SERVANT-LEADERSHIP IN NURSING EDUCATION
—KENDREA TODT AND SARAH COVINGTON

SERVANT-LEADERSHIP

All nurses are inherent leaders as part of our professional identity (Owens & Godfrey, 2022). The nurse as leader is trustworthy and embraces a commitment to excellence, advocating for patient and professional rights. The nurse as leader is a skilled communicator and conflict negotiator who serves others with passion and compassion. By nature of the profession, nurses should model the concept of a servant-leader. The concept of servant-leadership has been around since the 1970s when it was theorized by Robert Greenleaf who describes a servant-leader as (1977):

The servant-leader is servant first…. It begins with the natural feeling that one wants to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions…. The leader-first and the servant-first are two extreme types. Between them there are shadings and blends that are part of the infinite variety of human nature. (p. 13)

In his book, Greenleaf used a movie character from Ken Kesey’s One Flew Over the Cuckoo’s Nest, Nurse Ratched, as the antithesis of a servant-leader, a “Big Nurse—Strong, able, dedicated, dominating,
authority-ridden, manipulative, exploitative—The net effect of whose influence diminished other people, literally destroyed them” (p. 43). To nurses, Kesey’s fictional portrayal of a psychiatric nurse has been a blight to our professional image, even damaging (Bladon, 2017), as our goal is to grow all those, we have the opportunity to serve.

The theory of servant-leadership has been used frequently in business. Forbes reported that Starbucks, Nordstrom’s, and Marriott International are a few of the well-known companies that hold to this leadership style (Kourteva, 2021); however, serving others is not a new concept, as Jesus Christ, Lao Tzu, Nelson Mandela, Mother Theresa, and Martin Luther King Jr led through service to others. With its focus on public health, nursing is a service profession and nursing education lends itself to the development of servant-leaders. In this article the authors will present an overview of servant-leadership theory, how its concepts apply to the profession of nursing and finally how the mission of nursing creates an imperative to develop servant-leaders.

Greenleaf (1977) identified the fundamental difference between servant-leadership and traditional leadership as the desire to serve. In traditional leadership, the motivation to lead may focus on finances and control. There may be a perceived quest for dominance, or an individual seeking to “power grab” (Fahlberg & Toomey, 2016, p. 50). An authentic servant-leader stands in contrast to the person who first and foremost wants to be the leader, “clawing his or her way to the top,” and then once there, decides to do acts of service (Frick, 2004, p. 518). Greenleaf envisioned servant-leadership as “a way of life, rather than a management technique,” as the motivation is to serve, and the focus is people (Parris & Peachey, 2013, p. 378). The purpose of servant-leadership is to grow new leaders. The charge to nurse leaders in education is to grow new nurse leaders to perpetuate the profession with compassion, as “we are all wounded healers seeking to teach, that which
we need to learn” (Frick, 2004, p. 12). Embracing the characteristics of servant-leaders may create a nurturing environment for new nurses to heal and thrive.

**CONCEPTS DEFINED**

**Servant-Leadership**

Leadership as a theory has been researched extensively and several different styles have been identified including transformational, transactional, charismatic, and leadership. Although it is most common to study leadership theory in relation to organizational success, effective leadership can also be addressed in relationship to professional success. Servant-leadership theory is not really a theory but a concept. The concept remains in the early theoretical development stages, lacking full operationalization (Gandolfi & Stone, 2018; Liden et al., 2014). Most of the research done on it has been anecdotal and focused on attempting to define it and its attributes. The concept has multilayered depth which defies a simple definition (Jeyaraj & Gandolfi, 2022b), but Langhof and Güldenberg (2020) acknowledge the lack of a concise and consensus definition however argue that current definitions by Barbuto and Wheeler (2006), van Dierendonck (2011), and Liden et al. (2008) “stem from Greenleaf’s description” (Langhof & Güldenberg, 2020, p. 37). Greenleaf (1977) foretold that operationalizing and applying the concept of servant-leadership would be challenging, rather he called readers to ponder, reflect, and grow. Eva et al. (2019) offered a new definition:

Servant-leadership is an (1) other-oriented approach to leadership (2) manifested through one-on-one prioritizing of follower individual needs and interests, (3) and outward reorienting of their concern for self towards concern for others within the organization and the larger community. (p. 114).
The nursing profession by its service nature is well suited for application of servant-leadership concepts, as we focus on others and their needs and those of the greater community. Building a successful and sustainable legacy in nursing requires a focus on the followers as well as the leaders in the profession (Parris & Peachey, 2013).

