses' work is guided by the ethical principles, values, regulations, and standards of nursing care (The Ministry of Education and Culture, 2006; Jokiniemi et al., 2021).

In the chapter's findings, the employees' perceptions of leadership are evaluated based on Spears' (2004) definition of servant leadership. Initially, Robert K. Greenleaf introduced the concept of servant leadership in his essay, "The Servant as Leader," in 1970. Based on Greenleaf's thoughts, Spears has identified ten servant leader characteristics that are central to the development of this style leadership: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Spears, 2004, 2010).

While there are numerous theoretical definitions of servant leadership, this chapter uses the servant leadership characteristics defined by Spears (2004) as the fundamental components of servant leadership. In addition, in the abstraction phase of theory-driven content analysis, Spears' definition is best suited to the aims of this study.

The following sections examine how the employees defined servant leadership and how they perceived servant leadership in relation to their supervisor's leadership abilities.

Employees' Definitions of Servant Leadership in a Nordic Healthcare Organization

The employees' definitions of servant leadership were compared with Spears' (2004) definition of servant leadership. At the beginning of each interview, the interviewees were asked to define the concepts of servant leadership and a servant leader.

In their definition of servant leadership, the interviewees emphasized serving employees and responding to the needs of employees. These issues are also an essential component of servant leadership in Spears' (2004) definition. These dimensions are seen in the following excerpts from the interviews:

Servant leader meets the needs that employees have in their work. (H7)

[The] supervisor meets my needs as an employee. [The] supervisor knows my work, how I enjoy my job and listens development ideas. Also, the employee can feel that she/he is served. (H4)

The interviewees emphasized listening and discussion skills, social interaction skills, and presence as important characteristics of servant leadership. They noted that a servant leader values the opinions of employees and takes their ideas forward. These descriptions correspond well to Spears' (2004) definition of servant leadership because they can be seen as part of listening, empathy, ethical awareness, and commitment to the growth of employees. These dimensions are illustrated in the following excerpts from the interviews:

[Servant leader] values employees, listens and takes them into account. Not too fixed into one's own ideas and thoughts but open to others' ideas as well. (H1)

Good listener, is present and puts things forward. (H4)

The interviewees also emphasized that the development of employees' skills, support for well-being, and including employees in decision-making are important characteristics of servant leadership. These factors can be combined in Spears' (2004) definition into commitment to the growth of people. Thus, the nursing employees' definitions supported Spears' definition. The following excerpts from the interviews show the importance of these dimensions in the nursing employees' definitions:

If [an] employee wants to develop himself/herself and advance his/her career, the supervisor should support her/his development and career. (H2)

[Servant leadership] improves [the] engagement of employees, which serves both the organization and staff. Supports working together, no top-down orders that employees have nothing to say, they can only do as they are told. Instead, negotiating good solutions together, good both for work and well-being. (H3)

However, the interviewees mentioned that the determination of the leader was important, which was not mentioned in Spears' (2004) definition of servant leadership. In fact, Spears' definition includes the idea of leadership and a leader that does not give orders but persuades employees. The following interview excerpts highlight how determination was expected from the servant leader:

Determination is important [for a servant leader] in order to get familiar with everyone. (H5)

[A] servant leader needs to be determined. (H7)

Figure <u>1</u> summarizes the employees' definitions of servant leadership. The employees included many of the significant characteristics in their definition of servant leadership. The same characteristics can be found in Spears' (<u>2004</u>) definition. Taking the needs of employees into account, serving, listening, engaging employees in decision-making, and supporting the development and well-being of employees were recognized as important features in servant leadership by the interviewees and in Spears' definition of servant leadership. In addition to these dimensions, one of the interviewees highlighted the importance of equity, which can be combined in Spears' definition of the dimension of ethical consciousness. Except for this comment, the ethical perspective of servant leadership did not often occur in the empirical data, although it is defined as an integral part of servant leadership.

505808_0_En_72-1_Fig1_Print.eps

Fig. 1

Servant leadership in a Nordic healthcare organization

In comparison to Spears' definition of servant leadership, the interviewees did not mention issues that suggest conceptualization and foresight. In this regard, the employees' definitions did not fully follow Spears' definition of servant leadership. However, the employees' definitions of servant leadership brought a new perspective to Spears' definition. Spears has emphasized the dimension of persuasion in servant leadership; this means that the leader does not want to give direct orders to employees. Rather, he/she persuades the employees to take his/her side. However, the interviewees did not mention this dimension in their definitions. Instead, their definitions emphasized the determination of the servant leader. The importance of determination was justified; for example, the leader must dare to be determined and use his/her power when the situation requires it.

Employees' Perceptions of Servant Leadership in a Nordic Healthcare Organization

The interviewees' perceptions are reported under five themes that were formed based on Spears' definition of servant leadership and the interview material while comparing and analyzing theory and the data from the interviews: (1) listening and empathy, (2) stewardship and healing, (3) ethical awareness and persuasion, (4) commitment to the growth of people and building community, and (5) conceptualization and foresight. A summary of these themes is presented in Table <u>1</u>. In the next section, the interviewees' perceptions of their supervisor's servant leadership are reported in more detail. How servant leadership is implemented in practice in a healthcare organization is also described.**Table 1**

