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## Rise of Spiritually Aware Healthcare Professionals: Importance of Servant Leadership in Educating Future Healthcare Professionals

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Rise of Spiritually Aware Healthcare Professionals: Importance of Servant Leadership in  
Educating Future Healthcare Professionals

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This is dedicated to my parents who have given me the freedom to break boundaries, challenge the status quo and have taught me to create a massive impact on this world with everything I do.

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# INTRODUCTION

## 1.1 History and Background of Medical Education

Medical education in the United States has undergone drastic changes since the beginning of formal medical education starting in 1750. This change has been driven by the evolving needs of the patients and community around them. The first formal class in theory and practice of medicine was offered at College of Philadelphia in 1765 by John Morgan and William Shippen. During this period, the Pennsylvania Hospital led by Benjamin Franklin also proposed a class that allowed for students to follow doctors during treatment of patients. These were the very first attempts of training future generations to become physicians. The motivation of students going into this field at the time was only created if they were related to individuals who were already renowned in the field of medicine. Hence, this was a very small group of individuals in the community.

The rise of medical schools in the United States was accompanied by a lack of quality of medical education and lower standard of entry of students. In some cases, students were not required to have a high school diploma to gain access to a medical education. The system was also driven highly by the motive of imparting the technical scientific knowledge and basic concepts required to practice medicine. However, this meant a lack of focus on the practical and interactive aspects of the practice leading to unsatisfactory physician-patient relationships and patient experience. Prior to World War I (Before 1914-1918), medical education was scattered. There were many education programs that were non-university affiliated with physicians who served during the war imparting their knowledge to their own students. These kinds of programs were owned by the physicians themselves with students paying them directly. There was a clear lack of structure because institutions called hospitals did not exist at the time. Hence,

development of medical schools had a clear lack of structure and curriculum. Classes were offered only 16 weeks in the first year and the second year of education was almost a replica of the first year (Slawson, Robert G, 16). It wasn't until 1910 when Abraham Flexner, a researcher at the Carnegie Foundation for the Advancement of Teaching took it upon himself to assess and analyze the medical education practices of 155 medical schools in United States and Canada that a revolutionary change occurred in medical education (Cooke, Molly et al, 1339). It was at the same time that Johns Hopkins, University of Michigan, University of Pennsylvania and Harvard University were proposing the inclusion of two clinical years of practice following two years of scientific teaching. This led to the elimination of many non-university affiliated medical programs and pushing for medicine as a professional education.

Flexner heavily advocated for research and shaped a culture of research into the education practices that transformed medicine in the twentieth century. The metric of success of professors and lecturers was associated with the amount of published articles that they were able to produce in a year (Cooke, Molly et al, 1340). Flexner pushed for research integrated into teaching and patient care to enhance quality and satisfaction. Flexner pioneered the addition of practical clinical experience to medical education through internship or better known today as the two years of clinical rotations that medical students perform after their two years of technical, scientific education. Flexner realized that medical students would actively learn patient care and responsibility if they were exposed to "cognitive and procedural clinical skills" under experienced physicians (Cooke, Molly et al, 1341). With the introduction of this new system, medical education was heavily focused on integration of research, teaching and patient care for the first half of the twentieth century. However, what Flexner did not intend to create was a culture of medicine being driven by revenue. With the invention and massive growth of technology,

research was geared towards molecular and biotechnological studies that required a lot of time commitment. This pulled away professors, lecturers and physicians from focusing on teaching and patient care.

The medical field is heavily community focused because of its primary customers being individuals of the community. As of 2017, the healthcare system of the United States serves a population of 325.7 million and is the highest healthcare expenditure in the world. Today, medical education institutions are under immense pressure like never before to produce higher numbers of research publications, higher patient per physician service, increases in financial revenue at an administrative level, and overall increased output. This has led to today's condition where medicine as a field is threatened by viewing it through the narrow lens of business and profits. Patient care, experience and satisfaction have taken second priority. This has led to the dehumanizing of the medical field as a whole. Today physicians are less concerned about the time they spend with their patients and do not find any rewards for doing so. Wait times for patients are at an all time high as physicians' attentions are being distracted by the minute with research and other administrative tasks. Needless to say, individual consultations of patients are motivated by treating symptoms rather than causes with a focus on speed and number of patients viewed by physicians at a time. Some large scale hospitals in Philadelphia, Washington DC and Chicago aim for 80 patients per physician per day. This approximates to about 3 minutes per patient with a wait time of about 45 minutes. Incoming generations of physicians lack self-awareness, critical thinking skills, civic responsibility, empathy, compassion, and active listening skills that are all considered important for effective treatment of patients. Since the late 1980's, the medical field has been moving towards changing the education system to address social, economic and cultural aspects of the society and how that shapes medicine and quality of care.

