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Servant Leadership in Nursing: A Multifactor Systematic Review

Hemşirelikte Hizmetkâr Liderlik: Çok Faktörlü Bir Sistematik Derleme

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Abstract

Servant leadership, an ethics-based leadership approach, focuses on prioritizing the needs and development of employees rather than personal interests, making it highly compatible with the values of the nursing profession such as empathy, ethical responsibility, and service. However, studies on servant leadership in nursing remain limited. This study aims to systematically examine the relationship between servant leadership and nursing by analyzing studies from multiple methodological and thematic perspectives. This systematic review, conducted in accordance with the PRISMA 2020 protocol and employing descriptive content analysis as the analytical method, analyzed 28 studies identified through ScienceDirect, Scopus, Springer, and Web of Science databases based on methodological and content-related criteria. The findings show that research on this topic is largely concentrated in the United States, with limited evidence from other countries. Most studies used quantitative and cross-sectional designs, some applied SEM, and fewer adopted mixed, qualitative, or conceptual approaches. Across the reviewed studies, servant leadership was primarily associated with higher organizational commitment, greater job satisfaction, stronger leader-member exchange, reduced burnout, and improved teamwork. Additional positive effects were reported on patient care quality, leadership development, organizational citizenship behavior, trust, value alignment, spirituality, and psychological safety, with several studies indicating that these outcomes may occur directly or through mediators. The findings suggest that servant leadership is a promising leadership approach for nursing practice, and that further culturally diverse and longitudinal research is needed to strengthen the evidence base.

Keywords: Servant Leadership, Nursing, Systematic Review, Multifactor Analysis, PRISMA.

Öz

Hizmetkâr liderlik, kişisel çıkarları öncelemek yerine çalışanların ihtiyaç ve gelişimini merkeze alan, etik temelli bir liderlik yaklaşımıdır. Bu yönüyle, empati, etik sorumluluk ve hizmet gibi temel değerleriyle hemşirelik mesleğinin etik ve insani boyutlarıyla yüksek düzeyde örtüşmektedir. Bununla birlikte, hemşirelik alanında hizmetkâr liderlik konusuna odaklanan araştırmaların sınırlı olduğu görülmektedir. Bu çalışma, hizmetkâr liderlik ile hemşirelik arasındaki ilişkiyi birden fazla yöntemsel ve tematik perspektiften incelenen çalışmaları analiz ederek sistematik biçimde ortaya koymayı amaçlamaktadır. PRISMA 2020 protokolüne uygun biçimde yürütülen ve analitik yöntem olarak betimsel içerik analizinin benimsendiği bu sistematik derlemede, ScienceDirect, Scopus, Springer ve Web of Science veri tabanlarından elde edilen çalışmalar, yöntemsel ve içeriksel ölçütler doğrultusunda değerlendirilmiş ve toplam 28 çalışma inceleme kapsamına alınmıştır. Bulgular, konuyla ilgili araştırmaların büyük ölçüde Amerika Birleşik Devletleri'nde yoğunlaştığını, diğer ülkelerden elde edilen kanıtların ise oldukça sınırlı kaldığını ortaya koymaktadır. Çalışmaların önemli bir kısmı nicel ve kesitsel tasarımlarla yürütülmüş, bazı araştırmalarda Yapısal Eşitlik Modellemesi (SEM) kullanılmış, daha az sayıda ise karma, nitel ya da kavramsal yöntemlere başvurulmuştur. İncelenen araştırmalarda hizmetkâr liderliğin; örgütsel bağlılığı artırdığı, iş tatminini güçlendirdiği, lider-üye etkileşimini geliştirdiği, tükenmişliği azalttığı ve ekip çalışmasını desteklediği belirlenmiştir. Ayrıca hasta bakım kalitesi, liderlik gelişimi, örgütsel vatandaşlık davranışı, güven, değer uyumu, maneviyat ve psikolojik güvenlik üzerinde de olumlu etkiler saptanmıştır. Bulgular, bu etkilerin bazı durumlarda doğrudan, bazı durumlarda ise aracı değişkenler üzerinden ortaya çıkabildiğini göstermektedir. Bulgular, hizmetkâr liderliğin hemşirelik pratiği için umut verici bir liderlik yaklaşımı olduğuna işaret etmekte; kanıt tabanının güçlendirilmesi için kültürel çeşitliliği göz önünde bulunduran ve boylamsal tasarımlara dayanan ileri araştırmalara ihtiyaç duyulduğunu ortaya koymaktadır.

Anahtar Kelimeler: Hizmetkâr Liderlik, Hemşirelik, Sistematik Derleme, Çok Faktörlü Analiz, PRISMA.

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Servant Leadership in Nursing: A Multifactor Systematic Review

Structural transformations in modern health systems, factors such as the increase in the elderly population, the prevalence of chronic diseases, staff shortages and the pressure for patient satisfaction create serious physical and psychological burdens on health professionals (WHO, 2025). Especially nurses, who are directly responsible for patient care, are among the groups most affected by this situation and face problems such as emotional exhaustion, tendency to leave the job and decrease in organizational commitment (Çınar & Esatoğlu, 2023; Özcan & Yaltagil, 2024). This situation shows that professional knowledge and technical skills alone are insufficient; leadership approaches that support and empower employees and are grounded in ethical values play a critical role in health services (Taskiran Eskici & Baykal, 2021). The inadequacy of traditional authority-based leadership styles in adapting to the changing structure of health institutions has led to a trend towards people-centered and value-based leadership models (Demirci, 2014). Servant leadership stands out as one of the approaches at the center of this trend. This leadership model developed by Greenleaf (1970) is based on the leader's prioritizing service, supporting the development of employees and managing with ethical values (Spears & Lawrence, 2016; Fındıkçı, 2012; Yukl, 2006).

The servant leadership approach manifests itself concretely particularly in nursing practices; it overlaps highly with the ethical and humanitarian values of the nursing profession with its dimensions of understanding the emotional needs of employees, empowering and supporting them (Van Dierendonck, 2011). In this context, it is shown in the literature that servant leadership is significantly associated with positive outcomes such as psychological empowerment, job satisfaction, increased motivation, organizational commitment, reduced burnout and team cohesion in nurses (Fahlberg & Toomey, 2016; Garber et al., 2009; Wei et al., 2018). In addition, there are studies showing that this leadership style is also effective in improving the quality of patient care (Neill & Saunders, 2008). Nonetheless, it is stated that the number of studies in this field is limited, most of them remain at the theoretical level and do not provide holistic models for practice (Eva et al., 2019; Parris & Peachey, 2013). As a matter of fact, it is also stated that many studies in the field of health are conducted with limited samples and are not sufficiently tested in different contexts (Hanse et al., 2016; Anselmo-Witzel et al., 2020). This situation shows that there are significant gaps in the knowledge on servant leadership in nursing. Purwanti et al. (2023) also state that most of the studies are not addressed in a systematic framework and in-depth analyzes remain incomplete. Systematic reviews of the literature show that servant leadership studies are concentrated in areas with high ethical sensitivity such as education, business, and health services. However, it is noteworthy that research on the nursing profession is limited (Eva et al., 2019; Parris & Peachey, 2013). Indeed, studies emphasize that ethical, relational and transformational leadership styles should be examined more intensively in professions that directly affect human life (Garber et al., 2009; Waterman, 2011). This clearly demonstrates the need for systematic, contextualized and holistic research focusing on servant leadership in nursing (Purwanti et al., 2023). In this direction, current study aims to reveal existing situation by analysing 28 academic publications addressing the relationship between servant leadership and nursing and to provide a general framework for servant leadership approach. In this context, the study seeks to address the following research questions:

1. What are the methodological characteristics of studies on servant leadership in nursing?
2. In which thematic areas is servant leadership research in nursing concentrated?
3. What outcomes are associated with servant leadership in nursing contexts, and through what mechanisms do these effects occur?