Servant leadership in a Nordic healthcare organization

Dimensions of servant leadership	Positive features	Illustrati ve examples	Points for developm ent and	Illustrati ve example
--	----------------------	------------------------------	-----------------------------------	-----------------------------

		from data	"dark sides"	s from data
Listening and empathy	Genuine listening Empathy Understandin g mistakes Get to know employees	Supervisor is sympatheti c and has specifically told [employees] that everybody makes mistakes and you cannot always notice everything. (H6)	Unable to receive feedback Say curtly/bluntl y Weak communicati on skills	[Superviso r] Is not able to take the critique. – [Superviso r] Might taunt back or get nervous about the issue. (H1)
Stewardship and healing	Taking employees' needs into account Approachabl e Solving problematic situations Good relationship between leader and employees	Supervisor is very understand ing and understand s that employees' lives and situations change. (H7)	Too slow decision- making Lack of support Being too hesitant to solve problematic situations Distant relationship between leader and employees	There are situations that need to be solved quickly and [the] supervisor hesitates and considers too much. (H7)
Ethical awareness and persuasion	Equal and fair treatment Acting according to ethical and moral values Shared discussion	Supervisor tries very hard that things would go right. Customer first thinking, encounteri ng and good nursing work are	Excess in equality, which harms individual development Lack of communicati on from supervisor to employees Too cautious use of power	Sometimes it feels that we need to squeeze informatio n on how things are. (H7) One can think if it is ethical. [The supervisor] wants to

		encouraged . (H4)		be so loyal that [he/she] does not want to promote anyone. (H2)
Commitment to the growth of people and building community	Supporting competence and professional development Encouragem ent, giving feedback and thanks for employees Possibilities to participate in decision- making Supporting and enabling self-directed working	We have good possibilitie s to [engage in] professiona l developme nt. We are supported to it. We can participate in in-house training and external training, independen t the budget is tight. (H7)	Forcing employees to participate in unnecessary staff trainings Lack of onboarding Lack of thanks and encouragem ent Giving too much responsibilit y to employees Employees lacking the possibility to influence decisions	I miss cheering and creating team spirit. (H1)
Conceptualizat ion and foresight	Putting things forward Visioning future Clarifying aims and objectives Understandin g the meaning of practical work	Supervisor knows how to explain us things in a way that everything is clear. Knows how to reason. (H3)	Does not put things forward Employees are unaware of what is expected from them Inconsistenc y Role conflict between employees and top management	Supervisor is a bit between a rock and a hard place. Of course, us employees, we always have own hopes and upper level have own hopes. He/she doesn't really know who he/she

	should listen. (H2)
--	---------------------------

Listening and Empathy

The dimensions of listening and empathy were combined because in Spears' definition they are very similar. The data show that the interviewees perceived the supervisors' listening skills and empathy skills to be important. Most of the employees described that their supervisor listens to them and genuinely seeks to understand their work and thoughts. This was perceived to support the employees' work motivation and to enhance their well-being. The following excerpts illustrate the interviewees' perceptions of their supervisors' listening and empathy skills:

I feel that [the] supervisor listens and tries to understand the everyday work that I do and those problems and challenges that I meet. (H4)

[The] head nurse always receives and accepts everything, discusses, and supports. [The] head nurse encourages and gives feedback. (H3)

A servant leader's good communication skills are important, since the leader must genuinely and empathetically listen to employees in order to understand them. A leader must also accept employees as they are, and a leader aims to understand the will of the group (Spears <u>2004</u>). In the interview data, the empathy of the supervisor was well illustrated by the fact that the leader is very sympathetic in a situation in which an employee has made a mistake. Based on Spears' definition, this suggests that a supervisor genuinely approves of his/her employees, despite any mistakes they might have made. This is illustrated in the following interview excerpts:

[My] supervisor is sympathetic and has specifically said that everybody makes mistakes and you cannot always notice everything. (H6)

[My] supervisor does not make anyone feel guilty. I think the supervisor deals [with] all difficult and challenging situations very well. (H7)

[My] supervisor was very sympathetic, extremely supportive, and extremely encouraging. (H3)

In the data, the supervisors' listening skills and empathy were expressed by the fact that the supervisors wanted to get to know their employees, their background, and needs. Thus, the leader has a better understanding of the situation and knows how to take it into consideration. This is highlighted in the following interview excerpt:

[My] supervisor has wanted to get to know everyone by unformal conversation first. It is part of the serving, that everybody gets heard. (H5)

However, some of the interviewees did not perceive their supervisor as being a good listener who understood their situation. Some perceived that their supervisor's communication style was sometimes unsuitable. For example, one of the interviewees described that the supervisor didn't know how to take constructive feedback. The interview excerpts below describe the supervisors' lack of communication skills:

We have meetings and then those difficult situations are brought up. The supervisor does not necessarily greet situations as I think that a supervisor should greet them. [Supervisor] Is not able to take the critique. - [Supervisor] Might taunt back or get nervous about the issue. (H1)

I wish good delivery, that [the supervisor] could better choose his/her words better. That there would not be such nudges that someone more sensitive can be offended. (H2)

Still, these kinds of poor communication skills were not mentioned many times in the data. Thus, they are a minor theme. At the same time, it is important to identify minor anomalies so they can be addressed.

Stewardship and Healing

Stewardship and healing are strongly linked in Spears' definition of servant leadership, which is why they were combined and analyzed in this chapter as a single dimension. Stewardship is a significant part of servant leadership because it implies the leader's genuine desire to serve the needs of employees. He/she wants to take care of other's things as his/her own. A servant leader is trustworthy and wants to commit to serving employees. Healing describes that the leader improves his/her relationships with employees. Moreover, a servant leader solves problematic situations in the work community (Spears, <u>2004</u>).