## **1.2 Introduction to Servant Leadership and its principles**

Robert K Greenleaf in 1970 shed light on a long existing style of leadership called servant leadership. In his essay *The Servant as Leader*, Greenleaf says, “The servant-leader is servant first. It begins with the natural feeling that one wants to serve, to serve first. The 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” (Greenleaf, 6). Servant leadership constitutes ten basic foundational principles that differentiate servant leaders from traditional leaders (Greenleaf, 8-15):

1. Listening and Understanding
2. Awareness and Perception
3. Acceptance and Empathy
4. Intuition
5. Foresight
6. Persuasion
7. Commitment to the growth of others
8. Stewardship
9. Conceptualizing
10. Building sustainable communities

Servant leadership challenges the very foundation of traditional leadership which involves viewing the leader in a position of authority and power. Servant leaders do so by 1) listening first before forming views/opinions on a topic. It has been proven that effective leaders are those who are great communicators- they listen to themselves as well as others (Crippen, 13). This also involves being comfortable in silence and having the ability to have a relaxed approach to



conversations. 2) Servant leaders cultivate a great sense of self-awareness through introspection, self-reflection, listening to others, critically thinking and analyzing the world around them and their experiences and most importantly being open and vulnerable to be shaped by and shape their environment. They have the ability to translate what they know and believe to what they say and do. This, in particular, sets apart a servant leader from a traditional leader. 3) In contrast to traditional leadership where leaders use their power and authority to patronize and demotivate others for their weakness; servant leaders meet and accept others where they are by empathizing and understanding that an individual is shaped by his/her circumstances, experiences, background and upbringing. As stated by Greenleaf, "Acceptance of the person, though, requires a tolerance of imperfection. Anybody could lead perfect people-if there were any. The secret of institution building is to be able to weld a team of such people by lifting them up to grow taller than they would otherwise be" (Greenleaf, 10-11). 4) Servant leaders have the ability to see what their followers cannot. These leaders play a game with their intuitions- the ability to form generalized conclusions from patterns that already have occurred. They play a game because there are two situations that these leaders have to deal with- to wait until enough information is in or to take a decision without enough information due to urgency or timing. The decision may not provide immediate results but has shown in most cases to produce long term sustainable results. 5) Most important of all these aspects is foresight. Servant leaders are proactive and can anticipate what the future will hold- this can be several different options. These leaders are better able to handle uncertainty in comparison to traditional leaders who believe in avoiding risks and failure. This level of foresight requires leaders to operate from two levels of consciousness. As stated by Greenleaf, this is a spiritual practice that requires leaders to work in the real world- being concerned, responsible, and effective and value oriented while also

being detached, able to view the issue holistically and understanding that this is one part of the whole. 6) Servant leaders prefer to persuade others of their idea, direction and concept rather than coerce or force their choices on their followers. They do so by being kind and gentle yet persistent and clear. It is so powerful because they only stand for what they believe, have a strong sense of integrity and are willing to work up a win-win solution. 7) The name servant leader suggests being servant first before being a leader-these leaders are strongly committed to not only striving for greatness but also bringing others along with them on this journey of success. They believe in human potential and are willing to go above and beyond to ensure that their followers are learning and growing through the journey. 8) Servant leaders believe in leading by being a role model. They are aware and realize that every action that they take is being watched and will have consequences that contribute to the future of the organization and their life as well as the lives of those that follow them. Hence, they find it important to hold everyone at every level in the organization accountable by communicating their vision and cultivating a sense of internal responsibility (Crippen, 14). 9) Servant leaders believe in the power of spirit. They believe that an individual's past does not shape the future of that individual. They cultivate the ability to dream and dream beyond what most people say is possible. This quality of conceptualization allows these leaders to have an ambitious vision and communicate it effectively, persistently while persevering through some of the hardest obstacles to see this vision through. 10) Most servant leaders view their work as their legacy. The phrase "ripple effect" is what these leaders want to produce- they work to create sustainable communities by creating a mission, vision and values that most members of these communities hold true to themselves. Hence creating and inspiring their followers to be future leaders. They create resilient and persistent communities by enhancing a sense of belonging with a strong

shared sense of purpose that focuses on each individual's strengths rather than their weakness all while giving room for growth.

Today, the healthcare field is rapidly changing with the rise of new technology, evolving needs of patients, increased focus on serving the underprivileged populations, emphasis on equal access and health justice; it is all the more important for future generations of aspiring medical professionals to be future leaders and change agents in the field of medicine. With today's social inequalities being more interconnected and complex than ever, the world requires individuals who are able to perform at high efficiency with diligence, personal and civic responsibility to want to make this world a better place for the future generations. This study analyzes the role of servant leadership in healthcare and the effects of servant leadership in future medical education to shape aspiring generations of healthcare professionals to be more spiritually aware. The study attempts to solve the puzzle of leadership and healthcare while drawing a connection between the two.