The term servant-leader was deliberately chosen by Greenleaf to be controversial. The idea was to promote thought about the meaning (Dye, 2010). Servant-leader stems from a paradoxical influence, leading while serving. The premise of servant-leader is an oxymoron, helper and leader. However, it is the fusion of the two that creates the working dichotomy of leading through serving (Spears, 2005). The word servant has negative connotations attached. It can be confused with subservient concepts such as vulnerability or being disempowered, which are barriers to implementation (Robinson, 2009). According to Spears (2005), servant-leadership is “both logical and intuitive” (p. 1). However, one who serves or provides a service is not necessarily in a subservient position. For example, nursing is a service profession. Nurses provide service to their patients, families and the public by providing direct care, education, consultation on issues of health and advocating in policy development for the public. It takes courage and humility to serve others, allowing those with less power to grow into the best version of themselves they possibly can (Cable, 2018).

Research over the years since Greenleaf first proposed the concept of servant-leader has focused on defining and describing the concept. Redundancies in the characteristics have been refined to consolidate the original characteristics down to ten: (1) listening, assessing communication to discern people’s identities and wills; (2) empathy, appreciative and accepting of how and who others are; (3) healing; (4) awareness, being present in the moment; (5) persuasion, influence through reason not power; (6) conceptualization, broad thinking that is
futuristic; (7) foresight, encompassing intuition and the ability to foresee outcomes; (8), stewardship; (9) commitment to the growth of others, personally, professionally, and spiritually; (10) constructing community, acknowledging community as a pertinent piece of peoples existence (Spears, 2005, 2018). These ten characteristics are critical to the development of the servant-leader (Spears 2005, 2018). According to van Dierendonck (2011), the characteristics of servant-leadership lack proper operationalizing which makes studying them difficult. He argued that six key characteristics of servant-leadership behavior grounded in the literature form an operational definition: (1) empowering and developing people, (2) humility, (3) authenticity, (4) interpersonal acceptance, (5) providing direction, and (6) stewardship (van Dierendonck, 2011). However, empirical evidence is still lacking, and thus these concepts merely represent the essence of servant-leadership. Servant-leadership shares commonalities with seven leadership theories, transformational leadership, authentic leadership, ethical leadership, empowering leadership, level-5 leadership, spiritual leadership, and self-sacrificing leadership (van Dierendonck, 2011). Servant-leadership and transformational leadership are similar and yet quite different as transformational leadership focuses on organizational growth, whereas servant-leadership focuses on growing the individual (de Zulueta, 2015; van Dierendonck, 2011).

*Nursing and Nurse Educator*

There are a number of definitions of nursing including the one used by the International Council of Nurses (2002).

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.
Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

This definition addresses the nurse patient relationship but also the relationship of the nurse to the profession. A nurse educator is one who demonstrates and teaches patient care to nursing students in the classroom and clinical settings (U. S. Bureau of Labor Statistics, 2023). Nurse educators have an obligation to instill in their students a responsibility to serve the profession. Leadership is an inherent part of the role of educator. It is imperative that educators prepare new nurses with the skills they need to care for their patients but also the skills needed to care for each other and the profession of nursing.

Significance

The Institutes of Medicine (IOM), now known as the National Academy of Medicine (NAM), authored a report titled The Future of Nursing: Leading Change, Advancing Health in 2010 and another, The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity in 2021 state that nurses should be encouraged to practice to the fullest extent of their education. Nurses are integral to population health and the delivery of quality care, as “health care delivery systems are “held together, glued together, enabled to function … by the nurses”” (NAM, 2021, p. 59). They must practice as full partners in designing healthcare for the future. This means nurses need the skills to collaborate with other members of the healthcare team in all arenas of healthcare, not only acute care settings, but in the community and academia as well (IOM 2010; NAM, 2021).

