EFFECT OF SERVANT LEADERSHIP TRAINING PROGRAM ON HEAD NURSES' WORK ENGAGEMENT

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Abstract

Background: Servant leadership is a style for leading that prioritize the needs of others and creates a psychologically safe environment, such that employees feel protected and can express their concerns this psychological safety contributes to work engagement. **Aim of the study:** assess the effect of servant leadership training program on head nurses' work engagement. **Research Design:** Aquasi-experimental research design one group pretest and posttest utilized in this study. **Setting:** The study was conducted at El-Fayoum University Hospitals. **Subjects:** The study subjects included all head nurses and their assistants (N =80) who are working in El-Fayoum University Hospitals. **Tools of data collection:** The data were collected by using three tools namely: Servant leadership knowledge questionnaire, Servant leadership questionnaire (leader form) and Utrecht work engagement scale. **Results:** The study results revealed that there was a highly statistically significant improvement in head nurses' total servant leadership knowledge in post and follow up phase as compared to the pre intervention phase. Additionally; there was a highly statistically significant improvement in head nurses' servant leadership behavior and work engagement in post and follow up phase as compared to the pre intervention phase. **Conclusion:** Implementing servant leadership training program was effective in enhancing head nurses' work engagement. **Recommendations:** Servant leadership topics should be included in nursing curricula given its importance in preparing future leaders.

Keywords: Head Nurses, Servant Leadership, Training Program, Work Engagement.

INTRODUCTION

Today's dynamic workplace and changes that occur within health care organizations, needs leaders to cope with new challenges, and maintain a smoothly functioning workplace (Ebrahim et al., 2024). Leadership has a very important role in shaping and directing organizations and communities. Furthermore, effective leaders play a central role in formulating and communicating the vision, mission, and goals of the organization or group, inspire others, motivate them and move them toward higher achievements (Kansil & Sujuti, 2024).

Servant leadership is a style of leadership which prioritizes the needs and wellbeing of others. Servant leadership includes leaders who are dedicated to serving the interests of the followers and putting their needs first. In addition, servant leadership emphasizes the empowerment and development of individual (Pillay & Kikasu, 2024). Also, servant leadership defined as a one-on-one other oriented form of leadership that focuses on meeting followers' developmental needs.

Servant leadership is effective style for leading because it distances itself from the command-and-control style of leadership that disregards the followers need for autonomy (Dhiman, 2023).

Servant leaders prioritize serving their followers and supporting their initiatives and development. It is considered a moral responsibility for servant leaders to take special care of each follower's needs (Zada et al., 2022). Possessing these servant leader qualities is crucial in encouraging employees to fulfill their job responsibilities within organizational processes.

Employees who view their work as part of an important task are more committed and can contribute to achieving organizational goals. In this sense, work engagement (WE) can increase due to servant leadership practices (Palabiyik et al., 2023). Servant leadership is a viable that benefits organizations, improves followers' well-being, engages followers' emotional, ethical and provides followers with a sense of social identity (Udin et al., 2024).

In addition, servant leadership is willing to encourage employees to handle important work decisions by their own. This helps employees to have a high sense of responsibility for their own work that encourage them to initiate better ways of doing their core tasks and promotes the generation of individual task proactivity (Canavesi & Minelli, 2022).

Servant leadership includes the following dimensions: altruistic calling, emotional healing, wisdom, persuasive mapping and organizational stewardship. Altruistic Calling: the degree to which a person having both desire and willingness to put aside self-interest in order to benefit followers. Emotional Healing: the degree to which a person has the ability to recognize when and how to foster the healing process within others (Neville et al., 2021).

In addition, Persuasive mapping: the degree to which people is able to map issues and conceptualize greater possibilities and are compelling when articulating these opportunities. Wisdom: the degree to which a person has the combination of height of knowledge and utility.

And organizational Stewardship: the degree to which a person extends leadership beyond the organization by taking responsibility for the well-being of the community and ensuring that strategies and decisions undertaken reflect the commitment to give back to a larger community (Valdez, 2021).

Work engagement is the state of mind in which employees are cognitively, emotionally and physically connected to their jobs. Highly engaged individuals are energetic, enthusiastic, and focused on their work. Also, servant leaders effectively create a trusting work environment where followers feel comfortable expressing their ideas and concerns (Aboramadan et al., 2022).