## **SEARCH METHOD AND PROCESS**

**2.1 Literature research-** This study reviewed literature over the ranges of 2007 to 2018 on topics based on benefits of servant leadership in education and healthcare, interprofessional collaboration in healthcare, narrative medicine, power of storytelling, student perceptions on the use of servant leadership principles and practices. The underlying need of this project is to solve the issues of: 1) Shifting the measure of success of physicians from number of patients to quality of treatment, 2) Enhancing patient satisfaction, and 3) Increasing physician leaders and interdisciplinary collaboration. Scientific and Peer Reviewed Journal articles were analyzed to find common themes that are in parallel with the learning objectives of the course. These articles were pulled from an eleven year range starting 2007 to 2018. Articles were extracted from Journal of American Medicine, New England Journal of Medicine, Journal of Medical Education, Journal of Physical Therapy Education, Medscape Journal of Medicine and Journal of Nursing Administration among many others.

To aid in the literature research, students were asked to complete pre and post surveys' for the class offered in May 2017. The pre and post survey both included both qualitative and quantitative questions to gauge the thought process and understanding of the different concepts taught in class. For the class offered in May 2018, students completed a survey on the last day of class that was based on reflecting on their growth from before taking the class and after taking the class. This survey also was made using a combination of qualitative and quantitative questions to compare the entry level of growth to the level of growth after taking the class. The decision to use the data was made after offering the class hence; obtaining IRB approval is underway.

**2.2 Designing and developing a three credit undergraduate course**

As part of the Montgomery Leadership Program, a studio based three credit undergraduate course was designed and developed to help create more awareness and exposure to various different aspects of the medical profession. The course was designed to be a reflective, discussion based class specifically geared towards pre health professionals. The course was first offered in May 2017 over a twenty day period with a total of twelve students and will be re offered in May 2018 and further. The course intends to impart skills such as critical thinking, empathy, compassion, teamwork, shared decision making, interdisciplinary collaboration, active listening, effective question asking and holistic-larger view of the medical field and patient care. The purpose of the course is to increase the quality of patient care and to shift thinking and understanding of the measure of physician's success from quantity-number of patients treated to quality- maintaining healthy patients physically, mentally and spiritually. This is a paradigm shift from previously existing ideologies followed by medical professionals. As previous stated, this shift in the healthcare field has been occurring since year 2000. According to the study *Medical Education in the United States of America*, graduate medical education has moved to focus on six major skills being practice based learning and improvement, professionalism, systems based practice, patient care, medical knowledge, interpersonal and communication skills (Dezee, J Kent et al, 521). This course parallels and intends to focus on these six aspects of future medical education through six major strategies as outlined below:

#### **I. Healthcare Leadership Strategies**

- Governance priority and teamwork
- Culture of continuous improvement, in which the organization is committed to ongoing, real-time learning

- IT best practices, in which the organization uses automated, reliable information to and from the point of care
- Evidence-based protocols
- Resource utilization to optimize personnel and physical space
- Integrated care, in which patients receive the right care in the right setting by the right providers who have the right teamwork
- Shared decision-making, in which the patient and clinician collaborate on care plans together
- Targeted services, in which patients who use the most resources receive clinic or community interventions
- Embedded safeguards to cut down on injuries and infections
- Internal transparency, in which the organization shares progress on performance, outcomes and costs

For example, through a case study involving a Cleveland Clinic, students will investigate the importance of the commitment to shared decision-making, and how this improves patient and family engagement. Caregivers and patients have daily "huddles" about the patient's progress and a care plan, which the Clinic attributes to a 1.5-day drop in the average length of stay, a 3 percent improvement in 30-day survival and a 6 percent reduction in the total cost of care, according to the paper. Even more, patient satisfaction with clinician communication went up by 28 percent.

In other studies teamwork will be highlighted. Partners HealthCare in Boston work with multiple departments to ensure that patients are getting the right medication. At Brigham and

Women's Hospital, Partners implemented a bar-coding system in which pharmacists scan all medications before dispensing to make sure they match the physicians' orders. The nurses at the bedside then scan the medications prior to administering them. Partners said the bar-coding system has cut down on serious medication-administration errors by 31 percent and saved \$3.3 million in cumulative five-year savings.

## **II. Leadership Models**

- Transactional - is a technique of leading a healthcare organization where, through routine transactions such as rewards and punishments, tasks get accomplished.
- Adaptive - is a practical leadership framework that helps individuals and organizations adapt and thrive in challenging environments.
- Transformational - leadership styles focus on team-building, motivation and collaboration with employees at different levels of an organization to accomplish change for the better.
- Servant - is a philosophy and set of practices that enriches the lives of individuals, builds better organizations and ultimately creates a more just and caring world.

## **III. Review the effects of leadership styles on quality of services in healthcare. Focus on how servant based leadership adds novelty and difference to quality care.**

- Define servant leadership and its principles
- Discuss how leaders and healthcare professional education organizations must create a new vision and mission statement that successfully incorporates patients, families and communities as partners/team members
- Core Competencies of collaborative care
- Increasing quality and satisfaction of patients
- Enhancing patient experience

- Emphasis on holistic health- treating a patient and not just their symptoms
- Increasing and maintaining the overall health of populations

Robert Greenleaf's concept of servant leadership has been increasingly valued in the past 10-15 years. Many industries are turning to the principles and the concepts of servant leadership to help improve their organizations. Leaders in the healthcare field are drawn to this style of leadership mainly because servant leaders exhibit a strong commitment to growth, healing, love, spirituality, collaboration and civic responsibility.