The servant-leadership model with its people orientation is a natural fit for collaboration among healthcare professionals. One of the attributes of the servant-leader is to foster a sense of community where members
support each other in achievement of goals. In healthcare the ultimate goal is providing quality care to those we serve. It is suggested that nurses value the benefits of collaboration and servant-leadership more so than physicians, as the service nature of the nursing profession makes this leadership style a natural fit (Garber et al., 2009).

Liden et al. (2014) hypothesized that as followers observe the behavior of servant-leaders, they will emulate those behaviors. In nursing, where members’ purpose is to provide service to others, fostering servant-leadership behaviors has potential to grow new nurse leaders and facilitate an ongoing legacy. A serving culture has been positively associated with performance achievement, employee job satisfaction, creativity, and customer service behaviors. It is negatively correlated to employment turnover. In educating future nurses to work in a customer-oriented discipline, nurse educators can model servant-leadership skills as a means of mentoring future nurses into the profession. When nurse educators embrace honesty and are open to admitting their limitations by acknowledging their knowledge deficits, their humility provides a safe and trusting environment for learning (van Dierendonck, 2011).

**Literature Review**

The authors initially searched the literature in 2016 to explore the possibility of using the concept of servant-leadership in nursing education. The search yielded little in the way of research on servant-leadership, nursing, education, and nursing education. The authors enlisted the aid of librarians at two institutions who searched the literature from 2011-2016 for peer reviewed articles in English, with the inclusion of seminal works. Data bases used in the search were PubMed, CINAHL, Web of Science, ERIC, and Psych Info. Additionally, a general Google search yielded information from the websites for the Greenleaf Center for Servant-leadership, the International Council of
Nurses and the Institutes of Medicine, now the National Academy of Medicine. Fourteen articles that met inclusion criteria were included in the first glance of the literature. The authors returned to the literature in 2023 and enlisted the aid of another research librarian to search the literature from 2016 to 2023, with little change noted, as a paucity of servant-leadership in nursing academia remains, a finding supported by Neville et al., 2021. Reviewing the extant literature on servant-leadership once again produced primarily anecdotal information. The concept of servant-leadership is over forty years old and yet it remains in empirical infancy. The purpose of conducting a literature critique was to investigate servant-leadership as a relevant and possible framework upon which to scaffold nursing education.

**Conceptual Findings**

van Dierendonck and Patterson (2015) contend that servant-leadership is extensively addressed in academic literature, however, few examples were found in nursing education. A previous review done by Parris and Peachey (2013) yielded three articles relating nursing to servant-leadership compared with 17 related to education. van Dierendonck (2011) conducted an extensive review of the literature and synthesized the 44 overlapping characteristics of servant-leadership and separated precursors, behaviors, mediating processes, and outcomes. He coalesced the models based on empirics of servant-leadership measurement development. He identified six key servant-leader characteristics that are perceived by followers: empowerment and growth, humbleness, authenticity, acceptance of others, provision of direction, and stewardship working for the benefit of the community (van Dierendonck, 2011). Eva et al. (2019) found that a large amount of research and articles have been published in the business/organizational psychology field with the concept emerging in education, health care, and the hospitality industry, with only one article reviewed in nursing,
Waterman (2011), which was not a study, rather a conceptual review of the use of servant-leadership in nursing.

Servant-leadership Models and Measures

Although the concept of servant-leadership was developed in the 1970s the first empirical measure was not created until 1999. While working on his dissertation, Laub (1999) was the first to build an empirical measure of servant-leadership, the Organizational Leadership Assessment (OLA). He is cited extensively in the research. His model clustered servant-leadership into six dimensions: values people, develops people, builds community, displays authenticity, provides leadership and shares leadership (Laub, 1999). Laub coined the phrase servant organization, positing that Greenleaf addressed institutions as servants, to which Laub added that individuals are not vacuous and are dynamic operating within a larger system. In the field of nursing, students enter programs of studies, not individual classes. The argument becomes that schools of nursing should emulate servitude and align with a servant organization mindset to grow future nurses in scholarship and leadership. Greenleaf (1977) viewed institutions as live entities. They were charged with caring for those entrusted to them. Servant organization is defined as an organization that encompasses the characteristics of a servant-leader. Laub (1999) posits that the characteristics of a servant-leader be applied to the whole of the organization. Furthermore, Laub operationalized the concept of servant-leadership. He described it as promoting and valuing the development of people. He incorporated Greenleaf’s ideas of building of community and the sharing of power and status for the common good of each individual, the total organization and those served by the organization (Laub, 1999).