This systematic review shows that servant leadership in nursing is linked to several key outcomes, such as organizational commitment, job satisfaction, leader-member exchange, reduced burnout, and teamwork. Reflecting a multifactor perspective, the study contributes to the literature by integrating evidence from 28 studies and providing practical insights for nursing leadership.

Theoretical Framework

Organizational Aspects of Servant Leadership

Servant leadership, an ethics-based leadership approach, was first conceptualized by Robert K. Greenleaf in his 1970 essay titled "The Servant as Leader". According to Greenleaf, servant leadership is shaped by an understanding of service that prioritizes the needs of others and aims to support their development rather than a position or authority (Greenleaf, 1970; 1977). In contrast to traditional leadership approaches, this approach offers a philosophy based on values such as empathy, self-sacrifice, listening and ethical responsibility (Spears, 1995). The servant leadership approach, which Greenleaf defined at an abstract level, was systematized by Spears (1995) in ten basic dimensions. These dimensions are: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Spears, 1995). Spears' classification provided a foundational framework that later scholars used to make servant leadership a more concrete and measurable model in organizational contexts (Eva et al., 2019). Since the 1970s, the theoretical richness of servant leadership in the literature has increased; studies have generally focused on three main axes: defining conceptual dimensions (Greenleaf, 1977; Spears, 1995), modeling, and scale development (Akdöl, 2015; Eva et al., 2019).

Laub (1999) considered servant leadership as an organizational culture and provided a six-dimensional model by emphasizing that leaders should focus on the development of followers rather than their own interests. Based on this model, he developed the Organizational Leadership Assessment (OLA) scale, which is widely used to assess organizational leadership environments (Laub, 1999; Irving & Longbotham, 2007). Similarly, Page and Wong (2000) explained servant leadership with a holistic model based on factors such as character-orientation, people-orientation, task-orientation, and process-orientation. Patterson (2003) redefined this approach within the framework of virtue-centered principles such as agapao love, humility, altruism, and vision. Dennis and Bocarnea (2005), based on Patterson's virtue-based servant leadership model, developed an original scale to empirically test this approach. This scale was designed to measure the degree to which leaders integrate love-based attitudes with intrinsic virtues such as humility and altruism, thus enabling the analysis of the emotional and ethical dimensions of servant leadership with quantitative data (Dennis & Bocarnea, 2005). Additionally, Washington et al. (2006) defined the core values of servant leadership as empathy, integrity, and competence emphasizing that these elements shape both leader behaviors and followers' perceptions of leaders. Alongside these models, approaches directly linking servant leadership to organizational functioning have also been developed. In this context, the seven-dimensional model developed by Liden and colleagues highlights elements such as emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow and succeed, putting subordinates first, and behaving ethically (Liden et al., 2008). The fact that this model covers behavioral, ethical and psychological leadership characteristics has led to its wide acceptance in the literature (Eva et al., 2019). Van Dierendonck (2011) further deepened this understanding of leadership at the psychological and interpersonal levels by structuring servant leadership in six basic dimensions: empowering and developing people, authenticity, humility, interpersonal acceptance, providing direction, and stewardship. Later, in his study with Patterson, they emphasized the emotional aspect of leadership by positioning "compassionate love" as an antecedent and cornerstone of this structure (Van Dierendonck

& Patterson, 2015). Thanks to these efforts, servant leadership has matured theoretically as a leadership approach based on human orientation, ethical values and serving rather than using power (Akdöl, 2015).

Servant Leadership in Nursing

Given their direct interaction with patients, nurses are expected to combine clinical knowledge and technical skills with managerial competencies, including empathic communication, emotional intelligence, and team coordination (Uğurluoğlu et al., 2015; Taskiran Eskici & Baykal, 2021). In this context, it is stated that individual-centered and supportive leadership approaches have positive effects on nurses' professional satisfaction and psychological resilience (Jenkins & Stewart, 2010; Özer, 2019). It is also argued that values such as empathy, ethical responsibility, listening, supporting and contributing to development, which form the basis of servant leadership, strongly overlap with the humanitarian, ethical and professional principles adopted by the nursing profession (Neill & Saunders, 2008; Swearingen & Liberman, 2004). It is emphasized that dimensions such as empathy, listening, healing, and community building in Spears' servant leadership model can increase nurses' capacity to cope with emotional burnout, high workload, and occupational stress (Spears, 1995; Swearingen & Liberman, 2004).The seven-dimensional servant leadership model developed by Liden and colleagues (2008) (emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow and succeed, putting subordinates first, and behaving ethically) provides a functional framework for nursing environments in terms of covering leadership behaviors that strengthen team solidarity and improve the quality of patient care (Liden et al., 2008).

In addition to these, when other studies in the literature are examined, it is seen that the effects of servant leadership on the nursing profession are addressed in different dimensions and concentrated around themes such as employee welfare, leader-member relationships, organizational effectiveness, and leadership development (Anderson et al., 2017; Fahlberg & Toomey, 2016; Garber et al., 2009; Mustard, 2020). Studies show that servant leadership has positive effects on nurses' job satisfaction (Jenkins & Stewart, 2010) and intention to stay in the organization (Anselmo-Witzel et al., 2020). Furthermore, Ma et al. (2021) found that servant leadership significantly reduces nurses' burnout levels by fostering psychological safety. Moreover, it was also emphasized that this leadership approach strengthens nurses' quality of work-life and organizational citizenship behaviors (Bayati et al., 2025).

On the other hand, servant leadership has the potential to enhance individual well-being while simultaneously improving service quality and patient satisfaction through the creation of a virtue-based organizational culture (Mustard, 2020; Neubert et al., 2022; Purwanti et al., 2023). Focusing on leadership practices in the field of nursing, Fahlberg and Toomey (2016) argued that servant leadership supports the development of ethical leadership skills in clinical management roles. In Luk's (2018) study, it was emphasized that this form of leadership provides a guiding structure in the professional development processes of nurses who lead. Tropello and DeFazio (2014) stated that servant leadership makes functional contributions to the development of nurses' clinical decision-making competencies and managerial skills.

In addition, servant leadership fosters value congruence and trust, which in turn enhance leader effectiveness and nurses' willingness to exert additional effort (Han & Kim, 2012). Maglione and Neville (2021) stated that the inherent link between servant leadership and spirituality helps nursing students develop a leadership approach based on human dignity and compassionate care. Similarly, Olvera et al. (2018) highlighted that servant leadership provides ethical guidance and supports value-based decision-making processes in clinical nursing practice. Furthermore, Waterman (2011) emphasized that servant leadership plays a transformative role in professional development by nurturing followers to reach their full potential and increasing value-centered care capacity in health services.