In the interviews, many of the employees described how the supervisor had a desire to serve and to improve the working lives of employees. Many of the interviewees thought that their supervisor genuinely wants to consider their needs. Several of the interviewees also described that their supervisor is an easily approachable person; he/she is someone to whom they can always turn. This is how the supervisor expresses that he/she is in the organization to support the employees and their needs. This was perceived to have a positive impact on employee job satisfaction and on work motivation. The following interview excerpts highlight how the supervisors consider the needs of employees in their leadership role:

[My] supervisor carefully considers everyone's personal matters that people tell her/him, for sure. [My] supervisor has especially told where her/his room is so that people can easily find there. - - [My] supervisor has let us know that she/he is there for us and said that out loud, too. (H5)

[My supervisor] is very understanding and understands that employees lives, and situations change. If you need special attention, [the] supervisor is there to support you. (H7)

The interviewees described that a servant leader takes employees' wishes and special needs into account. For example, flexible shift planning was noted as a way to take employees' needs into account. The interviewees perceived that a servant leader carefully considers the employees' holiday wishes and other work-related arrangements. The following interview excerpts highlight the importance of taking employees' needs into account:

[My supervisor] listens [to] staff. Nobody is forced to be on a holiday in a certain time, without any options. - - Fairness means that you treat people equally, that all have [the] possibility to have a holiday. (H3)

[My supervisor] is flexible and takes into account if someone has some personal things to handle. (H1)

The interviewed employees described a servant leader's stewardship mainly as a positive feature. However, stewardship and healing were not always perceived as a good thing. The interviewees perceived that if a leader is too willing to be of service, it can lead to situations where decisions are not made fast enough. In nursing work, situations can change swiftly during the day, and a supervisor should be ready to make quick decisions. The interviewees described that a servant leader's decision-making is challenging in a busy working environment. The following interview excerpt highlights this issue:

Sometimes it feels that [the supervisor] serves a little too much. [The] dark side [of the servant leadership] is that [a supervisor] should be able to make quick decisions. (H7) According to Spears (2004), stewardship and healing include the idea that a servant leader solves problematic situations in the workplace and tries to harmonize the organization. In the interview data, some of the employees described that a servant leader is skillful in solving conflicts at the workplace. The interviewees perceived that a servant leader solves problems by discussing them with employees. According to the interviewees, a servant leader also appreciates different opinions and viewpoints but advocates for his/her own opinions, when necessary. The following interview excerpts show how a servant leader can solve challenging situations and unify the work community:

[The] supervisor came to [the] workplace from home on Saturday to discuss [an issue] with two employees who had a conflict. [The] supervisor was so flexible that when both [employees] were at the workplace, she/he came to discuss with them. (H5)

[The} supervisor knows [about] and tells when we have discussed some topic thoroughly. In female-dominant fields, there can be a tendency for people continue thrashing out some issue. [A] head nurse knows how to interfere in these situations and says that okay, this is enough. We have discussed this issue and reasons and I cannot change this, so this is it. [The] supervisor can take control of the situation if it is going to towards whining. (H3)

Some of the interviewees perceived that their supervisor does not have the courage to solve difficult situations in the workplace. According to the interviewees, their supervisor's behavior was rather inconsistent. Some of the interviewees noted that they were unsatisfied that the supervisor did not tackle shortcomings, instead leaving the employees to solve them. According to the interviewees, a servant leader is expected to be courageous and determined when trying to solve difficult situations in the workplace. The following interview excerpts show how the interviewees perceived their supervisor's timidity toward solving conflicts:

There are certain situations in the workplace that [the supervisor] should interfere. For example, employees' misbehavior. Interfering requires firmness in decision making. There are situations that need to be solved quickly and [the supervisor] hesitates and considers too much. (H7)

[The] supervisor is not very eager to take a stand on things. If there is a problem, [the] supervisor does not rush head long into it. [The] supervisor looks [at] how we solve the problem or how someone solves the problem and then might say something about it. (H2)

The interviewees perceived that their supervisor's uncertainty and lack of courage could be explained by the supervisor's kindness and loyalty. The interviewees perceived that too much kindness does not necessarily result in ethical leadership. The following interview excerpts highlight the problems that can be caused by too much kindness:

[The] supervisor is too kind and does not have courage to act in the [difficult] situation. Or maybe the supervisor does not have tools to act. Maybe does not have competence. (H7)

I think that the supervisor wants to be a little careful. [The] supervisor would have more opportunities to make another type of solution. Probably [the] supervisor wants to be loyal towards everybody. (H2)

In the interviews, the employees described that the supervisor's uncertainty can be part of the supervisor's personality. While the interviewees noted that one cannot completely change one's personality and character, they stated that a supervisor's personal characteristics should not impede a person from implementing things and making decisions. According to Spears (2004), servant leaders

serve the employees. Thus, they put employees' needs first. The interviewees noted that leaders who are too hesitant can be a problem for servant leadership. This contradiction is highlighted in the following interview excerpt:

Some [supervisors] are more introverted and others more extroverted. Sometimes it feels that a [leader] person is criticized although he/she is only calm by nature. Of course, it doesn't prohibit taking action. (H1)

In Spears' (2004) definition, stewardship and healing are related to developing a good relationship between a supervisor and an employee. The interviewees perceived their supervisor to be very humane, which describes a good relationship between the supervisor and the employees. The following interview excerpt shows an example of a humane relationship:

I have security in my work when I know that I will always have this supervisor. If I need my supervisor, I can easily get in contact. When I know that I have such a good supervisor, I can talk with her/him about everything. It gives me support and security in my daily work. (H3)

Although the data strongly highlighted the good relationship between employees and supervisors, some of the interviewees perceived their supervisor to be very aloof. They felt their supervisor was invisible and estranged from the everyday work of nurses. Consequently, the interviewees' perceptions differed greatly. The following interview excerpts illustrate the distant relationship between employees and their supervisor:

[Supervisors] are characterized by invisibility or lack of meeting. Supervisors are busy with running the everyday work and organizing shifts, and they have become alienated from [the] practical work that we do. They don't understand the resources that we need in the field, what kind of customers/patients we have, and the pressures under which we work. (H4)

Things are handled and can be handled. I am not always sure what my supervisor thinks. My supervisor is very decent, takes care of basic things, and responds to questions. However, I don't dare talk about everything with my supervisor. (H1)