Creating a work environment that fosters psychological safety can help promote employee engagement. Additionally, servant leaders who prioritize the needs and abilities of their employees can serve as a valuable source of motivation. So, leaders who

demonstrate concern for personal needs inspire high levels of work engagement among their followers (Palabiyik et al., 2023).

Furthermore, work engagement is a positive, fulfilling, and energetic state of mind that employees experience when they are fully immersed in their work activities. Engaged employees are not only committed to their job roles but are also focused and motivated to beyond in their efforts (Udin et al., 2024).

In addition, work engagement defined as whether an individual believes that work has a significant influence on their image.it is associated with positive outcomes, such as improvement in performance, customer satisfaction, and organizational advantage. Work engagement is considered an essential element that contributes to the organization's performance (Ye et al., 2024).

Work engagement categorized into three distinct dimensions; vigor: which represents a high level of energy and mental resilience during work, dedication is identified as a strong involvement in one's work while experiencing a sense of importance, enthusiasm and challenge, and absorption in work roles which is defined by willingness and happiness in conducting one's work (Rahal & Farmanesh, 2022).

In this sense, work engagement consists of physical, cognitive, and emotional components that translate into being involved(physically), vigil (cognitively), and engaged (emotionally) during working hours (Cai et al., 2024). Benefits of work engagement for healthcare organizations are reduce employee absenteeism, improve morale, increase safety, more capability for the use of local volunteers by using succession plans, reduce turnover, and increase the motivation (Xue et al.,2024).

Moreover, benefits outside healthcare organizations are increase productivity, increasing profit and revenue, increase customer loyalty, and increase the ability to attract talented staff from outside the organization. In addition, increase wages, increase self-esteem, and improve the level of employee health (Szilvassy& Širok, 2022).

Significance of the Study

In today's competitive market, the ability to create an atmosphere in which the employees feel they are valued and fostered is essential (Barry, 2020). A positive leadership style is a source of motivation for employees to remain engaged in their work, when employees are fully engaged, they are fully committed to use the best of their abilities for the benefit of the organization.

Employees have higher levels of work engagement when their needs and interests are better met by their leaders through their servant leadership style and they provide reasonable resources to its employees with such care that can be helpful in increasing psychological safety, well-being and engagement in the work which is strongly required in the healthcare (Zeeshan et al, 2021).

The researcher as an academic staff works in faculty of nursing and during round on internship and undergraduate students in El-Fayoum University Hospitals. The researcher observed staff nurses have unhappy feeling toward their leaders because their

leadership style where they focus on meet goals, needs of organization regardless meet needs of employees and they don't recognize their abilities. Consequently, there is a requirement to assess servant leadership of head nurses to manage the level of servant leadership and determine its effect upon work engagement.

Aim of the Study

This study was aimed at assessing the effect of servant leadership training program on head nurses' work engagement.

Research Hypothesis

Servant leadership training program will enhance head nurses' work engagement.

SUBJECTS AND METHODS

Research design

A quasi -experimental research design one group pretest and posttest was utilized in carrying out this study.

Setting

The study was conducted at El Fayoum University hospitals which consisted of three buildings according to its specialty. These hospitals namely surgical university hospital, medical university hospital and pediatric university hospital, which included 40 departments as (Emergency department, pediatric department, dialysis department, operation room department, obstetric department, orthopedic department and ICUs).

Subjects

The study subjects included all head nurses and their assistants (N =80) who are working in different departments at El-fayoum university hospitals at the time of the study.

Tools of Data Collection

The data of this study were collected by using three tools namely: Servant leadership knowledge questionnaire, Servant leadership questionnaire (SLQ) leader form and Utrecht work engagement scale.

Tool I: Servant Leadership Knowledge Questionnaire:

This tool aimed to assess head nurses' knowledge regarding servant leadership. It included closed ended questions. It was developed by the researcher based on the extensive review of relevant and recent literatures (Hall, 2016, Peroceschi-Sprain, 2021, and Freeman, 2022). It consisted of two parts as follows:

First Part: It was aimed to collect data about personal data &job characteristics of the study subjects such as (age, department, gender, level of education and years of experience& previous attendance of training courses).

Second Part: Servant leadership knowledge questionnaire: It consisted of 50 questions in the form of multiple-choice questions (MCQ) distributed as follows: leadership (6 questions), servant leadership (10 questions), soft skills (2 questions), communication (5 questions), motivation (3 questions), empowerment (5 questions), coaching (2 questions), psychological capital (5 questions), creativity (4 questions), innovation (3 questions), and work engagement (5 questions).