Method

This study was structured as a mixed-methods systematic review based on descriptive content analysis to examine the outputs of studies in the field of nursing conducted with a servant leadership approach. Within the scope of the research, academic publications addressing the theoretical and practical aspects of this relationship were systematically evaluated. The literature review process was conducted in line with the systematic search and review typology proposed by Grant and Booth (2009). A mixed-methods systematic review design was preferred because the existing literature on servant leadership in nursing encompasses a diverse range of study types, including quantitative, qualitative, conceptual, and mixed-methods studies; therefore, a single-method review approach would have been insufficient to capture the full breadth of evidence in this field. The study was based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 statement to ensure methodological consistency and reporting quality (Page et al., 2021). The studies identified through the screening strategy were evaluated according to predetermined inclusion and exclusion criteria; the publications included in the final sample were contextually examined using thematic analysis.

Screening Strategy

In this systematic review, a literature search was conducted in the ScienceDirect, Scopus, SpringerLink, and Web of Science databases to access publications appropriate for the research purpose. ScienceDirect and SpringerLink are among the databases frequently preferred in literature searches, especially because they comprehensively index high-impact, peer-reviewed journals published in the health sciences and nursing disciplines, offering full-text access to these resources. Furthermore, Scopus and Web of Science are reliable sources frequently used in systematic reviews due to their multidisciplinary structures and powerful citation analysis systems (Falagas et al., 2008). Google Scholar, on the other hand, was not included in the study. Although it has a wide coverage, it presents significant deficiencies in terms of duplicate references, update frequency, and the reliability of citation accuracy for systematic reviews (Falagas et al., 2008). During the search process, the terms "nursing" and "nurse" were used in combination with the key term "servant leadership". The database search was conducted between May 15, 2025, and June 17, 2025. The search results were transferred to the EndNote reference management software, duplicate records were eliminated (Bramer et al., 2016), and the remaining studies were evaluated according to predetermined inclusion and exclusion criteria.

Inclusion and Exclusion Criteria

Inclusion Criteria

The studies to be included in this systematic review were selected based on specific criteria. Only studies published in English were considered for inclusion. Accordingly, the fundamental criterion was that the studies were conducted within the field of health services, particularly in the context of the nursing profession. Furthermore, studies that directly addressed the servant leadership approach and included conceptual frameworks, models, findings, results, or interpretations related to this approach were included in the review. During the evaluation process, both the thematic relevance of the studies and their full-text accessibility were considered primary criteria. No limitations were imposed regarding research methodology; studies conducted using qualitative, quantitative, or mixed methods were all included.

Nonetheless, the studies evaluated within the scope of the systematic review were analyzed not only for their contextual appropriateness but also for their methodological quality. For this purpose, the Mixed Methods Appraisal Tool (MMAT) - 2018 version was utilized. The MMAT is a holistic tool developed for the quality assessment of quantitative, qualitative, and mixed-methods studies and is widely preferred in systematic reviews (Hong et al., 2018). It provides a systematic, comparable, and reliable

assessment based on five core criteria specific to different study designs. In this context, each study was classified according to its method category (qualitative, quantitative descriptive, quantitative nonrandomized, quantitative randomized controlled, or mixed) and evaluated using the corresponding five-question checklist. Following the quality appraisal, the criterion ratings of each study were recorded, and the overall methodological quality was taken into account during the synthesis process.

In line with the MMAT 2018 guidelines, an overall numerical score was not calculated to exclude studies. Instead, quality ratings served as a reference point to strengthen the methodological context in interpretative analyses. Consequently, certain studies that met at least three of the five MMAT criteria were still included in the systematic review because their thematic contributions were deemed highly valuable; as Garside (2014) emphasizes, excluding studies solely based on methodological flaws can result in the loss of important contextual and conceptual insights. Thus, the principle of holistic evaluation was observed not only in terms of scientific rigor but also thematic depth. Conversely, for conceptual, theoretical, or interpretative studies that are not based on empirical samples and do not involve a systematic data collection process, the MMAT assessment was marked as 'not applicable'.

Exclusion Criteria

Within the scope of this systematic review, publications that did not meet the research questions and inclusion criteria determined in line with the PRISMA 2020 guidelines were excluded (Page et al., 2021). First of all, studies that were outside the nursing context and not directly related to health services were excluded. In addition, although related to the field of nursing, studies that only addressed health management, organizational structure, or general leadership principles and did not contain findings, frameworks, or interpretations specific to servant leadership were also excluded. This aligns with methodological precedents in servant leadership systematic reviews that require the construct to be the primary topical theme (Parris & Peachey, 2013). Furthermore, publications for which only the abstract text was available and full-text access was not possible were excluded. To ensure methodological consistency and high evidence quality, short conference proceedings, poster presentations, editorials, repetitive publications, and content lacking the format of empirical scientific articles were not included in the review.