The supervisor's distance and lack of support make employees feel uncertain about doing their work. The interviewees perceived that this distance undermined the group spirit and satisfaction of the working community. The following interview excerpts highlight the challenge of distant leadership:

I don't really perceive leadership in everyday work. Some things may be announced in the morning, but it's not informed how we should act. (H1)

We lack support, cheering and creating community spirit from supervisors. They probably have too much work and shift planning – tasks that we employees don't even know about. We just think that they sit in meetings and try to make decisions in there, but they are distant and separated from the practical work that we do. (H4)

Ethical Awareness and Persuasion

The third dimension of servant leadership is the supervisor's ethical awareness and persuasion. In Spears' (2004) definition, ethical awareness and persuasion are remarkably similar dimensions; consequently, they are discussed in the same context in this chapter. According to Spears, awareness is the self-awareness of the leader. This means that a servant leader is genuinely present. Awareness also implies a leader's ability to understand ethics, values, and power. Persuasion means that the leader does not exploit his/her dominance. The leader does not give direct orders; he/she seeks to convince employees of the soundness of his/her views (Spears, 2004).

In the interviews, a supervisor's ethical awareness was noticeable. Generally, the supervisor was perceived as treating employees equitably and fairly. The interviewees perceived that the supervisor leads employees with ethics and moral values, which is especially important in a healthcare organization. The following interview excerpts highlight how the interviewees brought up the ethical awareness of their supervisor:

[The supervisor] is reliable and acts very ethically. [The] supervisor knows [his/her] own limits. [The] supervisor does not talk behind anyone's back; that shows that [the] supervisor has [a] good backbone. (H7)

[The supervisor is] honest and transparent. Everything that happens in our team is transparent, nothing is hided or covered. - - [The] supervisor doesn't have favorites. Everyone is treated equally. My perception is that [the] supervisor has good morals in place. (H3)

[The supervisor] tries very hard [to ensure] that things would go right. Customer first thinking, encountering, and good nursing work are encouraged. (H4)

However, the supervisor's equal treatment of employees was also perceived to be problematic in certain situations. One of the interviewees asked: Is equal treatment always ethical leadership if some employees would like, for example, to develop in their career and have more responsibility? The interviewee explained the behavior of a supervisor, noting that, in a female-dominated industry, envy is common, so the supervisor does not dare elevate anyone to a better position. One of the interviewees described this ethical challenge as follows:

One can think if it is ethical. [The supervisor] wants to be so loyal that [he/she] does not want to promote anyone. [The] supervisor does not want to create any kind of friction, being between a rock and a hard place. I perceive that everybody stands in the same line at the workplace. (H2)

Part of ethical awareness and persuasion is the open and good communication between a supervisor and his/her employees. While some of the interviewees mentioned this, they noted that the flow of information in leadership in their organization is rather poor. The interviewees perceived that their supervisor does not keep them well inform, which is why they felt they were "in the dark" about many things. The following interview excerpts highlight this perception:

Sometimes it feels that we need to squeeze information on how things are. Sometimes it feels that we are not told about everything. Or things are hidden until the last minute. It doesn't feel like open leadership. (H7)

More open informing and open talk about things. - - It doesn't necessary depend on the supervisor alone but [the] supervisor is the link as a messenger. It would be better if we would talk a lot more. (H2)

In Spears' (2004) definition, persuasion means that the supervisor does not give direct orders to employees or emphasize his/her dominance. Instead, the supervisor shows that things are decided upon together via discussion. In the interview data, many of the interviewees perceived that the supervisor is not abusing his/her position as a leader; rather, the supervisor and the employees discuss the issues together. This is illustrated in the following interview excerpt:

The use of power is somewhat hidden in the level of discussion. For example, we discuss about holidays or shift planning. [The] supervisor does not really say that he/she wants some things to happen this or that way, but he/she discusses with every employee in order to reach a mutual agreement. - - [The] supervisor is very collegial. That's why it is so easy to be with the supervisor because he/she does not emphasize the higher position he/she has. We all feel that we are colleagues here. (H3)

Sometimes, the supervisor's use of power was perceived as being too cautious. This was previously noted in the excerpts showing that the supervisor does not always dare to solve problems in the working community. The supervisor was often perceived as being too cautious in situations where more power would be expected of him/her. For example, one of the interviewees noted that the supervisor wanted someone from senior management to tell employees about the changes instead of doing it himself/herself. Thus, the supervisor's excessive caution caused frustration among the interviewees.

Commitment to the Growth of People and Building Community

In the research data, Spears' (2004) dimensions of commitment to the growth of people and building community are related, which is why they are discussed together in this chapter. Spears states that servant leaders genuinely want to support their employees' personal, professional, and intellectual growth and development. Servant leaders respect and appreciate their employees. They motivate employees and encourage them to participate in the decision-making process. They are interested in their employees' ideas and development proposals. They also build a sense of community and strive to serve the wider society (Spears, 2004).

A question about the growth of people and building community emerged from the interview data. However, the supervisor's commitment to the growth of people varied. Some of the interviewees experienced that their supervisor encourages them to participate in training and other methods of knowledge development, which supports the dimension of commitment to the growth of people. This is illustrated in the following interview excerpts:

[The] supervisor encourages [employees] to [engage in] professional development. And [the supervisor] strongly encourages physical activities outside of work. Things that maintain well-being. (H3)

[The] supervisor encourages [employees] to consider [their] own career path, professional development and studying, and job rotation. [The] supervisor tries to do things so that all of these will come out well. (H4)

We have good possibilities for professional development. We are supported to [pursue] it. We can participate in-house training and external training, even if the budget is tight. (H7) rally, the interviewees perceived that encouraging employee to pursue professional

