The nursing profession has a responsibility to position themselves as partners in care, to genuinely demonstrate every nurse is a leader (Andrus & Shanahan, 2016). The American Nurses Association (ANA, 2015) articulates leadership as a responsibility of professional nurses (with regard to individual and shared roles) in collaboration with stakeholders to create and sustain a culture of health and safety in an ethical environment free of incivility (p.1). Subsequently, nursing leadership’s response is to prepare competent, compassionate practices in a variety of settings and focus essentially on the growth and well-being of the people and communities to which they belong (Andrus & Shanahan, 2016, p. 597). The purpose of this article is to explore Servant Leadership (SL), its behaviors and challenges, through a holistic caring lens.
**Leadership Defined**

A leader is a broad term that can be described by role, education, and/or licensure (Andrus & Shanahan, 2016). Leader is defined in Webster's New World Dictionary/Thesaurus as someone who “guides by influence, at the head of, and goes before or beside” (Agnes, & Laird, 2002, p. 362).

Servant Leadership is further defined as a person aspiring to serve first, then evolving by choice to lead by the consent of their followers (Andrus & Shanahan, 2016; Greenleaf, 1970; Haugk, 2012, p. 71). Research shows that leading with a serving, caring framework can contribute to the effectiveness of creating a healing environment, promoting a compassionate teaching-learning approach and guiding nurses and others in the caregiving field (Greenleaf, 1970; Watson, 2008). Executing and learning these roles not only depends on the nurse’s education, experience, and good problem-solving strategies, but also on how they are socialized into the profession. As a result, the nursing profession continues to:

1) seek and empower purposeful, conscious nursing leaders to influence and shape future generations, and
2) obtain optimal healthy goals in patients and systems today (Andrus & Shanahan, 2016; Chitty & Black, 2011).

**Conceptual Framework/Background**

Holistic leadership uses three general leadership frameworks, grounded in holistic principles, that serve as guides for leaders’ actions. The foundations are based in holism and help influence and transform self, others, and organizations. They are as follows: transformational leadership, influential leadership, and servant leadership (Andrus & Shanahan, 2016, p. 592). Servant Leadership is an ethical team approach where individuals recognize and perform uplifting, healthy actions, out of voluntary commitment and collaboration of ideas of willingness, values, and choice (Haugk, 2012, p. 71; Neill & Saunders, 2008).

The concept of Servant Leadership was first introduced in 1970 by Robert Greenleaf (1904-1990), an American mathematician, writer, and consultant. His idea for servant as leadership was developed in 1964, took early retirement to study leadership behaviors and invoke a foundation for the relationship with self, others, and systems to influence and foster transformation (Andrus & Shanahan, 2016, p. 592; Greenleaf, 1970).

Robert Greenleaf’s research interests were management, development, education, and leadership style. He graduated from college in 1926 as a math major and promptly got a job with AT&T, which was one of the world’s largest organizations at the time. A teacher had convinced Greenleaf that large corporations were not being fair-minded to their employees and society, so his goal was to have a career of quiet influence from the inside out of big institutions (Frick, 2004, p.1). He felt intuitively that the authoritarian leadership type in large systems was not working, and in 1964, took early retirement to study and write about leadership and education. He later founded the Greenleaf Center for Servant Leadership (originally called the Center for Applied Ethics).

He proposed that the best leaders are servants first, and the key tools for a servant leader include listening, persuasion, access to intuition and foresight, use of language, and pragmatic measurements of outcomes. Servant Leadership claims to be for all people of all faiths and institutions, secular and religious (Frick, 2004, p.2; Greenleaf, 1970).

Greenleaf identified key moral actions/behaviors that leaders must continuously and intentionally demonstrate to make progress. He called this his “best test” which gives ethical ends for actions, almost like children’s moral stories (Greenleaf Center, 2016). However, these actions may face potential confrontation, challenges, pains, and problems (Haugk, 2012, p. 71).

The following 10 principles of Servant Leadership can be applied to the delivery system of nursing practice and interdisciplinary practice for patient enhancement, nurse satisfaction, and nurse-person engagement (Greenleaf, 1970; Neill & Saunders, 2008, p. 395). These touchstones become a guide for leadership behaviors and invoke a foundation for the relationship with self, others, and systems to influence and foster transformation (Andrus & Shanahan, 2016, p. 592; Greenleaf, 1970).

"Leading with a serving, caring framework can contribute to the effectiveness of creating a healing environment, promoting a compassionate teaching-learning approach and guiding nurses and others in the caregiving field."

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1. **Listening and Understanding** – Spends time in the role of the listener, relying wholly on the other person for their perspective, focusing to better understand their needs, and communicating with authenticity; builds a trustworthy and compassionate relationship through reflective practice and thoughtfulness, further demonstrating the therapeutic relationship between the professional nurse and patient as a privileged, sacred trust which is considered the cornerstone of professional nursing practice (Koloroutis, 2004, p. 17).