Included Studies

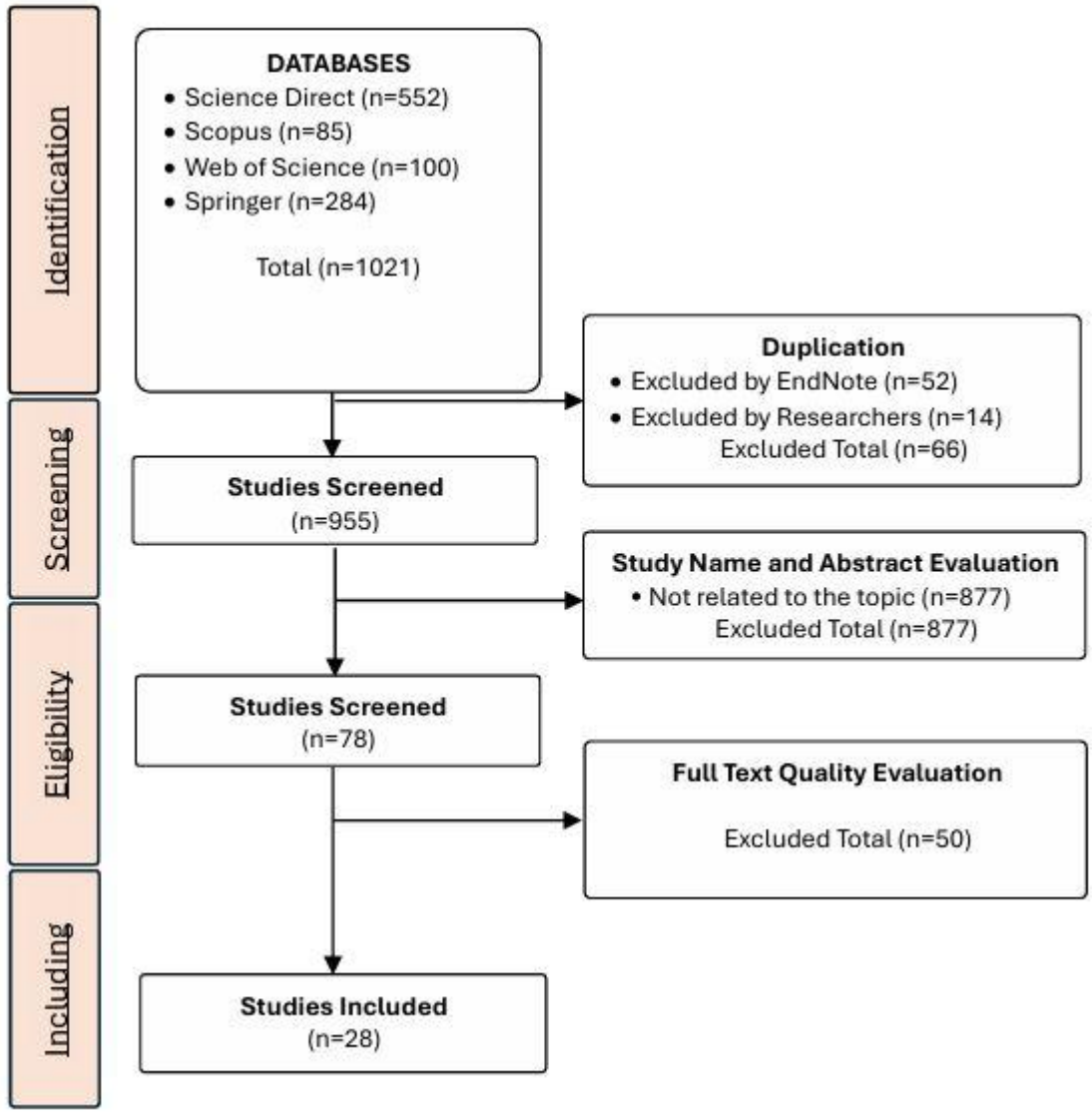
As a result of the database search based on the keywords used for the research, a total of 1021 studies related to the research topic were identified: ScienceDirect (n=552), Scopus (n=85), SpringerLink (n=284), and Web of Science (n=100). In the first stage, 52 duplicate records were eliminated through the automatic deduplication feature of the EndNote reference management software, and an additional 14 duplicate records were removed through manual review by the first researcher. Thus, a total of 955 studies were included in the preliminary evaluation. During the title and abstract screening stage, 877 studies that were not directly related to the topics of servant leadership and nursing were excluded from the sample. As a result of this preliminary evaluation, the remaining 78 studies were subjected to a full-text review. In the full-text evaluation process, a total of 50 studies were excluded based on predetermined content appropriateness, accessibility, and academic format criteria. In addition, the Mixed Methods Appraisal Tool (MMAT) - 2018 version was used to assess the methodological quality of the studies. Each study was evaluated according to its method category using a five-item checklist, and the quality ratings obtained from this appraisal were recorded. For mixed-methods studies, the relevant criteria sets were applied separately for the qualitative, quantitative, and mixed-methods components in accordance with MMAT 2018 guidelines. In accordance with the MMAT guidelines, these results were not used as exclusion criteria but served as a supporting reference in the interpretative analyses. Consequently, 28 studies that met all inclusion criteria were included in the systematic review, and the entire selection process was reported using the PRISMA 2020 flow diagram (Figure 1).

Synthesis and Presentation of Findings

A narrative and tabular approach was adopted to synthesize and present the findings of previous studies (Grant & Booth., 2009; McArthur et al., 2015).

Figure 1

Systematic Review Diagram of Studies on Servant Leadership in Nursing



Findings

The distribution of the 28 studies by country shows that the research on servant leadership and nursing is largely centered in the United States (USA). The USA is by far the largest contributor to the literature, accounting for 17 studies (60.71%).

Contributions from countries other than the USA remain relatively limited. Apart from South Korea (n = 2; 7.14%), only one study from each of the following countries was included in the review: Australia, Italy, Sweden, Pakistan, Iran, Hong Kong, Indonesia, the United Kingdom, and Egypt. The 11 studies from these remaining countries account for 39.29% of the total sample.

Table 1

Distribution by Countries

Country	**Number of Studies**	**%**
USA	17	60,71
South Korea	2	7.14
Australia	1	3.57
Italy	1	3.57
Sweden	1	3.57
Pakistan	1	3.57
Iran	1	3.57
Hong Kong	1	3.57
Indonesia	1	3.57
UK	1	3.57
Egypt	1	3.57
Total	28	100

Table 2

Distribution by Research Types and Methods

Method / Research Type	**Number of Studies (n)**	**%**
Quantitative Study- Cross-sectional	8	28,57
Quantitative- Structural Equation Modeling (SEM)	7	25,00
Conceptual/Theoretical Analysis & Literature Review	7	25,00
Qualitative Study- Case Study / Ethnographic	4	14,29
Mixed Methods- Intervention & Qualitative Reflection	1	3.57
Quantitative Study- Psychometric Validation	1	3.57
Total	28	100

When the literature on servant leadership and nursing is examined, it is noteworthy that most of the studies were conducted with designs based on quantitative methods. Of the 28 studies, 28.57% (n=8) were cross-sectional quantitative studies, and these studies addressed the relationships between servant leadership and various outcome variables at a correlational level (e.g., Maglione & Neville, 2021; Bayati et al., 2025). These correlational studies show that servant leadership has significant relationships with outcomes such as job satisfaction (Jenkins & Stewart, 2010), intention to stay on the job (Anselmo-Witzel et al., 2020), and organizational citizenship behaviour (Bayati et al., 2025) (Table 2).

However, 25% of the studies (n=7) tested complex relationships between variables using Structural Equation Modelling (SEM), with a particular focus on mediating and moderating mechanisms. For instance, Han and Kim (2012) demonstrated that leader trust and value congruence mediated the effects of servant leadership on leader effectiveness and additional effort, while Ma et al. (2021) found that psychological safety served as a mediator in reducing nurses' burnout. Similarly, Mostafa and Abed El-Motalib (2019) showed that employee proactive behaviors are shaped through the mediating role of leader-member exchange (LMX). Furthermore, Neubert et al. (2022) utilized SEM to reveal that servant leadership reduces workplace incivility and improves patient outcomes by fostering a virtuous unit climate.

Regarding mixed-methods approaches (n=2, 7.14%), two studies stand out. Anderson et al. (2017) examined both quantitative intervention effects and qualitative reflections within the scope of an application led by nursing students. This study reported a 37% cost reduction in emergency department utilization and improved students' empathy and leadership skills. Similarly, Luk (2018) utilized pre- and post-test surveys alongside qualitative reflective essays to demonstrate that a leadership enhancement program significantly improved senior nurse managers' servant leadership capabilities and workplace well-being. Qualitative research is limited to four studies (n=4, 14.29%) and is mainly based on case studies and ethnographic approaches. While Neill and Saunders (2008) revealed the impact of servant leadership on the quality of patient care in a case-based study, Ramer (2008) emphasized that the supportive approach of a leader after a traumatic event rebuilt the morale of nurses. The remaining studies consist of conceptual and theoretical analyses. These studies discuss the ethical foundations of servant leadership, its potential for integration with the nursing profession, and its relationship with professional role models. For example, Waterman (2011) grounded servant leadership as an ethical leadership model, while Fahlberg and Toomey (2016) and Swearingen and Liberman (2004) emphasized that this form of leadership is based on values such as empathy, listening, and community building. Olvera et al. (2018) stated the central role of servant leadership for advanced practice nurses in balancing both clinician and leader roles. Furthermore, Thomas et al. (2018) showed that servant leadership principles support nurse development in leadership education and preceptorship practices. From a historical perspective, Russell and Middleton (2021) argued that Frances Gillam Holden's ethical vision played a leading role in the historical transformation of servant leadership in nursing leadership.