Generally, the interviewees perceived that encouraging employee to pursue professional development is a positive thing, but some perceived that all their trainings do not support their success at work. Some of the interviewees experienced that they are often forced to participate in trainings that do not support their work at all. However, those orders often come from people higher up in the organization and the supervisors are not able to make their own decisions. In any case, the interviewees hoped that the supervisor would try to influence and interfere in such situations, because unnecessary trainings do not motivate employees to learn new things. The following interview excerpts illustrate the employees' dissatisfaction with compulsory trainings:

Nowadays, there are tons of online courses that nurses are ordered to take. They don't necessarily concern me, or I already know during the course that I will not use this in practice. (H4)

First, there is a huge fuss and bustle. Students are recruited to [educational institute's] courses and then they will forget it. When project ends and [the] employer should take responsibility - then suddenly there is no funding or working time for it. It is difficult to know what course you can trust on. (H5)

Although several of the interviewees thought that their supervisor supported their knowledge development, others disagreed. One of the interviewees experienced that she can't use all her current expertise in her work. Moreover, some of the interviewees perceived defects in the familiarization of work although good familiarization should be one of the most important things for success in the work of nurses. The following interview excerpts highlight the interviewees' perceptions of these defects in familiarization and knowledge development:

[I] work in so many units at the organization, that it is difficult to get familiar with new things and new units. Realizing new things, nursing the patient, is not handled in a couple of days. But supervisors don't see the need that we can absorb these things in a week or three days. (H4)

Although that I have a little bit higher education, I cannot fulfill the needs. (H2) Spears notes that the encouragement of employees is a major part of the commitment to the growth of people. Based on the data, the employees had contradictory perceptions of how well their supervisors encouraged them. However, some of the interviewees felt their supervisor encouraged them, provided feedback, and thanked employees for succeeding well at work. For example, one of the interviewees stated:

[My] supervisor gives thanks, remembers to say thank you, you have done excellent job. We get a lot of good feedback. (H7)

However, other interviewees perceived that their supervisor does not encourage them. They want more praise for their everyday work. This perceived lack of encouragement is illustrated by the following excerpts:

I don't know if it is [the] culture that [the] supervisor doesn't need to thank employees, even if it's not a big thing. However, for employees it is like "now, we have done something right". (H2)

I miss being cheered on during stressful situations, as employees' long sick leaves that put a lot of strain on us. In difficult situation, [the] supervisor sometimes says "thank you for

making it", but we don't hear this too often. I miss cheering and creating team spirit. (H1) Spears combines employees' participation in decision-making with commitment to the growth of people. Based on the data, the employees had conflicting perceptions of how they can influence decision-making. Some of the interviewees perceived they could have a significant amount of influence on decision-making and their own work. For example, this is reflected in the excerpt about the influence that employees have on shift planning:

We use collaborative shift planning. We all plan and use this specific program for it. We see what other employees have planned. Our task is to take care that we all know how many employees are needed in morning shift, evening shift, and night shift. (H3)

However, the data also showed that some of the employees were unhappy that they don't always have enough influence over things. For example, not all the employees had an opportunity to influence shift planning, which was possible in some of the other departments in the same organization. This is illustrated in the following interview excerpts:

[The] supervisor does the weekly shift plan. It is sent by email on Friday and then you can see what the next week looks like. We don't have daily routines so that we, [the] employees in the workplace, would plan it ourselves. We are not allowed to do it ourselves. (H2)

[The] supervisor can use [his/her] power and tell you to go here and or there. (H1)

If we have a development day, we do not have much ... we have not been asked what we want to do on a development day, what issues we would like to discuss. - - [The] supervisor plans it by him/herself or with [the] head nurse or someone, I don't know. Would have like it

more it we could have done it together. Then we would have had more possibilities to influence the schedule. (H2)

Self-directed working is also part of the commitment to the growth of people in Spears' (2004) definition. Most of the interviewees perceived that their supervisor empowered them to be self-directed in their work. Many of the interviewees revealed that, in their job description, a nurse is generally very responsible and can be self-directed at work, but the supervisor still allows employees to be self-directed. This is illustrated in the following interview excerpts:

I can define my own way of working. I don't need much more input from the supervisor other than providing the framework of where we are going, which makes my work possible. (H7)

[The supervisor] has always trusted that I can handle my own tasks. - - [The] supervisor always counts on me to do that. He/she doesn't praise me, but makes comments, like "yeah, you will take care of this task." (H5)

However, giving responsibility was not always perceived as a good thing. Some of the interviewees perceived that they have too much responsibility in their work. In the worst situation, the excess responsibility and pressure of the work take resources away from patient-oriented nursing care. For instance, one of the interviewees said that she needs to work in many different departments and take care of very diverse patients, which makes her daily work very challenging. She hoped that a supervisor would intervene because she had too much responsibility in caring for different patients and she had to work in too many departments. This is illustrated in the following excerpt:

When you have working experience, you are typically given more responsibility and the most difficult patients to care for. You also have other tasks on top of that. I need to have time to put things forward. Sometimes I feel that, damn this job, there are too many things to do. (H5)

Conceptualization and Foresight

Spears (2004) suggests that foresight is associated with conceptualization, so it is natural to discuss them in the same context in this study. Conceptualization implies that a leader thinks about the long-term effects of his/her decisions and the possible solutions. The leader knows how to look at things from different angles. Furthermore, a servant leader must find a balance between conceptual and operational thinking. Foresight means a leader's ability to anticipate situations. Through foresight, the leader knows how to connect with past events, the present situation, and the effects of future decisions (Spears, 2004).

