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The Impact of Servant Leadership on Trust, Team Efficacy, and Intrinsic Motivation in Healthcare

Salma Hayat* Siti Norida Wahab† Norashida Othman‡ Nikram Subramaniam§

Abstract

This study aims to investigate the intricate dynamics of servant leadership and its impact on intrinsic motivation within the medical field, with a particular focus on the roles of trust as a moderator and team efficacy as a mediator. A sample of 200 hospital employees was surveyed using self-administered questionnaires. Data were analyzed using SmartPLS software to test the hypothesized relationships. The findings reveal that servant leadership significantly enhances intrinsic motivation, with trust amplifying this effect as a moderator, and team efficacy serving as a crucial mediator. Specifically, trust strengthens the relationship between servant leadership and team efficacy, which in turn, boosts intrinsic motivation. These results provide valuable insights into how servant leadership can be leveraged in healthcare settings to foster a motivated and effective workforce. The study addresses a critical gap in leadership literature by highlighting the dual roles of trust and team efficacy in the servant leadership process. The implications of this research suggest that healthcare organizations should focus on cultivating servant leadership qualities among their leaders, as well as fostering a trust-rich environment and promoting team efficacy to enhance employee motivation and overall performance.

Keywords: servant leadership, trust, team efficacy, intrinsic motivation.

I. INTRODUCTION

The servant leadership concept evolved by the author Robert K. Greenleaf. This concept was first evolved in 1970. Servant leadership has been under consideration for 35 years because of its intellectual, penetrating and effective aspects (Greenleaf, 2002). Over time, this idea has gained significance and is being enforced in organizations as a functional avenue to make the working of organizations more standardized. Previous authors make clear that while work and personal development are necessary for one another, they also dare to restore the connections that bind individuals, societies, and organisations. People are encouraged by this philosophy to be authentic in all circumstances (Dutta & Khatri, 2017; Kumari et al., 2022). There are some characteristics of servant leadership including encouragement, planning, oversight or direction, observation, appreciation, devotion, morality, anticipation, authority, trustworthiness, and delegation (Farrington & Lillah, 2019). Moreover, servant leadership is the leader

^{*} Department of Business Administration, University of Sargodha, University Road, Sargodha, Punjab 40162, Pakistan; and Faculty of Business and Management, Universiti Teknologi MARA, 42300 Puncak Alam, Selangor, Malaysia.

[†] Faculty of Business and Management, Universiti Teknologi MARA, 42300 Puncak Alam, Selangor, Malaysia. E-mail: sitinorida23@uitm.edu.my.

[‡] Faculty of Business and Management, Universiti Teknologi MARA, 42300 Puncak Alam, Selangor, Malaysia.

[§] Health Facility Planning Section, Planning Division, Ministry of Health, Malaysia.

who focuses more on the follower's ambitions and desires rather than on personal interests. On the other hand, leadership theory emphasises most on the employee's development and administration. The developing environment of organizations compels the leaders to create a supportive theory for the followers (Keskes et al., 2018). It is established upon social exchange theory, which focuses more on the follower's prosperity or welfare. This study is based on the employees working in a hospital because fundamental elements for the services of health are hospitals. The basic motive for them is to facilitate the patients but firstly it is necessary to facilitate the employees or staff like nurses so that they can perform their duties diligently and efficiently. It's an important thing which defines the relationship between the follower and the leader.

In the ever-evolving and complex landscape of healthcare, effective leadership is crucial for ensuring that healthcare organizations not only meet their operational goals but also provide high-quality patient care. Among various leadership styles, servant leadership has emerged as a particularly relevant approach in healthcare settings due to its emphasis on serving others, fostering a supportive work environment, and prioritizing the well-being of both employees and patients (Tasi et al., 2019). Unlike traditional leadership models that focus on hierarchy and authority, servant leadership is centred around the idea that leaders are there to serve their teams, empowering them to achieve their full potential and, in turn, improving organizational outcomes (Duren, 2017). In healthcare, where the demands on staff are high and the consequences of burnout are significant, understanding how leadership styles like servant leadership can influence employee motivation and performance is critical. Healthcare professionals often face high levels of stress, long working hours, and emotional exhaustion, which can lead to decreased job satisfaction, lower team efficacy, and ultimately, compromised patient care. Intrinsic motivation, the internal drive to perform tasks for the inherent satisfaction they bring, is a key factor in maintaining high levels of engagement and job performance among healthcare workers (Schwarz et al., 2016). However, the mechanisms by which leadership styles, particularly servant leadership, influence intrinsic motivation within healthcare teams remain underexplored (Bande et al., 2016).

