Servant Leadership in Nursing: A framework for developing sustainable research capacity in nursing

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Summary In the current professional climate, research activities are highly valued with nurses in all sectors actively encouraged to participate. However, working environments for many nurses are such that it can be difficult to privilege research activities in any sustained way. A number of organisational challenges coalesce to impede participation in research activities, including limited resources, lack of skills, knowledge and opportunities, and a culture of individualism. Strong, effective research leadership is essential to help mediate some of these negative aspects of organisational life, and promote creative environments to facilitate the development of research capacity. Servant leadership is a service-oriented approach that focuses on valuing and developing people, and offers a participatory and collaborative framework within which to build creative and productive research communities. Such communities can encourage connectedness between people, deepen the capacity for supportive collegiality, and foster a holistic social learning milieu to support researchers of all levels, including early career researchers and research higher degree candidates.

Introduction

In the decades since the transfer of nurse education to the university sector, Australian nurses have had a number of important successes. The most notable of these include developing a full range of academic programs at undergraduate and postgraduate levels, generating robust academic and scholarly discourses around nursing, and more firmly establishing nursing as a research based discipline. Yet despite these considerable achievements, nursing faces on-going challenges in continuing to develop research capacity. These challenges include resource issues such as a lack of investment in, and infrastructure to support nursing research, and lack of a critical mass of people who are adequately prepared to take up full time research careers (McCance, Fitzsimmons, Keeney, Hasson, & McKenna, 2007; Pearson, 2004).

The cultural life of large organisations presents additional challenges. Many are strongly hierarchical in nature, characterized by transactional leadership models, and imbued with highly bureaucratic and controlling cultures (Schwartz & Tumblin, 2002). In clinical and educational organisations, the unremitting demands of heavy clinical and teaching responsibilities can be overwhelming, leaving little time and energy for involvement in research activities. In
these environments (and despite rhetoric about their importance) research activities are likely positioned as 'spare time' activities—non-essential tasks to be undertaken only when all other duties are complete. Furthermore, many working environments feature almost continual imposed change, caused by frequent organisational restructuring, and leading to working cultures characterised by insecurity and uncertainty. These types of environments can be creatively repressive, demoralising, stress inducing, and not at all favorable to the development of vibrant and dynamic cultures of research (Jackson, 2005).

Strong, passionate and effective leadership is essential in prevailing over "the twin evils of inertia and intransigence" (Schwartz & Tumblin, 2002, p. 1422) that frequently permeates the culture of large organisations and is central to the development of research capacity in nursing and midwifery (McCance et al., 2007). At this point, it is necessary to reflect briefly on the differences between leadership and management. The focus of management is on systems, order and control, while leadership involves holding and enacting a vision, and guiding growth and change through motivating and inspiring constituents (Schwartz & Tumblin, 2002). While both leader and manager roles can co-exist in the same person, frequently they do not, meaning that those who hold the vision may not have control over the purse strings. Furthermore, the very nature of large bureaucratic organisations puts employees at constant risk of being subject to excessive managerial zeal while simultaneously experiencing paucity of leadership (Schwartz & Tumblin, 2002). This excessive control can stifle creative endeavor and diminish the ability to build research capacity.

In this paper, I argue that servant leadership provides an effective, responsive and flexible framework within which a range of generative processes to support the development of sustainable research capacity can occur. Servant leaders can foster the initiation of innovative supportive strategies upon which to build research communities that are characterised by purposeful, respectful relationships; climates of creativity; connectedness between people; positive and nurturing milieu for successful supervision of research higher degree (RHD) students; and, recognition of the developmental needs of early career researchers (ECR). These strategies have the potential to ameliorate some of the challenges of organisational life, and can contribute to the development of environments that will support sustainable research capacity in nursing.