Model and measurement development ramped up with the turn of the twenty first century as researchers sought to develop empirical evidence through defining, identifying, and delineating servant-leader
characteristics. Russell and Stone (2002) developed a model with functional and accompanying attributes, incorporating all of Greenleaf’s twenty characteristics of servant-leadership. This model is confusing, as to which characteristics are functional and which are accompanying. This is an example of the challenge of defining servant-leadership and impeding further empirical research. In their study, Barbuto and Wheeler (2006) developed the Servant-leadership Questionnaire (SLQ), and added an eleventh characteristic, calling, to the ten identified by Spears (2005). Validity was determined with priori categorization; acceptance rate was 80%. A factor five analysis reduced the 11 characteristics into five subscales, which were then used to test for internal reliability and convergent, divergent, and predictive validity. The five influences derived from the original eleven were: altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship.

All of these represent attempts to define and quantify servant-leadership attributes, however the lack of consistency in language and number of the characteristics presents challenges in measurement. Greenleaf conceived his theory in the 1970s and yet there is still no consistent means of measuring and defining what constitutes a servant-leader. It is this lack of construct clarity that hinders theory development (Eva et al., 2019). However, of the 16 known measures, there are three measures of servant-leadership behavior that Eva et al. (2019) recommend based upon the rigorous process development and validation, Liden et al.’s (2015) Servant-leadership (SL-7), which includes the assessment of the need for the leader to give back to the community, Sendjaya et al.’s (2019) Servant-leadership Behavior Scale (SLBS-6), which includes a unique spiritual dimension, and van Dierendonck and Nuijten’s (2011), Servant-leadership Survey (SLS), which considers the “juxtaposition between the ‘servant’-side and ‘leader’-side of servant-leadership (p. 117).
Executive leaders in a southern school of nursing used servant-leadership as a theoretical framework to guide faculty through the COVID-19 pandemic and the national civil unrest in the summer of 2020 after the egregious death of George Floyd at the hands of police officers (Tagliareni et al., 2022). The researchers developed a model to “sustain growth and build resilience” (p. 315). The model incorporated Greenleaf’s characteristics of listening, empathy, healing, persuasion, stewardship, commitment to the growth of others, and building community. There were no measures, rather anecdotal information surrounding three outcome categories: (1) collaborative strengths of students, staff, and faculty, (2) community performance to intentional change, and (3) transformative practices that added to partnership development, internal and external (Tagliareni et al., 2022, p. 316). Information on the potential use of the model was anecdotal, as there were no measures, as no research study was conducted.

Maglione and Neville (2021) conducted a study to determine the relationship between spirituality and servant-leadership characteristics in nursing students, undergraduate and graduate. They used the 24-item Servant-leadership Scale (SLS) developed by the Association of Catholic Colleges and Universities with a reported high construct validity and alpha coefficient of 0.93 (n.d.). The scale addresses eight dimensions: (1) empowering others to see potential in everyone with the desire to support others’ growth, (2) humility, lacking pretense, (3) stewardship, with utilitarian values of using resources to better the greater community, (4) communication defined as listening to develop understanding of how to work together with a community to meet their needs, (5) social justice with advocating for issues surrounding justice, (6) cultural leadership “defined as advocating for diversity and treating all people with dignity and respect,” (7) personal integrity, living with high ethical standards, and (8) accountability for one’s actions (pp. 4439-4441). Their study
yielded a Cronbach’s alfa of 0.86. These authors contend the Servant-leadership Scale is a highly relevant scale with the dimensions that focus on social justice and cultural leadership (Maglione & Neville, 2021).

Jeyaraj and Gandolfi (2022a) proposed servant-leadership as a theoretical underpinning of a proposed critical pedagogical framework built on the concepts of trust, dialogue, and empowerment to encourage students to address social justice issues, however this information is anecdotal in nature. Jeyaraj and Gandolfi (2022b) argue the relevance of servant-leadership and critical pedagogy to facilitate student growth and success. Students are “empowered to be co-investigators in the teaching and learning process” when they look for problems in their immediate environments and then seek to solve them (p. 100).