Despite the growing interest in the role of leadership in healthcare, there is a significant gap in the literature concerning how servant leadership specifically impacts intrinsic motivation and team efficacy in this field. Previous studies have primarily focused on the effects of leadership on organizational outcomes such as job satisfaction, turnover rates, and patient satisfaction (Boamah et al., 2018). However, the specific pathways through which servant leadership influences intrinsic motivation and the role that trust and team efficacy play in this process are not well understood. Trust is a critical component of effective leadership, particularly in healthcare, where the stakes are high, and employees must rely on their leaders to support them in delivering the best possible care (Fleig-Palmer et al., 2018). Likewise, team efficacy, or the collective belief of a team in its ability to perform tasks effectively, is essential for achieving high levels of performance in healthcare settings where teamwork is paramount. Understanding the interplay between servant leadership, trust, team efficacy, and intrinsic motivation could provide valuable insights into how to enhance employee engagement and performance in healthcare (Gharaveis et al., 2018).

Given these gaps in the existing literature, this study aims to explore the intricate dynamics of servant leadership and its impact on intrinsic motivation in the medical field, with a particular focus on the roles of trust as a moderator and team efficacy as a mediator. By addressing these gaps, the study seeks to contribute to the development of leadership strategies that can foster a motivated and effective healthcare workforce,

ultimately leading to improved patient outcomes and organizational success. This study is particularly important because it addresses a critical need in healthcare management: understanding how to better motivate and engage healthcare professionals in an environment that is increasingly demanding and challenging. By exploring the mechanisms through which servant leadership influences key motivational factors, this research has the potential to inform leadership practices that not only enhance employee well-being but also improve the overall quality of care provided to patients.

This paper is divided into multiple sections. Starts with a review of past studies on servant leadership in the healthcare sector, it then continues with the hypotheses development in Section 2 followed by research framework creation. Next, in Section 3, the research methodology is described. In Section 4, the study's findings and analysis are presented, and this paper delves deeper into the implications of the findings. The study was completed with a thorough annotation for professionals and academics in Section 5, which was followed by a section describing the study's limitations and recommendations for future research.

II. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

2.1. Servant Leadership Theory

Servant leadership, a theory introduced by Robert K. Greenleaf in 1970, emphasizes the leader's role as a servant first, prioritizing the growth and well-being of their followers over their own self-interest. Unlike traditional leadership models, which focus on the leader's authority and power, servant leadership is rooted in the ethical use of power and the nurturing of team members to achieve their full potential. Greenleaf argued that servant leaders should be attentive to the needs of their employees, empowering them to perform at their best while fostering a sense of community and shared purpose (Greenleaf, 2002). Key characteristics of servant leadership include empathy, listening, stewardship, and commitment to the growth of people. Leaders practising this approach prioritize the personal and professional development of their followers, often leading to increased job satisfaction, engagement, and productivity (Lumpkin & Achen, 2018). Research by Nauman et al. (2022) highlights that servant leadership is particularly effective in environments requiring collaboration and trust, as it promotes a positive organizational culture and strengthens team dynamics. In healthcare, servant leadership is especially relevant, as it aligns with the sector's emphasis on care and service, contributing to improved patient outcomes and staff retention (Neubert et al.,

2.2. Intrinsic Motivation

Intrinsic motivation is the internal drive to perform a task for its inherent satisfaction rather than external rewards. In healthcare, intrinsic motivation is critical for ensuring that healthcare professionals remain engaged, committed, and effective in their roles. Servant leadership plays a vital role in fostering intrinsic motivation by creating an environment that aligns with the personal and professional values of healthcare workers. This alignment leads to higher levels of job satisfaction, improved patient care, and reduced burnout among healthcare professionals. Research has shown that intrinsic motivation is a significant predictor of job performance in healthcare, with motivated employees more likely to go above and beyond in their duties (Nantha, 2017). Furthermore, intrinsic motivation is closely linked to organizational culture, with supportive and empowering environments further enhancing this form of motivation (Berdud et al., 2016). Therefore, healthcare organizations that prioritize intrinsic

motivation through servant leadership are likely to see significant improvements in both employee well-being and patient outcomes.