Scoring System

For the knowledge items, a correct answer was scored as "1" for the true answer and "0" for the false answer. For each area of knowledge, the scores of the items were summed up and the total divided by number of the items, giving a mean score for the knowledge. These scores were converted into a percent score that was considered satisfactory if the percent scores was 60% or more and unsatisfactory if less than 60% (Yousef et al., 2020).

Tool II: Slq (Servant Leadership Questionnaire) Leader Form:

This tool was developed by (Barbuto and Wheeler, 2006) and was modified by the researcher. It was aimed to assess head nurses' leadership behaviors and attitudes as they perceive them. It consisted of 23 items divided into five dimensions as following: Altruistic calling (4 items), Emotional healing (4 items), Wisdom (5 items), Persuasive mapping (5 items), and Organizational stewardship (5 items).

Scoring system

The responses to each item were checked on a five-point Likert scale ranging from 0 to 4 to the responses " not at all ", " once in a while ", "sometimes", " fairly often ", "frequently, if not always '' respectively. The scores of each dimension were summed up, divided by the number of items, and converted into percent scores. For categorical analysis, a score of 60% or more was considered as high while a score less than 60% was considered low (Scardino, 2013).

Tool III: Utrecht Work Engagement Scale:

This tool was aimed to assess level of work engagement among head nurses. It was adapted from (Ahmed, 2014) based on (Schaufeli, Bakker, & Salanova, 2006) and was modified by the researcher. It consisted of 32 items divided into three dimensions as following: Vigor (11 items), Dedication (11 items), and Absorption (10 items).

Scoring System

The response to each item was on a five-point Likert scale ranging from 1 to 5 to the responses "never", "rarely", "sometimes", "mostly", "always'' respectively. The scores of each dimension were summed up, divided by the number of items, and converted into percent scores. For categorical analysis, a score of 60% or more in each dimension was considered as high while a score less than 60% was considered low (Ahmed, 2014).

Validity:

The tools were validated through two types of tools' validity namely, content and face validity. It was established by a jury of "nine" experts in nursing administration; they were two professor and three assistant professors from faculty of nursing, Ain-Shams University, three assistant professors from faculty of nursing, Fayoum University, and one professor from faculty of nursing, Damanhur University.

The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recording on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, comprehensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation.

The tools were finalized based on their opinions, mainly in the form of rephrasing some items. This phase was conducted at April 2023.

Reliability:

Internal consistencies for the tools were measured using Cronbach's alpha to assess the consistency of results across items within a test. Servant leadership knowledge questionnaire was 0.988, Servant leadership questionnaire (Leader form) was 0. 810, and Utrecht work engagement scale was 0.873.

Pilot study:

A pilot study was carried out on "8" head nurses which representing about 10% of the main study sample. A pilot study was done for test the clarity and applicability of the tools. It also helped to estimate the time needed for filling them. The time needed for filling the form was about 30-35 minutes. Data obtained from the pilot study was analyzed and no modifications were done in the data collection tools, so pilot study sample was included in the main study sample. The pilot study was conducted at May 2023.

Field work:

The fieldwork of the study was started at the beginning of June 2023, and was completed at mid-December 2023.The study was applied through four phases (assessment, planning, implementation, evaluation and follow up).

Assessment Phase (1st Stage):

This phase was conducted at the beginning of June 2023. During this phase the researcher was assessed head nurses' knowledge, behavior and attitude regarding servant leadership and work engagement before giving training program. After completing the data collection during the assessment phase, analyses were done to identify all the head nurses' needs.

Planning Phase (2nd Stage):

This phase was conducted at the beginning of July2023. The data collected in the assessment phase were analyzed in order to identify the levels of head nurses' knowledge, behavior and attitude regarding servant leadership and work engagement before giving training program.

Then, the researcher started to construct the training program based on these needs and in view of the related literature. The program was implemented in eleven sessions each session lasted for 2 hours, for a total of 22 hours (14 theoretical and 8 practical). The topics covered introduction to leadership, servant leadership, soft skills, communication, motivation, empowerment, coaching, psychological capital, creativity, innovation, and work engagement.

Implementation Phase (3rd Stage):

The program was implemented at El- Fayoum University hospitals were head nurses are working. The program was implemented over six weeks. The implementation phase lasted from the beginning of August to mid- September 2023. The sessions were two sessions per week, the duration of each session was two hours.