Other Studies of Empirical Significance

Burch, Swails, and Mills (2015) conducted a descriptive study in a Midwest Christian University to examine perceived leadership traits, strengths, and weaknesses of four principal leaders in a Christian university and compared the findings to actual follower perception. The study revealed a disconnect between leader perception and follower observation, citing an organizational dysfunction. Strengths were passion and commitment (88.2%), strong values (88.2%), and optimism (77.4%). In contrast, follower perception of weaknesses, mentoring and developing (45.7%), encouragement/motivation (41.9%), and empowering (39.7%). The missing component was growth, as Greenleaf (1977) championed that the true indicator of servant-leadership is growth. The question is “Did the people grow under the leader’s influence?”

This study aligns with a study done by Garber et al. (2009) in which perceptions of servant-leadership characteristics were measured among nurses, physicians and residents. Garber’s research measured perception rather than servant-leadership attributes. They found that nurses had a
higher perception of themselves as servant-leaders than physicians or residents, although both nurses and physicians scored high. The researchers also found a positive correlation between collaboration and perceptions of servant-leadership skills. Although the findings have limited generalization beyond the study institution, and replication was recommended, incorporating servant-leadership into nursing education may be one means of facilitating interdisciplinary collaboration among health professionals. To transform the organizational culture, it is imperative to understand perceptions of collaborative practice and servant-leadership (Garber et al., 2009).

In another study, Noland and Richards (2015) explored the influence of servant-leadership on student learning, engagement and motivation. There were 434 participants (355 freshmen, 20 sophomores, 35 juniors, 22 seniors), which were predominately Caucasian and female. Positive correlations were found between servant-leadership and both learning indicators and servant teaching, \( r = .39, p < .01 \) and also between servant teaching and student engagement \( r = .530, p < .01 \). These results indicate that students benefit academically when educators embody servant-leadership characteristics and mannerisms. There were noted limitations to this study related to the timing of the data collection, as the student sample was primarily young white females, lacking racial perspectives, and growth perspectives, as the participants were largely in their first-year college students.

Black’s (2010) mixed method study explored perceptions of school climate. He found there was a significant positive relationship between servant minded leadership and school climate. Laub’s (1999) tool Organizational Leadership Assessment (OLA) and the Organizational Climate Description Questionnaire-Revised (OCDQ-RE) measurement were used. The factors that associated the two instruments were constructing community, valuing people, displaying authentic
characteristics of the OLA assessment (Black, 2010).

Focht and Ponton (2015) conducted a Delphi study and identified the 12 primary characteristics of servant-leadership. A Delphi study entails multiple levels of questions addressed by experts on a phenomenon of interest until consensus is reached, which is defined as 70% of all participants ranking the characteristics a 3 or a 4 on a 4-point Likert-type scale. Participants were chosen based on their publication record in the field of servant-leadership and identification of servant-leader characteristics. The Delphi study entails anonymous questioning and is thought to elicit better quality data (expert consensus), as opposed to a focus group, and the possibility of a group think mentality. This study is valuable to moving forward in empirical research as servant-leader concept experts were used to identify key characteristics of servant-leadership to define servant-leadership. Until a clear standard definition is established the concept cannot be measured. This is a fairly recent study which may provide a consistent foundation for future work.

Anecdotal work on servant teaching by Bowman (2005) identifies three callings for educators: (1) obligation to serve all students and develop their potential, (2) calling to examine one’s educational style to make sure it does not override or counteract student learning needs, and (3) the reminder that the calling frees one from placing the focus on content instead of the student. Educators can promote a sense of community and connectedness, with each other by practicing justice, and employing a power structure that shares decision-making.

Similarly, Crippen (2010) elaborated on servant-leadership in education and the need for moral literacy training. The article was touted to be a philosophical introduction of servant-leadership. The article, like many others, delved exclusively into the characteristics of servant-leadership that were distilled by Spears (2005). Focht and Ponton (2015) also focused on the primary characteristics of servant-leadership;
however, their goal was to definitively define servant-leadership by measuring the primary characteristics with a Delphi study.