2.3. Servant Leadership

Servant leadership is a leadership style that emphasizes serving others, prioritizing the needs of employees, and fostering an environment of trust and collaboration. In the medical field, servant leadership has been shown to significantly impact employee motivation, job satisfaction, and overall organizational performance. Research highlights that servant leaders in healthcare settings create supportive environments that promote intrinsic motivation by aligning the organizational goals with the personal values of the employees. This alignment encourages healthcare professionals to go beyond their basic job requirements, ultimately leading to improved patient care and satisfaction. Furthermore, studies have demonstrated that servant leadership is positively correlated with intrinsic satisfaction and higher healthcare consumer assessment of healthcare providers and systems (HCAHPS) scores, which are critical indicators of patient satisfaction and care quality in hospitals (McCann et al., 2014). Additionally, the relationship between servant leadership and employee attitudes, such as job satisfaction and organizational commitment, is often mediated by employee motivation, with intrinsic motivation playing a key role (Jackson et al., 2022). Consequently, it is plausible to propose the hypothesis:

H₁: servant leadership has a positive effect on the team's efficacy.

H₂: servant leadership has a positive effect on intrinsic motivation.

2.4. Trust

Team efficacy refers to a team's collective belief in its ability to achieve goals and perform tasks effectively. In healthcare, where teamwork is integral to delivering high-quality patient care, team efficacy is a critical determinant of success. Servant leadership enhances team efficacy by fostering a collaborative environment where team members feel empowered and supported. This empowerment leads to higher levels of intrinsic motivation, as team members believe in their ability to contribute meaningfully to patient care. The mediating role of team efficacy in the relationship between servant leadership and intrinsic motivation is well-supported by research. Studies have shown that when team efficacy is high, the positive effects of servant leadership on motivation are magnified, leading to better team performance and higher job satisfaction (Su et al., 2020). The findings emphasize the importance of building and maintaining high team efficacy in healthcare settings to maximize the benefits of servant leadership on employee motivation. Therefore, it is plausible to hypothesize that:

H₃: trust has a positive effect on servant leadership.

H₅: trust moderates the relationship between servant leadership and team efficacy.

2.5. Team Efficacy

Team efficacy refers to a team's collective belief in its ability to achieve goals and perform tasks effectively. In healthcare, where teamwork is integral to delivering high-quality patient care, team efficacy is a critical determinant of success. Servant leadership enhances team efficacy by fostering a collaborative environment where team members feel empowered and supported (Gotsis & Grimani, 2016). This empowerment leads to higher levels of intrinsic motivation, as team members believe in their ability to contribute meaningfully to patient care. The mediating role of team efficacy in the relationship between servant leadership and intrinsic motivation is well-supported by research. Studies have shown that when team efficacy is high, the positive effects of servant leadership on motivation are magnified, leading to better team performance and higher

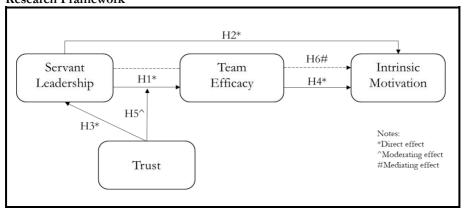
job satisfaction (Su et al., 2020). The findings emphasize the importance of building and maintaining high team efficacy in healthcare settings to maximize the benefits of servant leadership on employee motivation. Therefore, this discovery potentially provides evidence in favour of the hypothesis that:

H4: team efficacy has a positive effect on intrinsic motivation.

H₆: team efficacy mediates the relationship between servant leadership and intrinsic motivation.

Based on the aforesaid discussions and the hypotheses developed, the proposed research framework for this study is shown in Figure 1 below:

Figure 1 Research Framework



III. RESEARCH METHODOLOGY

After a comprehensive review of the literature, the measurement instruments for each construct were developed and refined based on the work of previous researchers (McAuley et al., 1989; Wong & Page, 2003). To ensure the accuracy and appropriateness of these instruments, content validation was carried out. Two experts were enlisted to assess the questionnaire, providing feedback that improved the quality of the instruments, minimized bias, and enhanced reliability. The measures employed a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Data collection occurred between March and July 2023, yielding a sample of 382 participants. Of these, 200 valid responses were obtained, resulting in a 52.4% response rate. According to Faul et al. (2009) and supported by G*Power 3.1 statistical analysis, the sample size used in this study surpasses the minimum requirement. Thus, the research maintains consistency with previous studies by utilizing a sample size of 200. The causal relationships among the various latent constructs proposed in the framework were validated using the SmartPLS technique.

IV. RESULT AND DISCUSSIONS

4.1. Demographic Profile

The study sample comprised 200 respondents, with a majority of female participants (114), compared to 86 males. The age distribution indicates that most respondents were relatively young, with 90 individuals aged 21-30 years and 69 aged 31-40 years. A smaller group, 41 participants, were in the 41-50 age range. In terms of educational background, the largest segment of respondents had completed graduation (116), followed by those with intermediate education (50), and 34 participants with a metric education. Regarding work experience, a significant portion of respondents had

between 1-10 years of experience (125), while 35 individuals had 11-20 years of experience, and 40 had 21-30 years. These findings provide a diverse perspective on the demographic characteristics of the sample as summarised in Table 1.