### Servant leadership

At first glance, the words servant and leader sit oddly together. They appear paradoxical—a seeming contradiction in terms. However, the two words accurately capture the essence of this passionate and service-oriented approach to leadership. Servant leadership is an altruistic model for leadership that can stimulate change at personal and organisational levels (Russell & Stone, 2002), and facilitate the development of robust, vibrant and generative research cultures. Servant leaders are strong and resilient leaders sustained by a passion to support the personal growth and development of constituents, and facilitate the achievement of communal goals and aspirations. Ten characteristics are associated with servant leaders (see Table 1) (Spears, 2004), who use this blend of qualities to co-create compassionate, flexible, supportive, inclusive and encouraging environments, which are characterized by teamwork, nurturance and valuing of constituents.

Servant leaders exert influence through persuasive (rather than coercive) practices, and so do not require legitimate authority or positional power, and can emerge from any level of an organisation. Servant leaders do not consider leadership in terms of status and standing (Russell & Stone, 2002), rather viewing leadership as an opportunity to develop people through service (Smith, Montagno, & Kuzmenko, 2004). The focus is on valuing and developing people, recognising and meeting their needs, and fostering the growth of an environment in which constituents can grow and achieve their goals. Authenticity, trust and humility are also features of servant leadership (Joseph & Winston, 2005; Smith et al., 2004) and servant leaders recognize that distant, arrogant and intimidating leader behaviours only serve to silence, cow and suppress the creative energy of constituents. Servant leadership has an explicit moral component (Barbuto & Wheeler, 2006) premised on participatory community processes and teamwork, ethical caring practices (Spears, 2004), trust (Joseph & Winston, 2005), and personal integrity (Smith et al., 2004).

There are some similarities between servant and transformational leadership, particularly in relation to valuing and empowering people (Smith et al., 2004; Stone, Russell, & Patterson, 2004). However, the focus of both leader and constituent/follower distinguish the two leadership styles. The focus of the transformational leader is on the needs and objectives of the organisation. Thus, leader behaviour

<table>
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<tr>
<th>Characteristic</th>
<th>Definition</th>
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<tr>
<td>Listening</td>
<td>Able to attend intently and respectfully to what others have to say</td>
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<tr>
<td>Empathy</td>
<td>Able to understand other people's circumstances</td>
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<tr>
<td>Healing</td>
<td>Able to recognize human vulnerability and know when and how to foster a healing process</td>
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<td>Awareness</td>
<td>Able to read and interpret environmental cues</td>
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<tr>
<td>Persuasion</td>
<td>Able to influence other people without reliance on positional power or hierarchical authority</td>
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<td>Conceptualisation</td>
<td>Able to promote creativity and be open to the possibilities of given situations</td>
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<td>Foresight</td>
<td>Able to be politically astute, and foresee future directions and implications</td>
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<td>Stewardship</td>
<td>Able to make purposeful short- and long-term contributions and leave a legacy for others to continue</td>
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<td>Growth</td>
<td>Able to recognise and nurture the developmental needs of others</td>
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<td>Building community</td>
<td>Able to develop a community framework within an organisation</td>
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aims to build constituent allegiance to organisational objectives and the role of the constituent is to pursue the goals of the organisation (Stone et al., 2004). Within the framework of servant leadership, attainment of organisational objectives is secondary to meeting the needs of constituents themselves (Stone et al., 2004). Constituent motivation is to develop skills, independence, capacity and autonomy, and servant leaders are motivated to focus on constituents and serve them to develop desired capacity and increasing autonomy. This focus on the constituent (rather than the organisation) makes the servant leadership style particularly suited to research communities where members are drawn from disparate organisations with differing values and goals, such as clinical services, professional, primary research and academic organisations.

Building a research community

When building research capacity, a community framework provides a means to develop synergies, share expertise, increase productivity, pool resources, reinforce the value of each member’s role in the group (Borbasi, Emden, & Jackson, 2005; Jackson, 2005) and provide a safe place or haven from within which members can thrive and flourish. The strength of a research community lies in the passion and commitment of its members, who are bound together through their shared desire for personal growth, and their willingness to be supportive companions for others on their own journeys of growth. It is the degree of commitment to the growth of self and others that makes the community strong, and without this awareness and commitment, the ability of any member to participate productively is diminished.