#### **IV. Compassion in healthcare**

- Science of compassion
- Compassionate healthcare system
- Defining compassion
- Empathy or sympathy

Compassionate health care is universally valued as a social and moral good to be upheld and sustained. Leadership is considered pivotal for enabling the development and preservation of compassionate health care organizations. Strategies for developing compassionate health care leadership in the complex, fast-moving world of today will require a paradigm shift from the prevalent dehumanizing model of the organization as machine to one of the organizations as a living complex system.

#### **V. Overview of today's healthcare professionals.**

- Medical Doctor
- Doctor of Osteopathic Medicine
- Nurse
- Physical Therapist



- Veterinarian
- Pharmacist
- Dentist
- Optometrist
- Physician Assistant
- Occupational Therapist

#### **VI. Patient interaction and health care coverage.**

- Freedom of choice, informed decision making and participation
- Humanizing the medical field
- Understanding patient's stories and lives- the art of Narrative Medicine
- Increased primary access to care for underprivileged populations
- Decreased cost of healthcare per capita
- Overall decreased expenditure on healthcare

Enhancing quality of patient interaction and care has become the primary area of focus for healthcare professionals and leaders. The push for story telling as a means of coping, vulnerability as a gateway to understanding the patient as more than just a set of symptoms and using empathy as a tool of treatment is being considered a proponent of social change in the healthcare field.

These six strategies were implemented using various different methods and these methods are mentioned below:

- 1. Creative Writing:** Students are required to write several different papers throughout the duration of the course. These papers being book review paper, case study paper, personal statement, guest debrief papers, and service reflection pieces.

- a. **Book Review Final Paper:** Students will be asked to read the required book and will be required to submit a final paper reflecting on their learning's and how they will apply this in their career.
  - b. **Service reflection journals and paper:** Students will be expected to obtain a minimum number of shadowing hours with the community healthcare partners. They will be required to log their hours and complete journal reflections after each visit on orgsync.com. At the end of the semester, students will be expected to write a final reflection paper to indicate their growth throughout the semester.
  - c. Students will be expected to **write short summaries after guest lecturers** indicating what they found interesting and novel as well as how this perspective impacts their work as a healthcare professional.
  - d. Students are required **to write a personal statement** on the first day of class. As the students, go through the class a constant revision of the personal statement should be done in order to incorporate learning, change in perspectives or any other additional reflections that motivate the student to pursue a career in healthcare professional. Students will be expected to present their personal statement to the class on the last day for critique and discussion.
2. **Reflection:** The course is heavily based on personal and professional introspection and reflection. This method intends to create self awareness, critical thinking and growth mindset in aspiring healthcare professionals. These skills are shown to be valuable in the practice of a physician/healthcare professional to increase quality of care produced. It has also been shown to increase satisfaction, retention and lower burnout rates of physicians in an organization.

Below are the questions required to be answered by students in the service reflection paper and piece:

a. **Service reflection journals and paper:** Students will be expected to obtain a minimum number of shadowing hours with the community healthcare partners. They will be required to log their hours and complete journal reflections after each visit on orgsync.com. At the end of the semester, students will be expected to write a final reflection paper to indicate their growth throughout the semester. The final paper should include:

1. What were some of the perceptions or beliefs about the service experience you were going to have?
2. Report a service experience you have had in the past. Include comments about what type of difference you made to those you served. How did you feel about your service? What if any attitudes or beliefs changed for you as a result of your service?
3. Identify three strengths you demonstrated in your service placement and three areas where you feel you could use additional guidance and learning in order to be more effective.
4. How is your experience different from what you expected? What did you like/dislike about the experience?
5. Complete the sentence: Because of my service learning, I am.....

**3. Leadership and Oral Skills:** Importance of physicians and healthcare professionals' willingness to take up leadership roles in organizations cannot be stressed enough. Effective and visionary leadership is the primary factor of a successful organization. Healthcare organizations face complex leadership problems because of multiple factors which include but are not limited to insurance, government funding, new technological advances, workforce

development and management and constantly changing goals, methods of delivery of care to patients.

**a. Case Study Paper and Presentation:** Students will be expected to work in groups to produce a presentation and/or discussion on an article of their choice that they will lead in class. The article should be related to the healthcare field, leadership and how these play an influence in the field. The team should provide a copy of the article to the instructor.

- The paper should be 1 page and should include:
  1. A brief summary of the case study
  2. The relevance of the case in the health profession in terms of serving patients
  3. How did the article/case change your perspective or what was something you learned?
  4. How can you apply your learning in your career?
- The team is responsible for creating a 10 minute formal presentation and every team member should present a portion of the presentation. The presentation should include:
  - Summary of the article/case
  - What the team found interesting or new?
  - How it applies to potential leaders of the healthcare profession?