2. **Empathizing and Accepting** – Responds to another’s suffering with concern as if it were a problem of one’s own; jumps into another’s “trench” but hangs tightly onto one’s safety rope (Haugk, 2012, p.73); tolerates imperfection, never rejects the patient or student, and does not judge performance (Greenleaf, 1970, p. 22).

3. **Healing** – Meets others at their point of need; forms transformative healing relationships; confronts others when necessary (Haugk, 2012); recognizes that healing supports the whole person, to become healthier and more independent from the erosion of ethical and emotional relationships that nurses can experience in the workplace (Greenleaf, 1970; Neill & Saunders, 2008, p. 396).

4. **Awareness and Perception** – Opens doors for sensory experience; maintains a strong sense of the culture/environment and looks for opportunities to cultivate a foundation for building caring-meaningful solutions to challenges and relationships, strengthening one’s effectiveness as a leader (Andrus & Shanahan, 2016; Greenleaf, 2010, p. 28; Watson, 2008).

5. **Persuasion (Hallmark of Servant Leadership)** – Engages in shared decision making and is effective at building consensus within groups; capitalizes on the expertise of the group; uses persistence and takes the initiative to find better ways and possibilities, one action at a time (Andrus & Shanahan, 2016; Greenleaf, 1970, p. 30; Neill & Saunders, 2008, p. 397).

6. **Conceptualization** – Sees the big picture with a clear vision, while seeking a delicate balance for day-to-day focus; accepts the problem as his/her own task, as a means of achieving integrity; arouses the Spirit (not knowledge) as power; encourages and advocates for others’ aspirations (Greenleaf, 1970, p. 34).

7. **Foresight (the central ethic of leadership)** – Leads with vision and anticipates outcomes, yet, remains grounded and open to consequences of how decisions made in the present may influence future outcomes. Serving may not be popular, but the voice must be heard as a path to wholeness (Greenleaf, 1970, p.25).

8. **Stewardship** – Prepares an organization to fulfill its mission and contribute to the betterment of community/society in a responsible, caring manner; affirms right thoughts and does the hard work (Greenleaf, 1970); partners with the workforce and rewards a quality environment, fostering positive team spirit (Neill & Saunders, 2008, p. 397).

9. **Commitment to the Growth of People** – Provides strong mentorship and encouragement with a steady commitment to motivate creativity and growth; recognizes strengths in others and helps them reach their true potential, personally and professionally. Servant leaders acknowledge the significant contributions of others, helping enable them to realize their dreams (Neill & Saunders, 2008, p. 398).

10. **Building Community (Knowledge)** – Partners with and supports community and is inclusive rather than competitive by identifying shared values with a common sense of purpose; recognizes that only community (e.g., family, nursing, others, and systems) can provide and deepen the healing love that is essential for wholeness and well-being (Greenleaf, 1970, p. 38).

**Challenges and Effects to Health of Caring Continuum**

There are challenges that may threaten the holism of the caring continuum. This article focuses on several related provocations. The first challenge is incivility in nursing education and the practice area. Incivility is ubiquitous; a phenomenon that all nurses have experienced. Negative decorum of a classroom or workplace can be evidenced by rude or discourteous behavior from student-to-faculty, faculty-to-student, student-to-student, and colleague-to-colleague (Clark, 2008; Harold & Holtz, 2015).

Clark (2008) defines this incivility as “any speech or action that disrupts the harmony of the teaching-learning environment” (p. 284), patient-care environment, and systems. This can include sarcasm, aggressive language, perceived bias, body posturing, and actual threat or physical harm (Clark, 2008). Luparell (2011) further describes the complex problem of incivility in academia as aggressive behaviors against nurse faculty that can result in fear, loss of sleep, loss of nurse retention, suffering from feelings of low self-esteem, and lack of ability to control a classroom (p. 92). This has a potential to direct a negative impact on patients’ outcomes (Clark, 2008, p. 284).

Andersson and Pearson’s (1999) framework discusses the interpersonal spiraling effects of incivility as when “one person’s perceived wrongdoing (mocks another, negative action of one party) leads to subsequent aggressive action from the other (responds
with an obscene insult, negative action of the second party), which results in increasingly counterproductive behaviors” and erosion of the culture (p. 458). Studies suggest that the creation of a serving and caring continuum of thought and behavior – a cultivation of respect, sensitivity, and awareness toward self and others – may offer resolutions for transforming nursing and systems (Greenleaf, 1970; Halldorsdottir, 1991, p. 38-39; Watson, 2008).