One of the most examined concepts in the literature related to servant leadership is job satisfaction. It has been emphasized that servant leadership increases nurses' job satisfaction and that the leader's empathy, support, and provision of a meaningful vision are determinant in this effect (Jenkins & Stewart, 2010; Neubert et al., 2016). The theme of burnout was addressed in several studies; these studies revealed that servant leadership has a mitigating effect on emotional exhaustion (Ma et al., 2021). It has been stated that factors such as psychological safety play a mediating role in this effect. Psychological safety was examined as a theme in which servant leadership contributed to employees feeling more open about expressing themselves, making mistakes, or giving feedback (Ma et al., 2021).

Furthermore, spirituality was examined in the context of servant leadership's congruence with individuals' value systems and its role in nurturing intrinsic motivation; this leadership style was found to support nurses' processes of finding professional meaning (Maglione & Neville, 2021; Mustard, 2020). The concept of value congruence has been emphasized as a structure in which the effect of servant leadership is felt more strongly when there is an ethical and ideological closeness between the leader and the employee (Han & Kim, 2012). In this context, the trust variable plays a critical role in reinforcing the leader's sincerity and consistency, as well as employees' perception of psychological safety and leader effectiveness (Han & Kim, 2012) (Table 4).

Table 3.

Distribution of the Number of Studies According to Themes

Themes	**Number of Studies (n)**
Organizational Commitment	6
Job Satisfaction	5
Leader Member Interaction (LMX)	5
Burnout	4
Team Collaboration	4
Organizational Citizenship Behavior (OCB)	3
Trust	3
Leadership Development	3
Psychological Trust	2
Spirituality	2
Value Alignment	2
Quality of Patient Care	2

Note. Since an article was coded under more than one theme, the total number may exceed the number of articles included.

Job satisfaction, quality of work-life, and intention to stay have been among the most studied outcome variables in the servant leadership literature. Servant leadership has been shown to increase employees' professional satisfaction and retention through the leader's meaning-making and supportive role (Anselmo-Witzel et al., 2020; Jenkins & Stewart, 2010; Bayati et al., 2025). Organizational citizenship behavior (OCB) has been defined as another outcome in which servant leadership increases employees' voluntary efforts, their tendency to help their colleagues, and their extra-role behaviours towards the organization (Bayati et al., 2025). Patient care quality stands out as an area where servant leadership enables nurses to approach care processes more effectively, selflessly, and holistically (Mustard, 2020; Neubert et al., 2016; Neubert et al., 2022; Waterman, 2011). The theme of leader-member exchange (LMX) is directly linked to the trusting, egalitarian, and developmental relationship that servant leadership establishes with employees (Hanse et al., 2016; Mostafa & Abed El-Motalib, 2019). Leadership development has been defined as an area where servant leadership contributes to the development of not only existing leaders but also potential leaders in the organization (Fahlberg & Toomey, 2016; Luk, 2018; Mustard, 2020). Finally, team collaboration is another important outcome in

which servant leadership improves patient safety and quality of care by promoting processes such as mutual support, openness, and joint decision-making among team members (Garber et al., 2009; Mustard, 2020; Waterman, 2011) (Table 4).

When the publication years of the studies are evaluated, it is seen that studies on servant leadership and nursing have increased over time. Analyzing the publication period distribution reveals that 5 studies were published between 2004-2010, 10 studies between 2011-2020, and 13 studies between 2021-2025. This distribution indicates that academic interest in the subject has increased significantly, particularly in the last five years.

When the sample sizes used in the empirical studies are examined, significant differences are noteworthy. One of the smallest samples belongs to Maglione and Neville (2021), which was conducted on undergraduate and graduate nursing students with 66 participants. The largest sample belongs to Neubert et al. (2022), which was conducted across 71 hospital units in the USA with 1,485 nurses. In other quantitative studies, sample sizes vary according to the method and context of the research (Han & Kim, 2012; Jenkins & Stewart, 2010; Ma et al., 2021).

However, some studies are not based on a specific sample group and evaluate the phenomenon of servant leadership through conceptual and theoretical approaches. For example, Fahlberg and Toomey (2016), Swearingen and Liberman (2004), Tropello and DeFazio (2014), and Waterman (2011) addressed the place of servant leadership in the nursing context through literature reviews and theoretical analyses. Similarly, Mustard (2020) and Olvera et al. (2018) discussed the servant leadership model from the perspectives of organizational structure, management policies, and nursing leadership; nonetheless, these studies did not include quantitative data collection or a specific sample definition. In Thomas et al.'s (2018) study, strategies for nurse preceptorships were presented, emphasizing the practical aspect of leadership development rather than just a theoretical framework. This situation reveals that research on servant leadership exhibits two main trends: on the one hand, empirical studies that statistically analyze outcomes such as nurses' job satisfaction, burnout, organizational citizenship behavior, and leader-member exchange (Han & Kim, 2012; Jenkins & Stewart, 2010; Hanse et al., 2016; Ma et al., 2021), and on the other hand, conceptual studies that theoretically examine the ethical, value-based, and visionary aspects of leadership.

Table 4

Summary Findings of the Study

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
1	Anderson et al. (2017)	To evaluate the impact of a nursing student-led intervention based on servant leadership, caring theory, and behaviour change models on reducing emergency department use by super utilizers.	USA	Quality improvement project; case-based practical training and outcome measurements	23 super utilizers (1st semester) 20 super utilizers (2nd semester)	ED referrals dropped from 710 to 510, a 37% reduction in costs. Students developed empathy, leadership, and teamwork skills. The program was successfully continued in the second semester and reported as a positive experience for the students.	4 criteria met
2	Anselmo-Witzel et al. (2020)	To describe millennial nurses' perceptions of nurse managers' servant leadership characteristics and their relationship with intention to stay at work.	USA	Quantitative, correlational research; Servant Leadership Survey (SLS) was used.	116 millennial nurses	A positive relationship was found between servant leadership and intention to stay at work; the highest rating was obtained in the dimension of accountability, and the lowest rating was obtained in the dimension of forgiveness.	4 criteria met
3	Fahlberg & Toomey (2016)	Promoting servant leadership as an appropriate model for nurse leadership development.	USA	Conceptual review / application examples	----	Servant leadership overlaps with nursing values and strengthens nurse leadership with dimensions such as empathy, listening, and community building.	Not applicable
4	Garber et al. (2009)	To examine collaboration attitudes and self-perceptions of servant leadership traits among nurses, physicians, and physician assistants.	USA (a health system in the Southeast region)	Descriptive, comparative cross-sectional study; online survey	Within the scope of the study, an online survey was sent to 2,660 nurses, 447 physicians and 171 physician assistants; a total of 497 people responded to the survey and these responses were analyzed.	Nurses scored higher in collaboration and servant leadership traits; there was a weak positive relationship between collaboration and servant leadership in the nurse group, but no significant relationship in other groups.	3 criteria met
5	Han & Kim (2012)	This study examines the effects of nurses' perceptions of servant leadership on leader effectiveness, leader satisfaction, and nurses' tendency to make extra effort. In particular, it investigates whether leader trust and value congruence play a mediating role in these effects.	South Korea	Quantitative method; descriptive research analyzed using structural equation modeling (SEM).	361 nurses and RN-BSN students (who participated in the in-service training program).	The direct effects of servant leadership perception were negative. However, when mediating variables such as leader trust and value congruence were introduced, these factors were found to have positive effects on leader effectiveness, leader satisfaction, and extra effort. Servant leadership is effective through trust and value congruence rather than directly.	4 criteria met