**b. Class Discussion:** Students are strongly encouraged to participate in class discussions and activities. Participation is essential for the experience and the overall quality of the program.

**4. Service and Leadership:** The foundational elements of servant leadership that serve as aspects that set apart this leadership style from all others. Service and volunteering has been

shown to increase empathy, compassion, and self awareness, positive use of privilege and increased sense of gratitude among many others.

- a. Shadowing a health professional:** Students will be expected to obtain a minimum number of shadowing hours with their assigned community healthcare partners. They will be required to log their hours and complete journal reflections after each visit on [orgsync.com](http://orgsync.com).
- b. Final Service Project:** Three teams of four students each will shadow a with an assigned community partner. The community partner will present the team with an organizational challenge/issue that directly or indirectly affects the quality of patient care offered. Students are required to create a feasible, plausible solution to the assigned challenge and form a booklet and a ten minute presentation that a representative from the community partner will have access to. Students are required to look at the challenge from multiple perspectives including but not limited to financial, legal, business impact that the solution could have on the organization. Students are also required to provide support for and elucidate why their solution is different from any of those that is already in practice through peer reviewed journal articles, business cases and interviews.

To aid in better understanding, a syllabus of the class has been attached in the appendix of this document.

# RESULTS

## 3.1 Learning objectives of the course:

The course was offered at Mississippi State University during Maymester 2017. Observing student perceptions and general feedback, the learning objectives of the course can be categorized as:

### 1) Civic Responsibility

Given that the medical field requires professionals to serve the community and the globe around them, the need for socially responsible healthcare professionals is pressing. This skill contrary to what is expected is the most lacking in healthcare professionals. When entering the medical field, professionals are required to take the Hippocratic Oath which serves as a contract between medicine and the society. Civic responsibility is the forgotten bridge that is now very important to be inculcated in order to reduce the gap between society and medicine. According to the study, *The Physician as Health Advocate: Translating the Quest for Social Responsibility into Medical Education and Practice*, a social responsibility framework has been created to advocate for collaborative work between healthcare institutions, government, businesses and the public to meet the society's evolving healthcare needs (Dharamsi, 1108). With today's social problems being very complex, it is not only important to explain how various factors contribute to health disparities and patients but also to educate healthcare professionals to have moral integrity and accountability to their patients, the profession and the society as a whole by providing a more community oriented approach through which they develop a practical sense of social responsibility by learning the positive changes they can make at the level of health policy and government (Dharamsi, 1111).

## **2) Self-awareness**

This is the ability of an individual to consciously acknowledge their feelings, thoughts and intentions. It allows for individuals to view themselves as separate from their environment which provides the uncanny ability to view issues of the society holistically. As healthcare professionals, self awareness is required to assess oneself when faced with different situations. Being a professional that is accompanied with immense pressure and responsibility, it is important for individuals to observe and analyze their patterns of behaviors and actions so as to better themselves when faced with the same situation again. A study showed that physicians who were generally more self aware showed increased efficacy in communication, lower compassion fatigue, increased quality of patient care and lower burnout rates (Levinson, 1311).

## **3) Metacognition and reflection**

Metacognition is the ability of an individual to be aware of their thought process-i.e. thinking about thinking. Reflection is considered a form of metacognition which can occur before, during and after incidents to allow for a deeper understanding of who they are, what the situation brings out of them and how they can develop themselves to be better when faced with the same situation in the future (Sanders, 685). A study involving pharmacy students suggested that reflection and metacognition allows for opening up students to alternative points of view. With the “messiness” of the healthcare profession and the problems that professionals face being increasingly complex, metacognition empowers professionals to challenge existing beliefs, boundaries and status quo to develop professionally to provide the best possible patient centered care (Lonie, 674).

#### **4) Critical Thinking and Problem Solving**

Critical thinking is the ability to analyze a situation objectively before forming an opinion about the issue. This skill is especially valuable for problem solving which is necessary for any healthcare professional involved in diagnosing and breaking apart the issue at hand. Proven from graduate medical education history, professors have had trouble inculcating critical thinking skill into their students. In a study involving nursing education and problem based learning, it was concluded that higher-order thinking skills such as critical thinking and problem solving leads to development of other qualities such as sensitivity, cooperation and zest for discovery which makes effective healthcare professionals (Gwee, 233).

#### **5) Fostering Servant Leadership**

It is inevitably clear the need for physicians to step up to be leaders and visionaries in their fields. Through this course, leadership was viewed as the ability to identify a gap/need in the community, effective interdisciplinary working with multiple stakeholders in the field to design a solution to meet the need of the community with effective change and risk management. With the issues in the healthcare field involving multiple stake holders with competing interests leading to increased complexity, physician leaders have the unique perspective of patient needs and administrative needs which sets them up to lead healthcare organizations from a holistic view. As stated by a study performed in Mayo Clinic, “Of all stakeholders, healthcare providers should be at the forefront as leaders because of their unique understanding of and interaction with the patient” (Trastek, 376). The current challenge of the healthcare system is to reduce cost and increase quality and this can only be done if we empower healthcare professionals to



be change agents in their organizations and by introducing leadership and development courses into the education system.