Community membership can be drawn from clinical, educational, academic and management streams of nursing. However, the essential need for constituent commitment means that membership of a research community should be voluntary (rather than imposed) and is therefore exclusive in that membership is only for those with the aspiration, commitment and desire to work with others to develop as researchers. Each community member has a role to play and if it is to succeed, a community of researchers cannot carry people who do not aspire to make a positive contribution. Leaders are charged with inspiring each community member to participate in ways that benefit themselves and the community as a whole. To achieve this it is important to foster co-operative instead of competitive processes (Borbasi et al., 2005), and seek to replace any excessive focus on individualism with an increased sense of working for the collective good.

There are a number of ways of doing this, and one is to take the time to celebrate success regularly. This helps build cooperative processes because it reinforces the idea that success is something to be shared. The success of any member benefits the whole research community and thus is cause for celebration. Optimism and hope are associated with resilience (Deveson, 2003), and with every success comes an opportunity to nurture and develop the sense of group optimism, positivity and confidence. However, it is also important to work with failure. When a goal is not achieved, it is not useful to dismiss the failure as being in some way related to the oppressive nature of ‘the system’, or take a defeatist stance and claim that nursing is innately disadvantaged. Despite being relative newcomers to the academy, numbers of nurses have developed requisite skills to be successful at obtaining nationally competitive research funding and every year sees more and more nurses achieving success at this level. This level of success is only achievable in a climate of belief—belief that we as nurses can (and do) perform successfully at the highest levels.

Within a servant-led research community an egalitarian milieu is created because servant leadership in essentially participatory in nature and consensus in decision-making is sought (Russell & Stone, 2002; Smith et al., 2004). Values such as integrity and trust are important to the development of positive research communities because they deepen the capacity for supportive collegiality. Community values need to be espoused and reflected through member behavior and in interactions between members. Membership can vary depending on the nature and size of the research community, but regardless of these variations, a research community needs to be intellectually stimulating, and it is important that the community include members at different developmental stages of their research careers. This helps to ensure that there is scope for learning synergies between experienced and less experienced members. Modeling is central to servant leadership (Russell & Stone, 2002), and is very useful when seeking to generate an environment that is both intellectually stimulating and responsive to the learning and development needs of people with differing skill levels.

In addition to being intellectually stimulating, a successful community of researchers should be compassionate, and provide emotional support to its members. Emotional intelligence (EI) is increasingly recognized as essential to positive working environments (Speedy, Jackson, & Borbasi, 2006) and has been defined as the “ability and capacity to reason with one’s emotions, especially in relation to others” (Freshwater & Stickley, 2004, p. 92). In making the comment that “one sigh may be communicating a lifetime of emotions” Freshwater and Stickley (2004, p. 93) beautifully articulate the need for clinical nurses to be sensitive and alert to even the most subtle expression of human emotion. So too is this sensitivity and alertness needed in leading the development of a research community, and it is here that the empathic and healing elements of servant leadership come into play.

The nature of professional life means that some community members will have suffered emotional injury and damage to their spirit (Spears, 2004). This can leave people with difficulties such as a loss of confidence or a sense of failure that can be energy depleting, culturally damaging and cause reluctance to participate further. Within a framework of servant leadership, there is acknowledgment and acceptance of human vulnerability and the need for healing. Thus, there is recognition of the importance of ensuring that processes are in place to facilitate healing and recovery in ways that can gradually restore confidence and positive energy. These processes can include providing opportunities for members to be successful, fostering positive supportive relationships between community members, encouraging autonomy, particularly in relation to level and mode of participation in the community, and building the sense of connectedness within the community.
Developing human connectedness through positive, productive relationships