Therefore, conceptualization and foresight are strongly associated with the supervisor's decisionmaking in the long run. Based on the data, some of the interviewees perceived that the supervisor moved things forward, considered the future effects of the solutions, and envisioned the future. The following interview excerpts illustrate this:

This leader stands before his/her own units, discusses, brings different viewpoints into discussions, and puts them forward as well as he/she can during the working time. (H5)

[The] supervisor has visions and views that he/she brings out. (H6)

[The] supervisor puts things forward as far as he/she can. [The] supervisor knows how to explain things to us in a way that everything is clear. [He/she] can give reasons. (H3) The data also show that some of the employees perceived that the supervisor did not dare to move things forward. One of the interviewees described this grievance as follows:

Many times [one] feels that they don't listen, or they don't have the courage to make changes in the field. Like reporting practices or if something doesn't work or how many employees we need, or things like that. They don't have the ability or courage to make these changes or even try new things. I experience that leadership is missing. (H4)

For the leader to anticipate situations in the long run, he or she should clarify what is expected of employees at work. Then, the employees will know how to work toward achieving the organization's vision and goals. Several of the interviewees perceived that they understood what was expected of them in their work. One interviewee noted that the supervisor clarifies the work role of the nurses. However, some of the interviewees did not know what was expected of them at work. For example, one interviewee stated that she hopes for clarity and consistency in a supervisor's leadership. The following excerpts illustrate the inability of a supervisor to consistently set clear goals:

I had a hard time; I didn't know if I did the right things or if I said the right things. Then, I realized that I don't really know what is expected of me. (H1)

I hope for determined decision making that leads to logical decisions and a clearer big picture in our unit's leadership, designing the operations and everything like that. It is quite fragmented. Clearer goals would be good. (H7)

Spear (2004) notes that a servant leader must balance conceptual and daily operational thinking. One of the interviewees said that her supervisor appreciates practical competence as well as scientific knowledge. The following interview excerpt shows how the supervisor appreciates practical work:

[The] supervisor doesn't highlight scientific research too much, but we read everything and

try the [ideas] out in practice. Sometimes we need to apply them. (H5)

Spears (2004) states that conceptualization is also related to the leader knowing how to look at things from different viewpoints. In a large healthcare organization, a supervisor must think about things not only from the employees' perspective but also, for example, from the perspective of the upper management. Some of the interviewees noted that often supervisors do not have enough power in a large, hierarchical organization. They understood that, sometimes, supervisors have a challenging role mediating between employees and upper management, as reflected in the following interview excerpts:

[The] supervisor is a bit between a rock and a hard place. Of course, we employees always have our own hopes and upper level [managers] have their own hopes. [The supervisor] doesn't really know who he/she should listen to. (H2)

But then these cogs in the big machine are like, well, the hierarchy is so difficult that many things don't happen, or they cannot be moved forward because they depend on so many things. (H4)

Conceptualization and foresight were mentioned the least in the interview data in comparison to the other servant leadership dimensions identified by Spears. One reason for this could be the hierarchy of the target organization, because the supervisor has less power to anticipate and envision the future when decisions are made by the upper management. Hence, the results of this dimension might be different if the study had focused on the leadership of senior management.

Summary

This chapter examined employees' perceptions of what servant leadership means and how it can be practiced in the context of healthcare organizations. The first aim of the chapter was to determine how the employees describe servant leadership in general. Most of the employees thought that

servant leadership was a positive and human-centered way to lead. According to the interviewees' definitions, employees combined many of the same servant leadership dimensions that are part of Spears' (2004) definition of servant leadership. These dimensions included answering the needs of employees, serving, listening, and supporting employee's welfare and development. However, the interviewees did not mention conceptualization and foresight, which are part of Spears' definition.

Additionally, the definitions of the interviewed employees brought a new perspective to the understanding of servant leadership. In Spears' definition, persuasion means that a leader does not give orders; rather, he/she persuades employees to take his/her side. However, the interviewees did not emphasize persuasion in their definitions; instead, most of them stressed the importance of a servant leader's determination. They thought the leader must dare to use his/her dominance when it is required. Consequently, the definition of servant leadership could be expanded by including the dimension of the leader's determination.

The second aim of the chapter was to examine how employees perceive the dimensions and features of servant leadership. Based on the findings, the interviewees' perceptions of the servant leadership dimensions were consistent with Spears' definition of servant leadership, but they also recognized some challenges and points of development. Spears has defined ten dimensions of servant leadership, and, as a result of the analysis presented in this chapter, these were combined into five dimensions. Founded on the findings, the most significant dimensions that emerged in the data were listening and empathy, commitment to the growth of people and building community, and stewardship and healing. Moreover, ethical awareness and persuasion often emerged in the interviewees' perceptions, while conceptualization and foresight only appeared sometimes. Based on this, it can be concluded that employees consider supporting presence, involvement, and well-being essential issues in leadership.

However, the interviewees' perceptions of these dimensions were sometimes conflicting, as shown in the findings section. For example, there were many differences between leaders' interaction skills, leadership consistency, and supporting employees. One reason for these differences is that the employees have different supervisors and each supervisor's leadership approach and each employee's personal experience of leadership influence how leadership is perceived. This is also influenced by the employees' earlier experiences of leadership and other contextual factors.

Furthermore, while one supervisor may have many positive features of servant leadership, at the same time, some of his/her features might not support this leadership approach. It is very unrealistic that the leadership behavior would be perfectly similar to the ideal model of servant leadership. The theory of servant leadership has been criticized for this reason (van Dierendonck, <u>2011</u>). It is more realistic to explore the level of servant leadership (Dennis & Bocarnea, <u>2005</u>). Therefore, it is more meaningful to qualitatively describe leadership and explore the various dimensions of servant leadership as this chapter has reported.

The interviewed employees' perceptions of their supervisor's servant leadership provide important information about how servant leadership can be developed in a healthcare organization. From the interview data, it was noticeable how significant the interviewees considered many dimensions of servant leadership, which, unfortunately, they did not perceive in their own supervisor's leadership.