Anderson (2016) contends that servant-leadership is essential for baccalaureate nursing and used servant-leadership and emotional intelligence as theoretical basis for a leadership course group project. There was no study conducted rendering the information provided as anecdotal. Anderson et al. (2017) used tenets of servant-leadership, Watson’s (1999) caring theory, and the transtheoretical model of change (Prochaska & DiClemente, 1992) as theoretical frameworks for a quality improvement project titled the Super Utilizer Project. The project was a collaboration between a baccalaureate school of nursing and an emergency department of a health care facility. Students acted as coaches to 23 individuals identified as super utilizers, defined as patients who make multiple/frequent non-emergency related visits to the emergency department in a short period of time. The project was reported as successful with visits decreasing from 710 annual visits to a projected 510 yearly visits with an associated cost savings of nearly 1 million dollars. Students were reported to value the opportunity to apply servant-leadership and clients felt empowered by the coaching relationship. No servant-leadership measures were reported with information being highly relevant to nursing education, but anecdotal in nature.

SYNTHESIS OF THE LITERATURE

The multiple models with subsequent tools are an impedance to understanding the concept of servant-leadership in nursing education. To be deemed as valid, a concept must be measurable. Herein lies the issue, as no congruent measure of the definition is found, leaving us as reviewers to question if the lack of empirics in the discipline of nursing education is not due to the lack of a solid definition of servant-leadership. To close the gap requires further research into the concept of servant-leadership to decide if it is a valid measure with which to guide
educational practices. Solid nursing practice in both the clinical and academic arenas is founded upon evidence-based practice, which requires three elements, empirical support, expert opinions, and patient or in academic environments, students, inclusion. The studies and anecdotal information examined thus far have yielded expert opinions on the concept of servant-leadership, perceptions of others (students and colleagues), and empirical evidence that is sparse and lacking. All three elements to support an evidence-based practice change must be present. The premise of servant-leadership has promise for nurse education, as the characteristics are logical and moral. However, to build a program upon a concept that lacks empirical evidence lacks credence. The lack of empirical research leads to conceptual confusion and fails to justify implementation of servant-leadership concepts in nursing education. The evidence is insufficient at this time to support a change in leadership practice in nursing programs. The various anecdotal information touting relevance of servant-leadership is philosophical but not theoretical.

CONCLUSIONS

The Greenleaf Center uses the mobius strip to model the convolutions of morphing into servant and then back into leader. The ribbon like design is a visual representation of the fluidity of the infinite merging and separating of servanthood into leadership and back into servanthood again (Spears, 2005). “We are all wounded healers, seeking to teach that which we need to learn,” how to become real accessible role models to our followers (Frick, 2004, Preface, p. xvii). The adoption of a servant-leadership model in nursing education includes accepting that nursing has a responsibility to create a legacy by growing new members who are able to lead the profession into the future. The attributes and behaviors identified by van Dierendonck (2011) and Spears (2018) outline a framework for creating a servant-leader culture. The holistic nature of nursing lends itself to this approach. Servant-leadership entails
the leader being all in by sharing power and engaging and validating followers so that they too can develop to their highest leadership potential. This shared governance characteristic is what allows for the fluidity of servant-leader and follower roles.

However, more research needs to occur before there is enough evidence to recommend the adoption of servant-leadership as a model for nursing education. The completion of the Delphi study by Focht and Ponton (2015) shows the most promise for standardization of language and criteria needed to facilitate empirical studies of servant-leadership. Nursing is based on evidence-based practice standards and to date there is not enough empirical evidence to recommend it for adoption across the profession. For those nursing programs who choose to adopt servant-leadership principles, the authors recommend that data collection and analysis of results be documented. Although empirical evidence is lacking, the concept of servant-leadership has stood the test of time and the authors argue, has much relevance to nursing today, especially in regards to addressing matters of social justice. Greenleaf (1977) envisioned an ideal institution as one that embodies leadership through organizational service. It is up to those who embrace the concept of the servant-leader to operationalize Greenleaf’s vision. Nurse educators are in a position to nurture students and optimize their potential as the profession’s leaders of tomorrow. Growing leaders who are willing to stand up, step up, speak up, and “to do something” to make this world a better place for everyone (Fahlberg & Toomey, 2016, p. 52).

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