The importance of human connectedness and positive human relationships are widely acknowledged, and associated with happiness, wellbeing and resilience (Deveson, 2003). However, the culture of the workplace, with its relentless demands to perform, its focus on hard outcomes, and practices such as individual work agreements have contributed to a climate of individualism. Deveson (2003) has commented on the effects of this individualism in the wider community, and effects can also be seen in the workplace, where deep tensions can exist between espoused values (such as collegiality for example), and the realities of organisational life (which for many, are anything but collegial) (Hutchinson, Vickers, Jackson, & Wilkes, 2006; Jackson, Clare, & Mannix, 2002). Feelings of isolation and marginalisation can arise within organisational cultures that seem to value product over person.

Fostering connectedness within the context of a community of researchers is potentially restorative and can ameliorate the aloneness and isolation that can be features of organisational life. In promoting connectedness as a core value within a community of researchers, there is a need to initiate frameworks in which the cultural and emotional values of community members are privileged and respected. Servant leadership can provide such a framework. Servant leaders privilege their connections with people, and human relationships are prioritised "over task and product" (Stone et al., 2004, p. 355). Authentic, trustworthy and respectful relationships are essential to the development of connectedness between people, and within a servant-led research community, members are encouraged to foster strong networks and work together to generate mutually respectful, sensitive and purposeful relationships. Positive supportive relationships can take many forms including mentoring relationships with a mentor/protégé (more experienced/less experienced) dynamic, peer relationships between people of similar experience levels, and supervisory relationships between RHD students and their supervision teams.

The servant-led community supports the development of a creative and "spiritually generative culture" (Smith et al., 2004, p. 86). Smith et al. (2004) argue that while this culture is a catalyst to the personal growth of community members, it can result in passivity in relation to the external (organisational) environment. However, this does not mean that constituents are passive. Rather, it means that the relationships and strengths developed within a servant-led community are insulating and resilience building. Thus, the community and its members are less vulnerable to the vicissitudes of organisational life, and are able to continue to work productively, even in contexts of organisational disruption and uncertainty.

When considering a servant-led research community, the concept of connectedness is also salient in relation to the types and areas of research and scholarship in which the community will participate. A programmatic approach can be useful because the focus of all research efforts around a major broad key area builds strength and generates a record of accomplishment in that particular area (Borbasi et al., 2005). However, a successful community of researchers can have several foci embedded within their program of activities. Selecting a sufficiently broad area is key, and where disparate research foci exist, strategic connective theoretical or conceptual threads can link them to form a program of research and strengthen the profile of the community.

Conceptualisation: fostering creativity

Conceptualisation is a characteristic of servant leadership and in this context refers to the capacity to work creatively and consider problems from conceptual rather than concrete perspectives (Spears, 2004). Thus, a servant-led community fosters generative processes to assist community members to work at their creative best. Certain characteristics can contribute to a stimulating and creative environment, including openness to new ideas, fostering a climate of learning, and promoting a positive outlook.

Creativity has been associated with characteristics such as lateral thinking and inquisitiveness (Kirklin & Meakin, 2003), and it is important to provide opportunities for members of a research community to express themselves—to share their passions and curiosities, and to raise issues they find confounding or that have captured their imaginations. Having a safe place from which to speak is a benefit of membership of a research community that nurtures the development of sensitive relationships between people, and embraces values of respectful collegiality and trust. Being a willing and open listener helps to foster a creative and dynamic milieu because it sets a scene of openness to new ideas and perspectives and reinforces the idea that though we are each at different stages of our journey, we are all learners and we each can learn from listening to others. Indeed, the willingness to listen intently and respectfully to what others have to say is one of the key characteristics of servant leadership.