Table 1 Demographic Profile

| Category | n= 200 | % |
|-----------------------|--------|------|
| Gender: | | |
| Male | 86 | 43 |
| Female | 114 | 57 |
| Age (years old): | | |
| 21-30 | 90 | 45.0 |
| 31-40 | 69 | 34.5 |
| 41-50 | 41 | 20.5 |
| Education Background: | | |
| Metric | 34 | 17 |
| Intermediate | 50 | 25 |
| Graduation | 116 | 58 |
| Experience (years): | | |
| 1-10 | 125 | 62.5 |
| 11-20 | 35 | 17.5 |
| 21-30 | 40 | 20.0 |

4.2. Measurement Model

The measurement model was assessed via three criteria: a) internal consistency reliability; b) convergent validity; and c) discriminant validity of the constructs. Following the recommendations of (Hair Jr. et al., 2021), average variance extracted (AVE) and composite reliability (CR) were used to check for convergent validity. Table 2 details that all the factor item loadings exceed the cut-off value of 0.700, implying they adequately measure what they are supposed to measure.

Table 2 Measurement Model

| Constructs | Loadings | AVE | CR |
|--|----------|------|------|
| Servant Leadership (SER): | | 0.85 | 0.72 |
| I listen actively to what others have to say, even when they disagree with me | 0.70 | | |
| I always keep my promises and commitment to others | 0.77 | | |
| I am willing to accept other people's ideas, whenever they are better than mine | 0.89 | | |
| I find my enjoyment in serving others in whatever role or capacity | 0.71 | | |
| I consistently appreciate, recognize and encourage the work of others | 0.78 | | |
| Trust (TRU): | | 0.71 | 0.70 |
| Mutual trust between my colleagues is high | 0.75 | | |
| I can rely on my colleagues to keep the promises he/she makes to me | 0.82 | | |
| When I am with my colleagues, I feel secure in facing an unknown new situation | 0.70 | | |
| When I share my problems with my colleagues, they respond in a positive way | 0.79 | | |
| When my colleagues make excuses with sound unlikely, I am confident that he/she is telling the truth | 0.72 | | |

To be continued Table 2.

| Constructs | Loadings | AVE | CR |
|--|----------|------|------|
| Team Efficacy (TEA): | | 0.89 | 0.85 |
| Team members appreciate one another unique capabilities | 0.68 | | |
| People on my team are rewarded for being team players | 0.90 | | |
| Team members are an effective listener | 0.83 | | |
| We spend very little time complaining about things we cannot control | 0.71 | | |
| Our team works with a great deal of flexibility so that we can adapt to changing needs | 0.79 | | |
| Intrinsic Motivation (INT): | | 0.79 | 0.78 |
| No matter how much I like or dislike work challenges, I still try to learn from it | 0.70 | | |
| I feel that I should be recognized when demonstrate my abilities in my work | 0.96 | | |
| I keep myself active because I want others to acknowledge that I am doing right what I should do | 0.89 | | |
| When I get empowered, I feel motivated towards my work | 0.74 | | |
| I don't feel pressure because my supervisor has a supportive nature | 0.85 | | |

4.3. Discriminant Validity

The analysis using the Fornell-Larcker criterion confirms that each construct in the framework is distinct from the others. The square root of the AVE for each construct is higher than the correlations with other constructs, indicating that each construct shares more variance with its own indicators than with other constructs (Henseler et al., 2015). This demonstrates that the model's constructs are well-differentiated and measure distinct concepts, supporting the validity of the measurement model and ensuring a reliable interpretation of the relationships between variables.

Table 3
Discriminant Validity

| | SER | TRU | TEA | INT |
|-----|-------|-------|-------|-------|
| SER | 0.849 | | | |
| TRU | 0.73 | 0.837 | | |
| TEA | 0.95 | 0.73 | 0.922 | |
| INT | 0.86 | 0.71 | 0.83 | 0.883 |

4.4 Hypothesis Testing

The hypothesis testing results in Table 4 revealed a significant insight into the relationships among servant leadership, trust, team efficacy, and intrinsic motivation. H_1 confirms that servant leadership has a strong positive effect on team efficacy (β = 0.60, p<0.001), indicating that leaders who exhibit servant leadership qualities effectively enhance their team's efficacy. Next, H_2 demonstrates that trust significantly influences servant leadership (β = 0.60, p<0.001), emphasizing the importance of trust as a foundation for effective leadership. H_3 shows that team efficacy strongly impacts intrinsic motivation (β = 0.70, p<0.001) suggesting that when teams are confident in their abilities, individual members feel more intrinsically motivated.