Evaluation And Follow Up Phase (4th Stage):

At this stage the researcher was reassessed head nurses' knowledge, behavior and attitude regarding servant leadership and work engagement immediately and after 3 months from giving training program at mid-December2023, the same data collection tools used in pretest were applied in posttest and follow up to assess the effectiveness of the training program.

III. Administrative Design:

Before carry out the study at the selected settings, official letters were issued from the Faculty of Nursing, Ain Shams University to get permission from the hospital administration, and from the nursing directors of the selected hospitals. The purpose of the study and its procedures were explained to them to get their cooperation during the study. Ensuring confidentiality of the information obtained. Individual oral consent was also obtained from each participant in the study.

Ethical Considerations:

Official permission was obtained from scientific ethical committee of the Faculty of Nursing –Ain Shams University and from the director of the selected hospitals to collect data for the study.

Before carrying out the study the investigator met with the potential subjects to explain the aim of the study and its expected outcomes and to obtain their oral consent to participate. The subjects were informed of their rights to withdraw at any time and they were reassured about the anonymity and confidentiality of the information collected, and that it would be used only for the purpose of scientific research.

IV. Statistical Design:

Data entry and statistical analysis were done using SPSS 26.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables.

Proper and suitable statistical tests were used to test the significance of results obtained. Paired T test and Pearson correlation was used; stepwise Linear regression analysis was done to detect prediction.

Cronbach Alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. The comparison of qualitative variables was conducted using the chi-square test. In case where the expected values in any of the cells within a 2x2 table were less than 5, the Fisher exact test was used instead. P value was set at <0.05 for significant results & <0.001 for high significant result.

RESULTS

Table (1): Shows that more than two thirds (68.7%) of head nurses had age ranged from 30 - 35 years old, with a mean age of 33.24 ± 5.78. Moreover two-thirds of head nurses are female (63.7%), more than half of them were married (56.2%).

Regarding working departments, (68.7%) of them were working in non-critical departments. As well, more than a half of them were bachelor degree in nursing (55%). Finally, two-thirds (63.6%) of them had experience ranged from 5< 10years, with a mean experience year of 6.49±2.56.and no of them attending training program.

Table (2): Illustrates that there was a highly statistically significant improvement in head nurses' total knowledge regarding servant leadership in post and follow up phase P ≤0.001 as compared to the preprogram phase.

Table (3): Shows that there was a highly statistically significant improvement in head nurses' total servant leadership in post and follow up phase P ≤0.001 as compared to the preprogram phase.

Table (4): Shows that there was a highly statistically significant improvement in head nurses' level of total work engagement in post and follow up phase P ≤0.001 as compared to the preprogram phase.

Table (5): Shows that there was a highly statistically significant correlation between head nurses' servant leadership knowledge, servant leadership behavior and their work engagement throughout program phases.

Table 1: Number and percentage distribution of head nurses regarding to their personal data &job characteristics (N=80).

Personal data & job characteristics	N	%
Age/year		
<30	20	25.0
30-<35	55	68.7
35-≤40	5	6.3
Mean ± SD	33.24 ± 5.78	
Range	27- 40	
Gender		
Male	29	36.3
Female	51	63.7
Marital status		
Married	45	56.2
Un Married	35	43.8
Working department		
Critical	25	31.3
Non critical	55	68.7
Nursing educational qualifications		
Diploma in Nursing	13	16.2
Technical diploma	10	12.5
Bachelor's degree in nursing	44	55.0
Master's degree	8	10.0
Doctorate degree	5	6.3
Years of experience		
< 5 years	19	23.8
5-<10 years	51	63.6
10-≤15 years	5	6.3
>15 years	5	6.3
Mean ± SD	6.49±2.56	
Range	3-20	
Attended training program about servant leadership		
Yes	0	0
No	80	100

Table 2: Number and percentage distribution of head nurses according to their total satisfactory knowledge throughout program phases (N=80).