Therefore, based on the findings presented in this chapter, servant leadership could be strengthened in healthcare organizations in the future. If organizations want to support servant leadership, the organization's leaders should pay attention to their communication skills and the consistency of their leadership. They should set clear goals, support, and encourage employees and have the courage to solve problematic situations and move employees' ideas forward. They should facilitate open communication between leaders and employees, familiarize employees with what is expected of them, and establish a good relationship between leaders and employees. If these features receive increased attention in the future, healthcare organizations can significantly strengthen their level of servant leadership.

According to the findings, in general, the interviewed employees perceived Spears' dimensions of servant leadership as a very favorable and critical issue in their own supervisors' leadership. For example, listening and empathy, as well as stewardship and healing, were perceived to be very supportive of employee job satisfaction and work motivation. Furthermore, in terms of their supervisors' leadership, the employees hoped that many of the dimensions of servant leadership would be developed so their supervisors' leadership would be closer to the servant leadership ideology.

Many previous studies support the interviewed employees' perceptions of how servant leadership is suitable for a healthcare organization. For instance, Strum (2009) has brought up how servant leadership supports healthcare workers' professional and personal growth, which is also supported by the results of this study. For example, the employees perceived that encouraging professional development and providing feedback were ways to support their professional and personal growth. Moreover, servant leadership was found to be compatible with nurses' values, work roles, and work duties, which Fahlberg and Toomey (2016) have also noted.

The employees noted that the nurses' job requires them to be very responsible and self-directed, so support for employees' personal and professional growth is important. Many of the interviewees highlighted the ethical and moral aspects of the supervisor, and they shared how their supervisor supports them in patient-oriented nursing. Moreover, Trastek et al. (2014) and Numminen et al. (2018) have emphasized that the ethical viewpoint of servant leadership is significant in the context of healthcare. Ethical and patient-oriented nursing is part of the everyday work of nurses.

However, the employees did not perceive all servant leadership dimensions to be suitable in the context of healthcare. For example, one challenge was the leader's overstated desire to service all parties, which leads to role conflict, which Liden et al. (2014) have noted is a challenge of servant leadership. As previously noted, servant leadership is defined as putting employees' needs first. However, if servant leaders put the needs of all others first, they may risk stress and even burnout. Indeed, servant leaders can also experience conflict between the demands of employees, family members, and members of the community. When a leader is trying to satisfy the needs of everyone, he/she can be emotionally burdened and not know who to serve first.

This study's findings show that being a supervisor in a healthcare organization can be challenging when trying to simultaneously serve employees, patients, and upper management. At the same time, a supervisor should also take care of his/her personal needs and the needs of his/her own family. Andersen (2009) has argued that a servant leader's excessive focusing on employee concerns reduces the resources used for the organization's goals. Therefore, supervisors must remember not to service others too much, because you cannot always please everyone. Moreover, Gunnarsdóttir (2014) has stated that it is important for a servant leader to accept his/her own limitations. It is impossible to always fulfill each party's needs in a large healthcare organization where departments are large and each department has a lot of staff.

The second notable challenge of servant leadership that emerged from the data on the target organization was the leader's slow decision-making ability. Trastek et al. (2014) have also shown this to be a challenge of servant leadership in the context of the healthcare industry. Employees do

not consider servant leadership to be the best model of leadership in surprising and changing situations, because leaders should have the courage to make decisions independently and quickly.

Persuasion was one of the challenges of servant leadership identified in this study. In Spears' (2004) definition of servant leadership, the servant leader does not dictate orders to employees; rather, the leader assures employees that his/her views are viable. However, from the research data, it was noticeable that the employees wished that their supervisor was determined and brave enough to use his/her power wisely. According to Savage-Austin and Honeycutt (2011), the fear of change and little knowledge of servant leadership may impede the ability to successfully implement servant leadership in practice. Moreover, in this study, the employees may have expected that their supervisor has a traditional way of leading because they were not used to the self-guided work described in the definition of servant leadership.

Ethical awareness was perceived as a challenge to servant leadership in an organization when a supervisor treats employees too equally. If the leader always places all employees fairly "on the same line," it may be difficult for an individual to develop in his/her career. This is a good example of how a servant leader's job can lead to a role conflict, as noted by Liden et al. (2014), where the leader must decide who to serve first. This role conflict can also be a challenge for a healthcare supervisor when he/she must decide whose needs to serve first: the employees, senior management, or patients. However, servant leaders should be aware of and accept that it is not possible to please everyone in every situation.

In addition to the challenges of servant leadership that emerged from the data, in previous studies one general challenge of servant leadership has been the risk of a servant leader being subjected to employee manipulation (see, e.g., Whetstone, 2002; Liden et al., 2014). However, this challenge did not emerge from the data collected for this study. This may be due to the fact that the interviewees were employees and they may not necessarily state that they would manipulate their supervisor.

Conclusion

The findings revealed interesting information about servant leadership in a Nordic public healthcare organization. The employees described their perceptions of their supervisors very thoroughly and practically. Thus, it was possible to analyze their perceptions of the definition of servant leadership. The findings were focused around Spears' (2004) definition of servant leadership. In the results, the interviewed employees' perceptions were reflected in five dimensions of servant leadership. Some of the dimensions were more visible in the supervisor's leadership while others were less visible. Most importantly, it was shown that servant leadership is a very suitable leadership style for a healthcare organization.

In the future, it would be interesting to study employees' perceptions of servant leadership over a longer period of time, such as after 1 year or 5 years. Some of the employees' supervisors had only worked as a leader for a brief period of time, so the results could be different if a study investigated the relationship between employees and leaders over a longer time frame. Further research would provide interesting knowledge about whether leadership evolved similar to the theory of servant leadership or whether new dimensions arose.

This chapter deepened the understanding of servant leadership from the point of view of a healthcare organization's employees, but it would be equally important to study servant leadership from a leadership perspective. Doing so would provide valuable information about how leaders perceive

servant leadership and whether their perceptions of their own leadership are similar to the employees' perceptions.