### **3.2 Results from literature review**

From the thirty-one journal studies that were read, the benefits of servant leadership in the education of healthcare professionals was undeniably evident. Servant leadership at its core involves self awareness, strong sense of values, healing, empathy, compassion and service. This makes the leadership style in line with the work of healthcare professionals. A study done by the Mayo Clinic suggested that servant leadership is in parallel with the needs of healthcare leaders because the work of these professionals, and their “life calling”, is to serve their community and patients (Trasktek, 380). It has been shown that with increases trust between the provider and the patient, there is an increase in quality of care and decrease in the cost of care. Skills of active listening, empathy, awareness, healing and persuasion are all shown to create high satisfaction relationships between the patient and the provider. Different from all other leadership styles is the ability of servant leadership to motivate change in other individuals. If providers are taught to look at patients holistically and treat their patients taking into account how all aspects of one’s life are interconnected, the patient is more likely to enroll into the vision of viewing a healthier lifestyle for them. Servant leaders lead by being an example which allows their followers to observe and obtain skills, tools necessary to create change in their lives. As healthcare providers, they will have the ability to equip their patients with the required skill sets, tools and methods to take their growth into their own hands to create positive patient outcomes (Trastek, 380). Servant leaders build communities, hence team work and collaboration lies in at the foundation of the leadership style. This allow for providers to create effective teams and leading these teams to work towards one common vision which is the well being of the patient. Management has shown

that organizations whose employees have a shared sense of purpose create higher quality results and profits. As stated by the study *Servant Leadership Enhancing Quality of Care and Staff Satisfaction*, “Organizations that have well defined core values, share a common sense of purpose, provide for healthy conversation, and understand the systemic nature of their work provide a more productive model” (Neill, 398). In today’s healthcare environment, there is a lack of healthcare provider leaders which is causing a lack of quality in care, increased healthcare costs and increasing gap between care being provided versus patient needs. In a study that performed a longitudinal analysis to answer the question of whether formalized leadership programs have a direct influence on leadership development of students, it was observed that students learned a variety of skills that are a consequence of leadership training such as civic responsibility, awareness, conflict-resolution, understanding leadership and goal setting. The study involved 875 students from 10 institutions (Dugan et al, 478).

In conjunction, observing the progress of students in the course, most students who took this course did so with an intention to develop personally and to be the best they can be in their professions. Similarly, some of the characteristics most of the students displayed were compassion, stewardship, commitment to growth of others, acceptance and empathy which were all in line with the tenets of servant leadership. However, some of the characteristics that most students needed to develop were active listening and effective question asking. Comparing the learning objectives of the course created to the results obtained from the literature review shows the importance of creating a formalized servant leadership course to create awareness among students of the different aspects of being a healthcare professional, the different stake holders and conflicting interests, complexity and interdisciplinary nature of the field. The results from the course and the literature review intersected to show the importance of cognitive skills such as

meta-cognition, reflection, critical thinking, problem solving, self awareness and civic responsibility played in effective healthcare practice.

## CONCLUSION

Today, the healthcare industry in the United States serves a population of 325.7 million with a healthcare per person expenditure of \$10,000. The current challenge of the healthcare field is to lower costs while increasing quality of care provided. The problems that the healthcare field faces are complex and have a multitude of factors that contribute to the issues. Due to this complexity and interdisciplinary nature the healthcare field has been driven by the revenue and number of patients consulted. Added to this is the rapid growth of technology, constant evolution of medical devices and practices complemented by the evolving needs of patients and the community. This study intended to analyze the relationship and importance of servant leadership in educating healthcare professionals to increase quality of care. Servant Leadership is a leadership theory where leaders are servants first before leaders. This term was coined by Robert Greenleaf in 1970 in his essay *The Servant as a Leader*. Servant leadership has ten basic principles 1) Listening and Understanding, 2) Awareness and Perception, 3) Acceptance and Empathy, 4) Intuition, 5) Foresight, 6) Persuasion, 7) Commitment to the growth of others, 8) Stewardship, 9) Conceptualizing, and 10) Building sustainable communities.

Through literature research and designing, developing a three credit undergraduate course that emphasizes the importance of servant leadership in healthcare, an alignment of the principles of servant leadership to the learning objectives of the course was observed. The learning objectives of the course are 1) Civic Responsibility, 2) Self- Awareness, 3) Meta-cognition and reflection, 4) Critical Thinking and Problem Solving and 5) Fostering servant leadership. From reading thirty-one articles, servant leadership has proven to inculcate cognitive skills such as awareness, healing, empathy, compassion, civic responsibility, reflection and creating sustainable communities. The problems of the healthcare system require strong, visionary

leadership. With servant leadership's principles being in alignment with the values and work of the medical field, healthcare professionals should be empowered to take up leadership roles to help advance the field with a common goal of addressing the patient and communities needs.