Table 4 (continued)

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
6	Johansson Hanse et al. (2016)	Examining the effects of sub-dimensions of servant leadership on leader-member exchange (LMX).	Sweden	Cross-sectional research, survey-based data collection.	240 health workers, mostly nurses, from 4 hospital units in Sweden.	Significant correlations were found between all dimensions of servant leadership and LMX. The strongest relationships were with humility (r = 0.69) and empowerment (r = 0.67). Hierarchical regression analyses revealed that the dimensions of empowerment, humility, and stewardship explained 55% of the LMX variance.	5 criteria met
7	Jenkins & Stewart (2010)	To empirically test the effect of nurse managers' servant leadership tendencies on nurses' job satisfaction.	USA	Quantitative, multivariate regression analysis; survey on nurse-manager dyads.	210 nurses working in 17 wards across a five-hospital system.	It has been observed that managers' servant leadership tendencies positively affect employee satisfaction. Job satisfaction is higher in departments with a high servant leadership perception.	4 criteria met
8	Kwak & Kim (2022)	To test the effect of transformational and servant leadership on organizational socialization of new nurses and the mediating role of collective efficacy.	South Korea	Quantitative, hierarchical regression, Sobel test.	121 new nurses.	The leadership style of nurse managers was effective in the adaptation process of new nurses to work, and the belief in achieving together as a team (collective efficacy) partially mediated this effect.	4 criteria met
9	Luk (2018)	To evaluate the effectiveness of a one-year leadership development program based on the servant leadership approach.	Hong Kong	Mixed methods: Content analysis of pretest-post-test questionnaires and reflective writings.	42 senior nurse managers (26 completed both pre- and post-tests).	A significant increase was observed in servant leadership and workplace well-being scales, which was also supported by qualitative data from reflective essays.	4 criteria met
10	Ma et al. (2021)	To examine the role of servant leadership in reducing burnout in nurses during the COVID-19 pandemic and the mediating effect of psychological safety in this relationship.	Pakistan	Cross-sectional quantitative study; 3 waves of data collection; Partial Least Squares (PLS-PM) structural equation modeling was used.	443 nurses working in 5 public hospitals.	Servant leadership and psychological safety reduce nurses' burnout. Psychological safety significantly mediates this relationship.	5 criteria met

Table 4 (continued)

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
11	Maglione & Neville (2021)	To determine the levels of servant leadership and spirituality in nursing students and to examine the relationship between these two concepts.	USA	Quantitative, correlational survey model; a questionnaire was applied using Servant Leadership and Spirituality scales.	66 undergraduate and graduate nursing students (BSN, MSN and doctoral level).	Both servant leadership and spirituality levels were found to be high. A significant and positive relationship was found between these two characteristics. While servant leadership traits increased in master's students, they decreased in doctoral students. Researchers suggest that individuals who choose nursing may have innate servant leadership and spirituality traits.	4 criteria met
12	Mohammadpour Bayati et al. (2025)	To examine the relationship between head nurses' servant leadership style and nurses' quality of work life and organizational citizenship behavior.	Iran	Cross-sectional and correlational study; multivariate regression and Pearson correlation analysis were performed.	344 nurses working in 5 hospitals in Iran.	A strong and significant relationship was found between head nurses' servant leadership style and nurses' quality of work life and organizational citizenship behavior (OCB). In addition, a positive relationship was found between quality of work life and OCB. It was observed that factors such as servant leadership, quality of work life, gender and shift system significantly affected the organizational citizenship behaviors exhibited by nurses.	5 criteria met
13	Neubert et al. (2022)	This study aims to examine how servant leadership can influence patient care outcomes by creating a virtuous climate and reducing workplace incivility.	USA	Quantitative research with multi-source data; modeling based on social learning and social information processing theories.	1,485 nurses in 71 hospital units.	Servant leadership promotes a virtuous climate, which reduces incivility within the team and improves the quality of patient care. The research shows that incivility has negative effects not only on employees but also indirectly on patients.	5 criteria met
14	Mostafa & Abed El-Motalib (2019)	To examine the effect of servant leadership on proactive behavior and the mediating role of leader-member exchange (LMX) in this relationship in public hospitals in Egypt.	Egypt	Quantitative study analyzed with structural equation modeling (SEM); data were collected from nurses via questionnaire.	Nurses working in an Egyptian public hospital (sample size not specified in PDF).	Servant leadership positively affects nurses' proactive behaviors by increasing leader-member exchange. LMX was found to be a significant mediator variable in this relationship.	4 criteria met

Table 4 (continued)

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
15	Mustard (2020)	Explain the adoption of the servant leadership model by the Veterans Health Administration (VHA) and present examples of its application and impact.	USA	Conceptual and narrative work. Analysis through examples of practice, personal experiences, historical development, and presentation of VHA policies.	A specific numerical sample is not specified. Nonetheless, it is based on nurse leaders within the VHA.	Servant leadership has been formally adopted and measured at the VHA. This approach empowered nurse leaders and enabled them to act with high morale and a sense of mission despite challenges. Servant leadership increases employee satisfaction and positively affects the quality of patient care.	Not applicable
16	Neill & Saunders (2008)	To describe how servant leadership principles were applied in a healthcare organization and their impact on patient care quality and employee satisfaction.	USA	Case study / practice-based case narrative (qualitative case study, not quantitative).	Nurses in the Intensive Care Unit at a VA Medical Center.	When servant leadership principles (listening, empathy, improvement, awareness, persuasion, conceptualization, etc.) were applied, both employee satisfaction and patient care quality increased. Staff turnover rates decreased, while team spirit and cooperation strengthened.	4 criteria met
17	Neubert et al. (2016)	To examine the effects of servant leadership on both nurse behaviors and patient satisfaction and how organizational structure reinforces these effects.	USA	Quantitative research; a multilevel model was tested using multilevel modeling and moderated mediation analysis with nurse and manager data.	1,485 nurses and 105 nurse managers in 9 hospitals.	Servant leadership is directly related to nurses' helpful and creative behaviors. It also has an indirect effect on patient satisfaction through nurse job satisfaction. Organizational structure functions as a moderator that enhances these effects of servant leadership.	4 criteria met
18	Olvera et al. (2018)	To describe how advanced practice registered nurses (APRNs) adopt the servant leadership model in their leadership roles and the impact of this approach on nursing practice.	USA	Conceptual assessment, case example, literature-based.	No specific number of participants; advanced practice nurses (APRNs).	APRNs play both provider and leader roles in health care. Servant leadership supports this dual role, fostering nurse growth and organizational transformation through values such as empathy, humility, foresight, and responsibility. The model's impact is embodied by the exemplary leadership of Dr. Mae Centeno.	Not applicable