A community of researchers is essentially a learning community. Membership of a supportive creative environment that embraces opportunities for on-going growth and learning has the capacity to be restorative and stimulating. In her discussion on transformative learning in adulthood, Imel (1998) speaks of communities of knowers, and suggests community frameworks create a social context that promotes learning. In the context of a community of researchers, multi-intervention approaches targeted to meet the development and support needs of people of various levels including RHD students are useful. All members of a research community share the responsibility and commitment for promulgating a creative environment to support the learning of themselves and their fellow community members (Imel, 1998). This commitment can be demonstrated through various measures including some as simple as supporting regular workshops and forums, participation in group discussions on work in progress, and being prepared to contribute to the learning of others through sharing skills and knowledge.

It is important that the community remains positive and buoyant in the face of organisational difficulty and the realities of life in large organisations mean this can be challenging. Maintenance of community energy levels is an integral aspect of maintaining productivity, and participation in creative work increases rather than diminishes members’ energy. However, regular disappointments are a
Servant leadership as a framework for successful supervision and development of research higher degree (RHD) students

Today’s RHD students are tomorrow’s leaders. These students are an integral part of a vibrant research community and have an essential role to play. Servant leadership provides a participatory community framework within which RHD students — the leaders of tomorrow — can thrive, and the research community can assume the role of what Malfroy (2005, p. 165) has termed a “collaborative knowledge sharing environment”. Such an environment fosters a process rather than outcomes focused approach to working with RHD students. Having a process orientation means that, in addition to the conduct of research and thesis writing that are necessarily part of RHD candidature, there is a holistic focus on growing and developing these candidates and preparing them for the leadership roles that await them. This requires that students be encouraged to participate fully in the research community in ways that enhance (rather than diminish) their development as leaders and scholars. Thus, it is necessary to promote leadership opportunities for RHD students, and nurture their membership of the community.

Research quality and funding imperatives have resulted in greater surveillance of RHD students, particularly in relation to entry and timely progression. While in a number of disciplines the traditional route to doctoral studies is via an honours pathway (and this is increasingly so in nursing), frequently nurses and midwives come to doctoral studies through a more circuitous route. Many study part-time while concurrently engaged in paid employment, as well as meeting other pressing personal responsibilities, and it is easy to prioritise these other activities ahead of the obligations associated with RHD candidature. The challenge is to maintain motivation and assist students to devote adequate time to their candidature, so as to permit completion within a reasonable timeframe. Usual processes for working with students include developing timelines with agreed outcomes. However, community processes can enhance these strategies for promoting timely progression. The importance and potential value of student seminars, peer relationships and other collective community activities in supporting and driving doctoral research processes are noted in literature (Malfroy, 2005).

Difficulties with writing can be a block to satisfactory progression for many students. RHD students are tasked to write in particular ways; to become authoritative voices within particular professional and scholarly discourses; to become skilled at “new literacies” (Kamler & Thomson, 2004, p. 197); and to craft text to particular standards of sophistication. Far from being incidental to doctoral research work, writing is central and Malfroy and Thomson (2004) reiterate the importance and value of student writing throughout candidature. Skilled nurse researchers frequently carry substantial supervisory responsibilities (Luker, 2006), and it can be difficult for individual supervisors to initiate and sustain interventions to develop writing skills to the necessary level. However, within a community framework, collaborative strategies including intensive writing retreats, student-writing circles, peer learning relationships and collegial critique can be adopted, with the workload being shared among members of the research community, rather than being carried alone by each single supervisor. These communal strategies provide further opportunities for students to develop their sense of connectedness with members of the research community, including their fellow students. Supervisory relationships are a crucial aspect of successful RHD candidature. The supervisor/student relationship is a purposeful and respectful relationship that is essentially hierarchical in nature. However, notwithstanding the importance of this primary relationship it has been suggested that “postgraduate pedagogy needs to be conceptualized as more than the relationship between a single supervisor and student” (Malfroy, 2005, p. 177). In an ethnographic exploration of the pedagogic practices around doctoral supervision, Malfroy (2005) highlighted a number of potential advantages to RHD students of undertaking candidature within a supportive group framework, akin to a research community. These advantages included the potential for creative collaborative and collective approaches to supervision; access to supportive processes associated with membership of a group of researchers; developing a sense of connectedness to the group; and, processes to support the entry of new students into the community.