Satisfactory Knowledge ≥60%	Pre		Post		Follow up		Pre- post Test		Pre-follow up Test	
	N	%	N	%	N	%	χ2	P value	χ2	P value
Leadership	9	11.3	75	93.8	68	85	160.00	0.000**	160.00	0.000**
Servant leadership	11	13.3	72	90	75	93.8	160.00	0.000**	156.05	0.000**
Soft skills	8	10	71	88.8	66	82.5	160.00	0.000**	74.862	0.000**
Communication	10	12.5	70	87.5	68	85	160.00	0.000**	160.00	0.000**
Motivation	15	18.8	75	93.8	70	87.5	160.00	0.000**	160.00	0.000**
Empowerment	23	28.7	75	93.8	71	88.8	88.544	0.000**	88.544	0.000**
Coaching	20	25	74	92.5	68	85	160.00	0.000**	160.00	0.000**
Psychological capital	16	20	71	88.8	69	86.3	160.00	0.000**	160.00	0.000**
Creativity	11	13.3	78	97.5	66	82.5	160.00	0.000**	160.00	0.000**
Innovation	14	17.5	73	91.3	69	86.3	160.00	0.000**	160.00	0.000**
Work engagement	13	16.3	70	87.5	69	86.3	160.00	0.000**	160.00	0.000**
Total knowledge	7	8.8	74	92.5	70	87.5	130.00	0.000**	122.00	0.001**

Table 3: Number and percentage distribution of head nurses' total servant leadership throughout program phases (N=80).

Servant leadership	Pre				Post				Follow up				Pre-post Test		Pre-follow up Test	
	Low		High		Low		High		Low		High					
	N	%	N	%	N	%	N	%	N	%	N	%	χ2	P value	χ2	P value
Altruistic calling	54	67.5	26	32.7	5	6.3	75	93.7	16	20.0	64	80	81.509	0.00**	36.673	0.00**
Emotional healing	78	97.5	2	2.5	7	8.8	73	91.2	12	15.0	68	85	160.0	0.00**	118.261	0.00**
Wisdom	68	85	12	15	3	3.8	77	96.2	33	41.3	75	93.7	118.261	0.00**	32.891	0.00**
Persuasive mapping	78	97.5	2	2.5	4	5	76	95	17	21.2	63	78.8	160.0	0.00**	48.130	0.00**
Organizational stewardship	79	98.8	1	1.2	8	10	72	90	61	76.3	70	87.5	160.0	0.00**	21.560	0.00**
Total servant leadership	74	92.5	6	7.5	2	2.5	78	97.5	11	13.8	69	86.2	137.674	0.00**	99.614	0.00**

Table 4: Number and percentage of head nurses according to their level of total work engagement throughout intervention phases (N=80).

Work engagement	Pre				Post				Follow up				Pre- post Test		Pre-follow up Test	
	Low		High		Low		High		Low		High					
	N	%	N	%	N	%	N	%	N	%	N	%	χ2	P value	χ2	P value
Vigor	76	95	4	5	2	2.5	78	97.5	12	15	68	85	144.762	0.00**	57.133	0.00**
Dedication	64	80	16	20	1	1.2	79	98.8	11	13.8	69	86.2	102.840	0.00**	12.442	0.00**
Absorption	74	92.5	6	7.5	5	6.3	75	93.8	17	21.3	63	78.7	137.674	0.00**	6.144	0.00**
Total work engagement	75	93.7	5	6.3	3	3.7	77	96.3	15	18.8	65	81.2	141.176	0.00**	54.116	0.00**

Table 5: Correlation between servant leadership knowledge, servant leadership behavior and work engagement throughout program phases.

		Knowledge pre	Knowledge post	Knowledge follow up
Servant leadership pre	r	.442	.443	.416
	P value	.000**	.000**	.000**
Servant leadership post	r	.470	.411	.422
	P value	.000**	.000**	.000**
Servant leadership follow up	r	.484	.486	.421
	P value	.000**	.000**	.000**
Work engagement pre	r	.395	.440	.428
	P value	.000**	.000**	.000**
Work engagement post	r	.401	.449	.472
	P value	.000**	.000**	.000**
Work engagement follow up	r	.423	.428	.418
	P value	.000**	.000**	.000**

DISCUSSION

Servant leadership is a leadership style that prioritizes the well-being and growth of team members, helping them achieve their full potential and contributing to the overall success of the organization (Udin et al., 2024). Servant leadership creates an environment where employees feel valued, motivated and empowered. Furthermore, servant leader behave in a caring and altruistic manner that makes followers more likely to experience a positive emotional state toward their daily work. As well, servant leaders foster satisfactory community building among employees and encourage them to build strong networks with one another. The feeling of being part of a larger community further enhances employees' psychological safety and hence their work engagement (Canavesi &Minelli, 2022).

The present study was aimed at assessing the effect of servant leadership training program on head nurses' work engagement.