Table 4 (continued)

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
19	Purwanti et al. (2023)	To examine the effects of servant leadership in nursing on nurses and patients.	Indonesia	Literature Review (covering 2012-2022).	Included 4 articles from ScienceDirect, ProQuest, Scopus, ClinicalKey, and SpringerLink databases.	Servant leadership increases innovative behaviors, job performance, and satisfaction in nurses and increases satisfaction with health care services in patients. This leadership style has positive outcomes for both the team and the patient.	Not applicable
20	Russell & Middleton (2021)	Examining Frances Gillam Holden's vision of servant leadership within late 19th-century Australian nursing from a historical perspective.	Australia	Qualitative analysis - historical documents, literature review, and critical reflection.	Historical figure: Frances Gillam Holden (1843-1924); no direct sampling, documents and writings were analyzed.	Holden's leadership style represents the ethical, collaborative, and supportive aspects of servant leadership. Her hospital reforms, emphasis on education, and public writings transformed nursing leadership.	5 criteria met
21	Sittler & Criswell (2019)	This study describes how a chief nursing officer (CNO) trained future nurse managers using a mentoring method called the Dyad Model and how this process evolved into a planned succession strategy.	USA	Case study - experiential practice, observation, and personal narrative.	A CNO (Sittler) and an ACNO candidate (Criswell); an in-house leadership development experience.	The Dyad mentoring model enabled the ACNO to rise to the CNO position through strong communication, a trusting relationship, and professional development; the mentoring process created growth for both parties.	3 criteria met
22	Sturm (2009)	To define the principles of servant leadership in community health nursing management and to evaluate the behaviors of managers in this context.	USA	Qualitative - ethnographic research (observation and interviews).	Nurses working in the field of community health nursing, supervisors, managers, and nurses accompanying home visits.	Three main themes of servant leadership were identified: acceptance of individual value and respect, fairness in workload and decision-making processes, and a voluntary relationship in manager-employee collaboration. This model increases nurses' empowerment, satisfaction, and collaboration.	3 criteria met
23	Swearingen & Liberman (2004)	To discuss the applicability of the servant leadership model in nursing.	USA	Conceptual/interpretative article - literature review and case studies.	No sample - theoretical and proposal-oriented analysis.	The servant leadership model can increase the morale of nurses, improve the working environment, and contribute to workforce continuity through values such as empathy, listening, honesty, and empowerment.	Not applicable

Table 4 (continued)

No	Study	Aim	Country	Method	Sample	Conclusion	MMAT Rating
24	Thomas et al. (2018)	To present strategies for effective preceptorship (clinical educator nursing) in the practical education processes of new graduate nurses or students and to discuss the servant leadership approach as a theoretical basis.	USA	Theoretical/conceptual article structured based on practice recommendations and literature review.	No sample (theoretical/conceptual content).	Eight strategies for effective preceptorship are presented: establishing a working relationship, setting goals, creating a respectful learning environment, identifying learning styles, giving feedback, being a resource, communicating with faculty members, and recognizing personality mismatches. Servant leadership is suggested as an appropriate approach for the preceptorship role.	Not applicable
25	Tropello & DeFazio (2014)	To explain the impact of servant leadership in nursing administration and academia on future nurses and team members and its contribution to healthcare transformation.	USA	Theoretical/conceptual article; literature-based evaluation and application suggestions.	No sample - theoretical lecture and pedagogical evaluation.	The servant leadership model is presented as an effective transformation tool for nursing leaders and educators. Especially in the teaching environment, servant teaching improves students' self-confidence, social responsibility, and cooperation. Moreover, this leadership approach positively influences internal team productivity, the quality of the work environment, and patient care outcomes.	Not applicable
26	Waterman (2011)	To examine the concept of service in the context of modern health and social care and explain how servant leadership principles can enhance leadership practice.	UK	Theoretical/conceptual article - literature-based analysis and interpretative evaluation.	No sample - conceptual and qualitative content.	Servant leadership offers a visionary, community-sensitive, empathetic, and collaborative leadership approach that prioritizes employee development. This approach improves the quality of nursing care, strengthens team collaboration, and encourages the leader to act with a sense of service.	Not applicable
27	Bobbio & Manganelli (2015)	To test the relationship between variables such as servant leadership, organizational support, trust, and burnout with the intention to leave the hospital.	Italy	Quantitative analysis using structural equation modeling (SEM/LISREL).	Nurses from two different Italian hospitals (n > 200).	Servant leadership reduces burnout and lowers the intention to leave the job through the mediating role of trust.	5 criteria met
28	Ramer (2008)	To evaluate the role of the servant leadership model in managing the traumatic process in a nursing unit following a drug diversion incident.	USA	Case-based experience narrative; description of the leadership process applied in the department after a specific nurse's drug abuse.	A nursing unit affected by an operating room nurse's drug abuse.	Servant leadership is emphasized as effective in managing the grieving process of employees after traumatic events and rebuilding morale and cooperation. The leader's characteristics, such as empathy, persuasion, awareness, and foresight, are at the forefront.	3 criteria met

Discussion and Conclusion

This systematic review analyzed 28 studies to examine the effects of servant leadership in nursing and revealed its multidimensional outcomes. Across the reviewed studies, servant leadership was most consistently associated with enhanced organizational commitment, increased job satisfaction, stronger leader–member relationships, reduced burnout, and improved teamwork. However, the evidence base of this review is subject to several limitations. A considerable proportion of the included studies relied on cross-sectional designs, which preclude causal inferences. Several studies were conducted with relatively small and homogeneous samples, limiting generalizability. Furthermore, most empirical studies originated from the United States, introducing potential geographic and cultural bias. Conceptual and theoretical studies, while valuable for thematic depth, lack empirical data and therefore contribute limited evidence of the highest methodological quality. Additionally, the MMAT appraisal revealed that a number of studies met only three of five quality criteria, indicating some degree of methodological imprecision.

In the literature on servant leadership in nursing, the main themes identified include job satisfaction, reduced burnout, psychological trust, spirituality, and value congruence between leader and member. These outcomes are consistent with Greenleaf's (1977) view of leadership as a service-first responsibility and Spears' (1995) ethical leadership dimensions that emphasize individual development. Given the emotional labour and high ethical sensitivity required in nursing, these values are closely associated with professional satisfaction, organizational belonging, and psychological resilience. Studies by Jenkins and Stewart (2010) and Neill and Saunders (2008) indicate that empathy- and support-based leadership approaches increase nurses' job satisfaction and strengthen their organizational commitment. Other studies report that the effects of servant leadership can also emerge indirectly through psychological trust, meaning-making, and shared values (Ma et al., 2021; Sturm, 2009; Mustard, 2020; Han & Kim, 2012). Psychological trust, fostered by empathy-based leadership, creates an environment of openness, understanding, and freedom of expression between leaders and members; Kwak and Kim (2022) further showed that such a trust climate enhances group competence and sense of belonging during the adaptation processes of newly graduated nurses, while Van Dierendonck's (2011) "psychological empowerment" model provides a theoretical basis for this process. Additionally, aspects of servant leadership that support emotional resilience have been reported to reduce burnout levels (Bobbio & Manganelli, 2015). The spiritual dimension of servant leadership also enables nurses to find deeper meaning in their profession, increase ethical awareness, and strengthen value-based relationships with leaders, thereby enhancing commitment (Maglione & Neville, 2021; Waterman, 2011).