References

Aij, K. H., & Rapsaniotis, S. (2017). Leadership requirements for Lean versus servant leadership in health care: A systematic review of the literature. *Journal of Healthcare Leadership*, *9*, 1–14. https://doi.org/10.2147/JHL.S120166 CrossRef

Andersen, J. (2009). When a servant-leader comes knocking. *Leadership and Organization Development Journal*, 30(1), 4–15. CrossRef

Dennis, R., & Bocarnea, M. (2005). Development of the servant leadership assessment instrument. *Leadership and Organization Development Journal*, *26*(7/8), 600–615. CrossRef

Fahlberg, B., & Toomey, R. (2016). Servant leadership: A model for emerging nurse leaders. *Nursing*, *46*(10), 49–52. CrossRef

Gandolfi, F., & Stone, S. (2016). Clarifying leadership: High-impact leaders in a time of leadership crisis. *Revista de Management Comparat International*, *17*(3), 212–224.

Greenleaf, R. (2002). Introduction. In: R. Greenleaf & L. Spears (Eds.), *Servant leadership: A journey into the nature of legitimate power and greatness* (25th anniversary edn., p. 27), Paulist Press.

Gunnarsdóttir S (2014) Is servant leadership useful for sustainable Nordic health care? *Nursing Science*. *Vård I Norden*, *34*(2), 53–55.

Hahl-Weckström, A. (2005). Johtamiskoulutuksen vaikutuksia esimiestyöskentelyyn: Case Etelä-Savon sairaanhoitopiirin johtamiskoulutus. *Kunnallistieteellinen Aikakauskirja*, *33*(1), 22–35.

Hanse, J., Harlin, U., Jarebrant, C., Kerstin, U., & Winkel, J. (2016). The impact of servant leadership dimensions on leader-member exchange among healthcare professionals. *Journal of Nursing Management*, *24*(2), 228–234. CrossRef

Jokiniemi, K., Meretoja, R., & Kotila, J. (2021). Clinical nurse specialist role and practice in Finland. In J. Fulton & V. Holly (Eds.), *Clinical nurse specialist role and practice* (pp. 125–134). Springer.

CrossRef

Juuti, P. (2013). Jaetun johtajuuden taito. PS-kustannus.

Kanste O (2016) Johtamisen haasteet osastonhoitajan työssä. Sairaanhoitaja: 6-7.

Kül, S., & Sönme, B. (2021). The effect of nurse managers' servant leadership on nurses' innovative behaviors and job performances. *Leadership and Organization Development Journal*, 42(8), 1168–1184. https://doi.org/10.1108/LODJ-07-2020-0318 CrossRef

Liden, R., Panaccio, A., Meuser, J., Hu, J., Wayne, S. (2014). Servant leadership: Antecedents, processes, and outcomes. Retrieved from: https://doi.org/10.1093/oxfordhb/9780199755615.013.018 In: D. Day (Ed.), *The Oxford handbook of leadership and organizations* (pp. 357–379). Oxford University Press.

Meriläinen, M., Koivisto, K., Sirviö, P., & Tensing, M. (2016). Hoitotyön johtaminen. In: K. Koivisto & P. Sandelin (Eds) Sairaanhoitajakoulutusta 120 vuotta Oulussa – Aputytöstä asiantuntijaksi - juhlajulkaisu. ePooki. Oulun ammattikorkeakoulun tutkimus- ja kehitystyön julkaisut 33. http://urn.fi/urn:nbn:fi-fe2016112930047.

Ministry of Social Affairs and Health. (2009). *Johtamisella laatua ja työhyvinvointia sosiaalialalle*. Publications of Ministry of Social Affairs and Health.

Numminen, O., Gustafsson, N., & Leino-Kilpi, H. (2018). Moraalista rohkeutta hoitotyön johtoon. *Pro terveys*, *5*, 8–9.

O'Brien, M. (2010). *Servant leadership in nursing*. *Spirituality and practice in contemporary health care* (pp. 22–23). Jones and Bartlett Publishers.

Savage-Austin, A., & Honeycutt, A. (2011). Servant leadership: A phenomenological study of practices, experiences, organizational effectiveness, and barriers. *Journal of Business and Economics Research*, *9*(1), 49–54.

Spears, L. (2004). Practicing servant-leadership. *Leader to Leader*, *34*, 7–11. CrossRef

Spears, L. (2010). Character and servant leadership: Ten characteristics of effective, caring leaders. *The Journal of Virtues and Leadership*, *1*(1), 25–30.

Strum, B. (2009). Principles of servant-leadership in community health nursing. *Home Health Care Management and Practice*, *21*(2), 82–89. CrossRef

Surakka, T. (2006). Osastonhoitajan työ erikoissairaanhoidossa 1990-luvulla ja 2000-luvulla: Toimivalta, vastuullisuus ja asiantuntijuus lähijohtajuudessa. Tampere University Press.

The Ministry of Education and Culture. (2006). Ammattikorkeakoulusta terveydenhuoltoon: Koulutuksesta valmistuvien ammatillinen osaaminen, keskeiset opinnot ja vähimmäisopintopisteet. Opetusministeriön työryhmämuistioita ja selvityksiä 2006:24. http://urn.fi/URN:ISBN:952-485-195-4.

Trastek, V., Hamilton, N., & Niles, E. (2014). Leadership models in health care: A case for servant leadership. *Mayo Clinic Proceedings*, *89*(3), 374–381. CrossRef

van Dierendonck, D. (2011). Servant leadership: A review and synthesis. *Journal of Management*, *37*(4), 1228–1261. CrossRef

Whetstone, J. (2002). Personalism and moral leadership: The servant leader with a transforming vision. *Bus Ethics: A European Review, 11*(4), 385–392. CrossRef

Yukl, G. (2013). Leadership in organizations. Global edition (8th ed.). Pearson.