Additionally, research argues passive leadership (hands-off approach) is a second challenge to the quality of the healthcare continuum. A hands-off approach to leadership is theorized to contribute to a relaxed, informal work environment that may impact order. Examples of passive leadership can include patterns of avoiding decision-making, apathy, neglecting workplace problems, and failing to model appropriate behavior, exhibited by a person in authority, and allowing incivility to grow. Passive leaders do not reward appropriate conduct, nor model appropriate behavior (Andersson & Pearson, 1999, p. 19; Harold & Holtz, 2015).

In contrast, it is vital for active servant leaders to establish models of conduct (e.g., caring contract of respect, social etiquette) and reinforce adherence, by swift corrective behavior, with no tolerance policy for bullying and incivility (Andersson & Pearson, 1999, p. 19). Emerging evidence offers other possible suggestions to combat passive leadership and its undesirable effects such as: empowerment of nursing voice and management; effective mentoring and preceptor programs (preparation) in new roles; education in caring behaviors of presence and authenticity; training in therapeutic communication skills; and team-building (Andersson & Pearson, 1999, p. 19; Harold & Holtz, 2015; Luparell, 2011; Watson, 2008).

In response, an active servant leader has confidence in facing the unknown, more than the others being led. This is due in part to expertise, preparation, and the ability to stay cool under pressures (Greenleaf, 1970; Walker, 2019). Consider the following:

Thirty years ago, United Airlines Flight 232 from Denver to Chicago felt a tremendous blast. The tail engine had blown apart and shrapnel from the explosion had severed all three of the plane’s hydraulic lines, cutting power to the rudder and the flaps. Captain Alfred Haynes, a 57-year-old former Marine aviator, asked his flight engineer to look up the procedure for steering and landing the plane under the circumstances. He said there is none. The outlook was bleak; the plane had no brakes and would have to land at double the normal speed. Capt. Haynes calmly spoke to ground controllers and thanked them for their help. He then instructed one member of his three-man crew to grab hold of the throttles controlling the wing engines. The plane landed, flipped over, and broke into four pieces. Amazingly, 184 of the 296 people on board were saved. Let us reflect: “Modest people can achieve miracles under pressure” (Walker, 2019, p. B6).

Future Directions

The specialty practice of holistic nursing offers a solid foundation for cultivating caring servant leaders in health care. Standard 12 of Holistic Nursing practice (Leadership) provides established guidelines and language for the accountable oversight of nursing care given by others while retaining the quality of care provided to the consumer. This standard of holistic nursing practice also includes professional behavior in the treatment of colleagues with dignity and trust, and valuing people as the most precious asset in the institution (AHNA & ANA, 2013, p. 76). The defined nursing roles within the philosophical principles of holistic nursing also parallel the key moral behaviors of Servant Leadership (see sidebar above). Further continued studies are encouraged to develop ways to perceive and demonstrate leading (serving) and caring for self and others in nursing education, practice environment, and beyond.

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Several years ago, I finished my training as a Stephen’s Minister Leader (Christian Caregiving) at my church. During that time, I was working as a clinical instructor in a Licensed Vocational Nursing Program and had just passed my holistic nursing certification exam.

I looked forward to sharing my new knowledge with the students using heart-centered approaches to:

1) propagate discussion/demonstration of Servant Leadership throughout the systems by expanding transpersonal caring-healing environments, and
2) cultivate the personal development of students’ practices by making choices and taking responsibility for one’s action in the world (Greenleaf, 1970; Watson, 2008).

We used a pre-conference team huddle as preparation for each clinical day. Collectively, we selected a word as an intention to use for weekly focus and encouragement; e.g., courage, energy, knowledge, willingness, strive, patience, compassion, love, support, and empathy. After students set individual intentions and goals for patient care, we all stood in a circle and extended our arms with outreached hands into the middle. A leader (chosen by the group) would say the selected directive (e.g., “Compassion on Three”); then, with all hands touching, we’d shout, “1-2-3, Compassion!”

We all enjoyed this sense of partnering and team spirit. Students reported feeling energized and ready to serve others; they had smiles on their faces. I believe it was an effective way to start each clinical day. Leadership demonstration and communication by the registered nurse with the beginning student is a formative moment to present caring advocacy into caregiving. Caring for others is basic for all members of the healthcare team.

**Conclusion**

Creating a healing environment from the integration of Servant Leadership through a holistic caring lens provides an invitation for nurses to:

- serve and lead with a higher consciousness (awareness) of intentional care,
- improve the satisfaction and quality of patient care by authentic presence of nurses/caregivers, and
- advocate for self and others with renewed spirit and voice.

This is a responsibility for all caring leadership to further transform and deepen the consciousness of the healthcare field from the very beginning of nurses/caregiver training, recognizing that every nurse is a leader, everyone has a voice, and everyone is part of the team. Servant Leadership provides a focused opportunity to champion this cause and be present for the well-being of nursing, systems, and communities for the 21st century.

**REFERENCES**


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