Another important dimension reflected in the reviewed studies is the quality of the relationship between leaders and team members. Factors such as trust, interaction quality, and mutual commitment play a central role in understanding the influence of leadership on employees. Leader–member exchange (LMX) theory (Graen & Uhl-Bien, 1995) provides a useful framework for explaining these dynamics. Several studies indicate that servant leadership enhances trust, belonging, and organizational commitment by improving the quality of leader–member relationships (Hanse et al., 2016; Mostafa & Abed El-Motalib, 2019). The dimensions of servant leadership—such as empathy, active listening, and supporting individual development—align closely with the LMX approach (Spears, 1995; Liden et al., 2008). Furthermore, during the adaptation processes of newly graduated nurses, leaders who promote group competence (collective efficacy) have been shown to significantly enhance their successful organizational socialization (Kwak & Kim, 2022). Van Dierendonck's (2011) model further emphasizes that supporting development and delegating authority contribute not only to structural relationships but also to emotional and cognitive interaction quality.

In the literature, trust is frequently highlighted as a central dimension of servant leadership. According to Spears' (1995) model, leaders' ethical approaches foster nurses' trust not only in their work but also in their leaders through empathy and a desire to support development. This trust is closely linked to positive outcomes such as organizational commitment, professional loyalty, and psychological well-being (Bobbio & Manganelli, 2015). Moreover, the understanding and supportive attitude of servant leadership encourages employees to express themselves freely and reduces fear of making mistakes, thereby promoting high levels of psychological trust within organizations (Ma et al., 2021).

While this leadership approach strengthens employees' emotional commitment to the organization, it also encourages them to go beyond their formal job descriptions and make voluntary contributions for the benefit of the organization (Liden et al., 2008; Han & Kim, 2012). Studies indicate that nurses who experience servant leadership report significantly higher levels of job satisfaction and organizational commitment, which are closely associated with organizational citizenship behaviours such as community awareness, helpfulness, and initiative taking (Bayati et al., 2025; Jenkins & Stewart, 2010). In this relationship, the leader's empathy, ethical sensitivity, and focus on employee development play a decisive role. Similarly, Spears' (1995) dimensions of empathy, desire to heal, and active listening strengthen nurses' organizational belonging by fostering trust in both their work and their leaders. Furthermore, the "creating value for the community" and "ethical behaviour" dimensions in Liden et al.'s (2008) servant leadership model provide a theoretical basis for understanding how servant leadership promotes commitment and voluntary contributions among nurses.

While servant leadership contributes to the development of nurses' leadership skills, it also strengthens trust and collaboration within teams. Greenleaf's (1977) service- and ethics-based perspective enables leaders to adopt a more people-oriented approach rather than a purely managerial one. This leadership style supports the development of competencies such as ethical decision-making and effective communication, particularly for nurses in clinical roles (Fahlberg & Toomey, 2016; Luk, 2018; Tropello & DeFazio, 2014). Van Dierendonck's (2011) model highlights the dimension of "interpersonal acceptance," while the concept of "compassionate love" further emphasizes the human aspect of servant leadership (Van Dierendonck & Patterson, 2015). Furthermore, the empathetic and supportive attitude of servant leaders fosters understanding, solidarity, and harmonious collaboration among team members (Olvera et al., 2018; Mustard, 2020). Finally, the "empowering" and "conceptual skills" dimensions defined by Liden et al. (2008) underline the leader's role in supporting team members and enhancing team interaction.

The effects of servant leadership extend beyond employee attitudes and are also reflected in service outcomes such as the quality of patient care. A leadership approach that prioritizes ethical responsibility, empathy, and individual development enhances nurses' professional motivation and patient-oriented attitudes, leading to more sensitive and effective care delivery. Mustard (2020) discussed how a servant leadership approach in the Veterans Health Administration can foster a value-based work environment that enhances nurses' professional responsibility. Similarly, Neubert et al. (2022) found that servant leadership promotes a virtuous climate and reduces workplace incivility, resulting in higher patient care quality. Furthermore, the "helping subordinates grow and succeed" and "creating value for the community" dimensions of Liden et al.'s (2008) servant leadership model provide a conceptual and behavioural explanation for this relationship, highlighting its value not only for employees but also for patients as the ultimate beneficiaries of care.

These findings indicate that servant leadership promotes trust-based interactions, value congruence, and psychological safety while strengthening nurses' professional motivation and patient-oriented behaviors. In this way, it positively influences both employee attitudes and the quality of patient care. The reviewed studies consistently show that servant leadership is associated with favorable outcomes

such as higher organizational commitment, greater job satisfaction, improved teamwork, reduced burnout, and stronger leader–member relationships, underscoring its importance in nursing practice.

One of the main reasons for this increase is the heightened burnout observed in healthcare workers due to the COVID-19 pandemic, the breakdown in organizational commitment, and the subsequent need for ethics-based leadership. Indeed, recently published studies reveal that this transformation has accelerated academic interest in servant leadership approaches (Ma et al., 2021; Neubert et al., 2022). Moreover, the effects of servant leadership on the organizational socialization processes of new nurses (Kwak & Kim, 2022) and leadership development models for senior nurse managers (Luk, 2018) have become the subject of more frequent research.

This is consistent with the historical origin of the servant leadership concept in the USA and the high academic interest in leadership research within the country. The distribution of studies highlights that the application of servant leadership in the nursing context has not yet become sufficiently widespread at the international level, indicating a clear need for empirical research across diverse socio-cultural contexts. Notably, no empirical data on servant leadership within the nursing context in Turkey was identified in this review, which is considered a significant gap in the literature

These findings have several practical implications. Nurse managers and healthcare administrators are encouraged to adopt servant leadership principles in their management practices, as this approach has been shown to enhance both employee well-being and patient care quality. Nursing education programs should integrate servant leadership competencies into their curricula to prepare future nurse leaders. Furthermore, healthcare organizations should develop structured mentoring and leadership development programs grounded in servant leadership values to foster organizational commitment and reduce burnout among nursing staff.

In light of these considerations, future research is recommended to focus on comparative analyses that take cultural context into account, as well as qualitative and longitudinal designs, patient-centered outcomes, and multilevel structural modeling. Such efforts will provide a stronger explanation of the applicability of servant leadership in the healthcare sector and support the development of concrete strategies for leadership practices.

Compliance with Ethical Standards

Ethical Approval

Since this study relied entirely on previously published secondary data and did not include any human participants, interviews, or identifiable personal data, ethical approval was not required.

Author Contributions

All authors contributed to the interpretation of findings, preparation of tables, critical review, and final approval of the manuscript. The literature review and conceptual framework development were carried out by M.K. and O.K. The methodology section was prepared with the contributions of M.K., O.K., and B.T. The discussion, conclusion, and final revision processes were handled by M.K. and O.K.

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