**Future Directions:**

This project and study will be continued with the intention of exploring the topic further. The course is being reoffered in May 2018. There have been two additions to the course: 1) The Starkville Orthopedic Clinic has kindly accepted to offer shadowing hours to students in our class. Students will be shadowing a physical therapist at the healthcare institution. 2) The course has received a service learning designation and a new final service project component has been introduced. This final service project entails: Three teams of four students each will shadow a with an assigned community partner. The community partner will present the team with an organizational challenge/issue that directly or indirectly affects the quality of patient care offered. Students are required to create a feasible, plausible solution to the assigned challenge and form a booklet and a ten minute presentation that a representative from the community partner will have access to. Students are required to look at the challenge from multiple perspectives including but not limited to financial, legal, business impact that the solution could have on the organization. Students are also required to provide support for and elucidate why their solution is different from any of those that is already in practice through peer reviewed journal articles, business cases and interviews. The research portion of this study will also explore the importance of service learning in educating healthcare professionals and in the near future publish an article in the education journal explaining the importance of formalized leadership courses not only in graduate medical education but also for pre-health professional students in undergraduate institutions.

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## **Appendix:**

### **Servant Leadership in Healthcare Syllabus Maymester 2018**

#### **Course Description:**

A studio based course that incorporates servant leadership in healthcare with an emphasis on physician patient interaction. This course will integrate core tenets of servant based leadership to patient care and treatment. Guest speakers from different department provide their expertise, perspective and tips on elevating quality of patient care and interaction. Some concepts covered include team work, transdisciplinary collaboration, and end of life care.

#### **Course Objectives:**

This course will expose students to various aspects of different healthcare fields that they aspire to be. This course is intended to trigger critical thinking, empathy, compassion and reasoning skills through a service learning approach. Students will also enhance their written and verbal skills necessary for their success as a health care professional.

#### **Instructor Information:**

Dr. Ashli Brown

Email: [abrown@bch.msstate.edu](mailto:abrown@bch.msstate.edu)

Office Location: Mississippi State Chemical Laboratory, Hand Lab

**Method of Instruction:** Seminar class

**Method of Delivery:** Face to face

#### **Required Materials:**

The Spirit Catches You and You Fall Down by Anne Fadiman (Required)

Case study articles (Provided)

#### **Optional Readings:**

Critical Care by Theresa Brown (optional)

Bed Number Ten by Sue Baier, Mary Zimmeth Schomaker (optional)

The Art and Science of Being a Dentist: Leading Dentists Reveal the Secrets to Professional and Personal Success by Jeffrey May (optional)

Confessions of a Modern Dentist by Sherwin Shinn (optional)  
Being Mortal by Atul Gawande (optional)  
How Doctors Think by Jerome Groopman (optional)

### Course Details:

1. **Book Review Final Paper:** Students will be asked to read the required book and will be required to submit a final paper reflecting on their learning's and how they will apply this in their career. Students will also be expected to read **20 pages for every weekday** and participate in class discussions regarding the daily assigned readings for the class period.
  - Paper should be **at least 2 pages** and **should reflect** on the following questions:
    1. What communities do you identify with? How might this be related with your commitment to service?
    2. What issue is being addressed and what population was being served?
    3. By relating your service experience with the book, did you notice anything different in the health care setting?
    4. As a health care professional, you will be faced with people from many walks of life, how did your service experience and the book change or not change your perspective of the profession?
    5. How will you apply your learning in the future?
  
2. **Case Study Paper and Presentation:** Students will be expected to work in groups to produce a presentation and/or discussion on an article of their choice that they will lead in class. The article should be related to the healthcare field, leadership and how these play an influence in the field. The team **should provide a copy of the article** to the instructor.
  - The paper should be **1 page** and **should** include:
    5. A brief summary of the case study
    6. The relevance of the case in the health profession in terms of serving patients
    7. How did the article/case change your perspective or what was something you learned?
    8. How can you apply your learning in your career?
  - The team is responsible for creating a **10 minute formal** presentation and every team member should present a portion of the presentation. The presentation **should** include:
    - Summary of the article/case
    - What the team found interesting or new?
    - How it applies to potential leaders of the healthcare profession?
  
3. **Service reflection journals and paper:** Students will be **expected to obtain a minimum number** of shadowing hours with the community healthcare partners. They will be required to log their hours and complete journal reflections after each visit on orgsync.com. At the end of the semester, students will be expected to write a final reflection paper to indicate their growth throughout the semester. The final paper **should include:**
  6. What were some of the perceptions or beliefs about the service experience you were going to have?