Insert Table 4 here.

Additionally, H_4 further supports that servant leadership directly enhances intrinsic motivation (β = 0.55, p<0.001), highlighting the motivational impact of servant leaders. The indirect effects of two parts of H_5 indicate that team efficacy partially

mediates the relationship between Servant leadership and intrinsic motivation (β = 0.42, p<0.01), meaning that servant leadership fosters motivation partly by enhancing team efficacy. Lastly, H₆ illustrates that trust moderates the relationship between servant leadership and team efficacy (β = 0.20, p<0.01), showing that the presence of trust strengthens the positive impact of servant leadership on team efficacy. These findings collectively emphasize the crucial roles of trust and team dynamics in enhancing leadership effectiveness and intrinsic motivation within teams.

Table 4
Hypotheses Results

| Нуро. | Relationship | β | SE | t-value | f^2 | Results |
|--------------------------------|-----------------------|------|-------|---------|-------|----------------------------------|
| Direct Paths: | | | | | | |
| H_1 | SER → TEA | 0.60 | 0.05 | 12.00 | 0.36 | Supported |
| H_2 | TRU → SER | 0.50 | 0.06 | 8.33 | 0.25 | Supported |
| H_3 | TEA \rightarrow INT | 0.70 | 0.04 | 17.50 | 0.49 | Supported |
| H_4 | SER \rightarrow INT | 0.55 | 0.005 | 11.00 | 0.30 | Supported |
| Interaction paths (Mediation): | | | | | | |
| H ₅ | SER*TAE → INT | 0.42 | 0.03 | 14.00 | 0.02 | Supported (Partial Mediation) |
| Interaction Paths (Moderation) | | | | | | |
| H_6 | TRU*SER → TEA | 0.20 | 0.07 | 2.86 | 0.05 | Supported |

Notes: *p<.01 and **<.001

V. CONCLUSIONS

The study examined the intricate relationships between servant leadership, trust, team efficacy, and intrinsic motivation within the medical field. The findings confirm that servant leadership significantly enhances team efficacy, which in turn positively influences intrinsic motivation among employees. This study's findings are in line with the previous study done by (Farrington & Lillah, 2019). Similarly, trust was identified as a crucial moderator, amplifying the positive effect of servant leadership on team efficacy. Additionally, team efficacy was found to partially mediate the relationship between servant leadership and intrinsic motivation, indicating that leaders who embody servant leadership qualities not only directly motivate their teams but also do so by enhancing the team's collective efficacy (Jackson et al., 2022)v. This study contributes to the understanding of leadership dynamics in healthcare settings, highlighting the importance of fostering trust and strong team dynamics (Farrington & Lillah, 2019). The study's results highlight the role of servant leadership in promoting a motivated and effective workforce, which is essential for achieving better patient outcomes and overall organizational success. By integrating trust and team efficacy into the leadership model, this study provides a comprehensive perspective on how leadership practices can be optimized in healthcare environments to enhance both individual and team performance (Schwarz et al., 2016).

5.1. Implications

The study's findings offer significant theoretical and managerial implications. Theoretically, the research expands the understanding of servant leadership by identifying trust as a key moderator and team efficacy as a mediator in the leadership-motivation relationship. This adds depth to existing leadership theories, particularly in the context of healthcare, where trust and team dynamics are critical. Managerially, the results suggest

that healthcare organizations should prioritize the development of servant leadership qualities among their leaders. Training programs focused on building trust within teams and enhancing team efficacy can lead to a more motivated and effective workforce. By fostering a trust-rich environment, leaders can amplify their positive influence on team performance, ultimately leading to better patient care and organizational outcomes. The integration of these findings into leadership practices can help healthcare organizations create a more supportive and high-performing work environment.

5.2. Limitations and Future Research

Despite its contributions, the study has limitations that future research should address. The sample size, though adequate for the analysis, was limited to 200 respondents from a specific geographic region, which may affect the generalizability of the findings. Additionally, the study relied on self-reported data, which could introduce bias due to social desirability or inaccurate self-assessment. Future research should consider expanding the sample size and including participants from diverse regions and healthcare settings to enhance the robustness and applicability of the findings. Longitudinal studies could also be conducted to examine the long-term effects of servant leadership on team efficacy and intrinsic motivation. Moreover, exploring additional mediators and moderators, such as organizational culture or leadership styles, could provide a more comprehensive understanding of the factors influencing motivation in healthcare. Addressing these limitations will strengthen the theoretical framework and practical applications of servant leadership in healthcare.

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