Nurturing early career researchers (ECR) within the context of a research community

The concept of stewardship is central to servant leadership (Spears, 2004), and in nurturing the growth of tomorrow’s leaders, servant-led research communities make an important and purposeful contribution to the future state of the discipline. ECR are valuable assets to any research community, and the ECR years — those years immediately following completion of doctoral studies — are crucial in establishing research track-record, and helping graduates to establish themselves as sound and solid researchers.

During this ECR period and within the nurturing framework of a community of researchers, graduates can be supported to extend their repertoire of skills and exposure to a range of new experiences and opportunities. As yet in nursing we do not have a strong tradition of for-
mal post-doctoral programs and so as completion of the higher degree draws near, it can be valuable to work with pending graduates to assist them in developing a personal 5-year development plan that can be regularly reviewed and revised as needed. Ideally, this plan should incorporate development of research skills and expertise as well as other career goals these community members may have, including goals related to developing leadership capacity. A servant-led community fosters the development of leadership skills through participatory processes and shared responsibility (Russell & Stone, 2002), and so is an ideal environment for nurturing leadership potential. Further, within an energetic and dynamic community of researchers there are numerous opportunities for leading activities, projects and programs. To this end, it is important to continue to encourage strong participation of ECR in the range of activities within the research community.

However, these new graduates may also need encouragement to take on new roles such as contributing to scholarship and development of peers through peer review and mentoring activities. Additional strategies for developing this group include ensuring provision of opportunities to contribute to supervision of new students, and inclusion in new research projects, including being among the named investigators on grant applications. Many institutions have specific funding available to support ECR. This can provide resources to ensure that recent graduates are able to build on their doctoral work, possibly addressing some of the implications for further research identified in their theses.

Within a servant-led community, mentoring processes can support and greatly assist ECR during the crucial post-doctoral years. Here it is important that more experienced researchers take a stance of inclusiveness and work with generosity and goodwill to contribute to the development of these emergent scholars and researchers. Not only does this collegial generosity support the development of this ECR group, but it also models desired behaviour — behaviour that these ECR will be encouraged in turn, to emulate to others within the research community. This fosters a capacity building tradition — a tradition of enacting empathic, collegially nurturing, supportive and productive relationships. Thus, there is promulgation of a community-based, collaborative, and collegial culture to a new generation of doctoral prepared emergent nurse leaders, and the cycle of nurturing support may continue.

Concluding remarks

Currently we have a professional environment in which research activities are positioned as a highly valued and desirable, with clinical, managerial and academic nurses all urged to participate in research and research related activities. However, the reality is that many nurses in all sectors face significant challenges when seeking to engage in research. These challenges can be due in part to ongoing organisational difficulties, such as limited human and other resources, disruption associated with restructures, and unsupportive managerial practices. In this context, it can be difficult to prioritise research activities in any committed or sustained way. Furthermore, individualistic organisational cultures can hamper the development of supportive and nurturing collegial relationships, jeopardising the ability of talented neophytes to achieve their full potential as researchers and scholars, and resulting in diminution of research capacity in nursing.

There is a need for strong, effective and nurturing research leadership to mitigate the negative aspects of organisational cultural life, and develop positive environments that foster research capacity. Servant leadership is a model for leadership that, through community processes, encourages connectedness between people, deepens the capacity for supportive collegiality and encourages positive values such as collaboration and cooperation. A servant-led community of researchers can provide stability, support and some insulation against the vagaries of organisational life that when left unanswered, impedes research capacity. Furthermore, a servant-led research community promotes a creative learning environment to support the development of capacity in research, permits a holistic structure to support ECR and RHD candidates, and has the scope to identify and nurture our future research leaders.

References