7. Report a service experience you have had in the past. Include comments about what type of difference you made to those you served. How did you feel about your service? What if any attitudes or beliefs changed for you as a result of your service?
  8. Identify three strengths you demonstrated in your service placement and three areas where you feel you could use additional guidance and learning in order to be more effective.
  9. How is your experience different from what you expected? What did you like/dislike about the experience?
  10. Complete the sentence: Because of my service learning, I am.....
- 4. Class Discussion:** Students are strongly encouraged to participate in class discussions and activities. Participation is essential for the experience and the overall quality of the program.
- Each student will be **required to bring at least one discussion question** for the daily assigned readings.
- 5. Guest Speaker Debrief Papers:** Students will be expected to write short summaries after guest lecturers indicating what they found interesting and novel as well as how this perspective impacts their work as a healthcare professional. You will be expected to ask a minimum of one question based on the speaker's presentation.
- The paper **will be due by 9:30 AM the next class period.**
  - Please name the document with your last **name\_date the speaker spoke.**
  - The **paper should contain:**
    1. Summary of the topic discussed by the guest speaker
    2. What stood out to you most and why?
    3. How does the concept apply to your role as a healthcare professional?
- 6. Personal Statement and Presentation:** Students are **required** to write a personal statement on **the first day of class**. As the students, go through the class a constant revision of the personal statement should be done in order to incorporate learning, change in perspectives or any other additional reflections that motivate the student to pursue a career in healthcare professional. Students will **be expected to present their personal statement to the class** for critique and discussion on May 17, 2018 and May 26, 2018. The final copy is due on May 26, 2018
- 7. Big Five Personality Test:** Students are required to take the Big Five Personality test from <https://www.truity.com/test/big-five-personality-test>. Please bring a **printed copy of the results** from this test with you on **the first day of class**.
- 8. Mock Interviews:** Professionals from the career center will be present to conduct mock interviews. This will count towards the class participation.
- 9. Final Service Project:** Three teams of four students each will shadow a with an assigned community partner. The community partner will present the team with an organizational challenge/issue that directly or indirectly affects the quality of patient care offered. Students are required to create a feasible, plausible solution to the assigned challenge and form a booklet and a ten minute presentation that a representative from the community

partner will have access to. Students are required to look at the challenge from multiple perspectives including but not limited to financial, legal, business impact that the solution could have on the organization. Students are also required to provide support for and elucidate why their solution is different from any of those that is already in practice through peer reviewed journal articles, business cases and interviews.

**NOTE: All papers should be 12 pt font, Times New Roman and double spaced.  
All assignments have to be turned in by email to the instructor and the TA.**

**Method of Evaluation:**

**Attendance: 5%**

**Class Participation: 20%**

**Personality Test: 5%**

**Service Hours: 10%**

**Reflection journal/paper: 10%**

**Book Review Papers: 10%**

**Case Study Presentation and Paper: 20%**

**Final Service Project/Presentation: 15%**

**Personal Statement and Presentation: 5%**

**Total: 100%**

**Grading Scale:**

**Numerical Total-760 points**

**A 684 – 760**

**B 608 – 683**

**C 532 – 607**

**D 456 – 531**

**F below 456**

**Class Attendance:**

Attendance is **mandatory**. In the case of excused absences, a written document is required stating the reason for the absence. Students are responsible for the material missed due to their absence. Students are expected to be attentive and respectful to all speakers presenting in class.

**Student Honor Code:**

Mississippi State has an approved Honor Code that applies to all students. The code is as follows: “As a Mississippi State University student, I will conduct myself with honor and integrity at all times. I will not lie, cheat, or steal, nor will I accept the actions of those who do.” Upon accepting admission to Mississippi State University, a student immediately assumes a commitment to uphold the Honor Code, to accept responsibility for learning, and to follow the philosophy and rules of the Honor Code. Student will be required to state their commitment on examinations, research papers, and other academic work. Ignorance of the rules does not exclude any member of the MSU community from the requirements or the processes of the Honor Code. For additional information, please visit: <http://honorcode.msstate.edu/policy>.

**Title IX:**

MSU is committed to complying with Title IX, a federal law that prohibits discrimination, including violence and harassment, based on sex. This means that MSU's educational programs and activities must be free from sex discrimination, sexual harassment, and other forms of sexual misconduct. If you or someone you know has experienced sex discrimination, sexual violence and/or harassment by any member of the University community, you are encouraged to report the conduct to MSU's Director of Title IX/EEO Programs at 325-8124 or by e-mail to [titleix@msstate.edu](mailto:titleix@msstate.edu). Additional resources are available at <http://www.msstate.edu/web/security/title9-12.pdf> , or at <http://students.msstate.edu/sexualmisconduct/> .

**Student Support Services:**

Students who need academic accommodations based on a disability should visit the Office of Student Support Services, 01 Montgomery Hall, call 662-325-3335, or visit the website at [www.sss.msstate.edu](http://www.sss.msstate.edu) .

**FERPA:**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law designated to protect the privacy of a student's education records and academic work. All files, records, and academic work completed within this course are considered educational records and are protected under FERPA. It is your right as a student in this course to expect that any materials you submit in this course, as well as your name and other identifying information, will not be viewable by guests or other individuals permitted access to the course. The exception will be only when you have given explicit, written, signed consent. Verbal consent or email is insufficient.