Regarding head nurses' total knowledge, the current study showed that there was a highly statistically significant improvement in head nurses' total knowledge about servant leadership in post and follow up phase as compared to the preprogram phase. This finding might be due to improved head nurses' knowledge about most aspects of servant leadership and interesting of head nurses to spread this culture in working environment. Furthermore, using suitable educational aids increased the head nurses' desire to acquire knowledge.

This result was in accordance with Saad et al., (2021) who conducted study entitled "Effect of leadership educational program for head nurses on staff nurses' job enjoyment" and reported that there was a highly statistically significant difference between total head nurses' leadership knowledge post and follow up the program in comparison to preprogram. As well, this result in the same line with Ta'dung, (2024) who conducted study entitled "Effect of leadership and management training in nursing basedmedeline leininger theory regarding the implementation of managerial functions of room heads with

executives" and showed that there were significant differences among head nurses before and after providing leadership and management training. Also, increased in the post-test mean score than the pre-test.

Regarding head nurses' total servant leadership, the current study revealed that there was a highly statistically significant improvement in head nurses' total servant leadership in post and follow up phase as compared to the pre program phase. This result might be due to the positive effect of attending the servant leadership program on head nurses' practice also the importance of applying servant leadership for everyone in the hospital and for a community as a whole.

This result was in accordance with Fields et al., (2015) who conducted study entitled " Servant leadership: teaching the helping professional" and showed that there were significant increases in the servant leadership perceptions and behaviors on the posttest as compared to the pretest. As well, this result in the same line with Sorour & Elkholy, (2021) who reported that there was a statistically significant difference is found regarding staff nurses" response to all items of servant leadership.

Additionally, this result was in agreement with Saleh et al., (2024) who conducted study entitled "The relationship between head nurses' servant leadership and nurses' commitment to work" and reported that there was a highly positive statistically significant between total servant leadership and its dimensions. While, this study disagreed with Barry, (2020) who applied study entitled "The effect of servant leadership education and provision of an implementation toolkit on nurse manager engagement initiatives with staff" and reported that there were no statistical differences between nurse managers' behaviors and practices regarding servant leadership in pre and post program implementation. Regarding to head nurses' level of total work engagement, the current study showed that there was a highly statistically significant improvement in head nurses' level of total work engagement in post and follow up phase as compared to the preprogram phase. This result might be due to the head nurses felt that thier efforts make a difference in the organization, which encouraged them to do more. In addition, this might be due to the positive effect of the training program and using effective teaching methods. This result in the same line with Ganu & Sathe (2017) in a study entitled "Cognitive flexibility strategies enhance work engagement and individual innovation among corporate employee" and reported that there was significant difference in the levels of work engagement between pre-test and post-test phase and the mean of work engagement in pre-test is lower than the mean of post-test. Furthermore, this result was in agreement with Ismail et al., (2021) who applied study entitled "The effect of workplace bullying management program on nursing personnel's work engagement" and reported there was a highly statistically significant difference in total work engagement scores pre, post, and follow up of educational program implementation among nursing personnel. In correlation between head nurses' knowledge, servant leadership and their work engagement, the current study showed that there was a highly statistically significant correlation between head nurses' knowledge, servant leadership and their work engagement throughout program phases. This result might be due to servant leadership

is approach that create a positive work environment that enhance job satisfaction and work engagement. In addition, the nature of any new skills training that need more time to be improved and to persuade head nurses to alter their old behaviors and accept a new one. This result in the same line with Coetzer, (2018) who showed that there was a positive significant correlation between servant leadership and work engagement.As well, this result was supported with Otuwurunne, (2023) who showed that there was positive significant relationship between servant leadership behaviors of the supervisor and staff engagement.

CONCLUSIONS

This study was undertaken to assess the effect of servant leadership training program on head nurses' work engagement. The study findings concluded that there was   a highly statistically significant improvement in head nurses' total knowledge in post and follow up phase as compared to the preprogram phase.Also, there was a highly statistically significant improvement in head nurses' servant leadership in post and follow up phase as compared to the preprogram phase. In addition to that; there was a highly statistically significant improvement in head nurses' work engagement in post and follow up phase as compared to the preprogram phase. Implementing servant leadership training program was effective in enhancing head nurses' work engagement, this confirmed the research hypothesis.

Recommendations

Based on the study finding, it was recommended that servant leadership topics should be included in nursing curricula given its importance in preparing future leaders. Servant leadership training courses should be considered a prerequisite for all supervisors and head nurses to occupy their position. Further studies should be developed to assess the effect of head nurses' servant leadership training programs on staff empowerment.

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