MITIGATING TURNOVER IN HEALTHCARE: EXPLORING SERVANT

LEADERSHIP AND PSYCHOLOGICAL CAPITAL

by

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ABSTRACT

In the aftermath of the COVID-19 pandemic, understanding factors that influence the turnover intentions of healthcare workers is critical. This quantitative correlational study explored how psychological capital mediates the relationship between perceived supervisor servant leadership and turnover intentions among Canadian healthcare workers. This study uses the Hayes PROCESS Model 4 for mediation and Pearson's correlation analysis with participants recruited via social media. Out of 773 respondents, 648 valid responses were received (83.8%), of which the majority were aged between 24-34 years old (74.7%), were nurses (80.2%), and had tenure between six to ten years (75%). In agreement with prior literature, the findings revealed that servant leadership indirectly affected turnover intentions by raising psychological capital. This study adds to the body of knowledge, as no other study integrated these variables in the context of Canadian health workers (doctors and nurses). Practical implications are for hospitals to invest in training for servant leadership and psychological capital to help retain employees.

Keywords: servant leadership, psychological capital, turnover intentions

Copyright Page

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I am thankful to my God, who loved me before birth. I am also thankful for my wife, who

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Before the COVID-19 outbreak, reports indicated that nurses in the United States had a turnover rate of 17% (Muir et al., 2022). Muir et al. (2022) expected turnover to increase due to the added burden and stress caused by the pandemic. Similar trends were observed in other countries as well. For instance, Australia had a turnover rate of 15.1%, Israel had 23%, and licensed nurses in South Korea experienced a turnover rate of 42.7% (Bae, 2022). These statistics highlight the strain on healthcare systems globally. Half of emergency physicians in China (49.75%) express their intention to leave their positions (Yan et al., 2021). Furthermore, emergency unit nurses in China face a turnover rate of 27% (Xu et al., 2023). These concerning turnover rates often arise due to stress, burnout, and heavy workloads commonly experienced in high-pressure healthcare environments (Yan et al., 2021; Muir et al., 2022).

The impact of these turnover rates has financial and non-financial implications. Financially, hospitals must bear costs associated with recruiting, hiring, and training staff members due to turnover, which also has hidden costs, like reduced efficiency and the need for replacements (Xu et al., 2023; Muir et al., 2022; Bae, 2022). The financial implications can be significant as turnover expenses reach tens or even hundreds of thousands of dollars (Muir et al., 2022; Owen, 2019). In the United States, turnover costs can range from 0.31 to 1.3 times nurses' salaries, translating to between $21,514 and $88,000 per person (Bae, 2022). Furthermore, physician turnover in the US costs $4.8 billion (Owen, 2019). The non-financial consequences are equally noteworthy. Strong intentions to leave a job can cause distress among employees, negatively affect

motivation for those who stay, and impact the quality of patient care provided (Xu et al., 2023; Bae, 2022). High staff turnover can lead to increased complications, hospital stays, and higher mortality rates (Xu et al., 2023; Muir et al., 2022; Bae, 2022). Recognizing the impact of turnover and implementing management strategies to address this issue is crucial.

Background

Turnover Intentions

The data for turnover is not always easily accessible; therefore, most studies use turnover intentions as a practical predictor of actual turnover (Li et al., 2020; Deng et al., 2021). Bothma and Roodt (2013) define turnover intentions as an employee's likelihood to voluntarily depart from their current job. Tett and Meyer (1993, as cited in Bothma & Roodt, 2013) view turnover intentions as the individual's conscious decision to leave an organization and is measured by the intention to quit, the intention to search for an alternative, and an intention to accept another job offer (Roodt, 2004, as cited in Bothma & Roodt, 2013).

In the healthcare sector, antecedents of turnover intentions include job satisfaction, work conditions, and organizational commitment, which impact the quality of patient care and financial costs related to recruitment and training (Zhang et al., 2020; Li et al., 2020). Recent studies reviewed psychological aspects like fear, stress, and burnout and their interaction with turnover intentions in light of the COVID-19 pandemic (Labrague & Santos, 2021; Hou et al., 2021). Factors influencing turnover intentions include demographics, job characteristics, and the COVID-19 pandemic (Deng et al., 2021; He et al., 2020; Falatah, 2021). The consequences of turnover intentions extend

beyond actual turnover, with other outcomes including reduced work engagement and increased counterproductive work behavior (Xiong & Wen, 2020).

Leadership styles also significantly influence turnover intentions, with transformational and ethical leadership associated with reduced turnover intentions (Labrague et al., 2020a; McKenna & Jeske, 2021). In contrast, toxic leadership practices and autocratic leadership styles can increase turnover intentions (Labrague et al., 2020a; Magbity et al., 2020). The quality of leader-member exchange (LMX) also affects turnover intentions (Kim & Yi, 2019). In summary, many factors influence turnover intentions and leadership. Among these is servant leadership, which, in a meta-analysis, was proven to stand out among others for its impact on employee commitment (Hoch et al., 2018).

Servant Leadership

Servant leadership is a concept pioneered by Greenleaf (1977/2002) emphasizing a 'serve-first, then lead' approach, prioritizing followers' needs. Studies validate this model as a distinct construct contributing value beyond transformational leadership and leader-member exchange (Liden et al., 2015; Hoch et al., 2018). Scholars identify several elements defining servant leadership in healthcare, including an others-first approach, continuous learning, ethical behaviors, and commitment to societal betterment (Farrington & Lillah, 2019; James et al., 2021; Jimenez et al., 2021). Eva et al. (2019) defined servant leadership as an others-oriented approach to leadership, manifested through individualized prioritization of follower needs and interests and an outward concern from self to others within the organization and the broader community.

Studies within the healthcare sector underscore the beneficial outcomes of servant leadership, which include improvements to healthcare workers' well-being, working conditions, and job satisfaction. The implementation of this leadership style is especially advocated for during crises like COVID-19 (Ma et al., 2021; Jimenez et al., 2021; Neubert et al., 2022; Ahmad et al., 2023; Farrington & Lillah, 2019; Anselmo-Witzel et al., 2020; Mostafa & El-Motalib, 2019). Furthermore, these studies confirm that servant leadership not only cultivates healthier work environments but also encourages professional development and increases commitment (Ma et al., 2021; Jimenez et al., 2021; Neubert et al., 2022; Ahmad et al., 2023).

Research on antecedents of servant leadership primarily focuses on leaders' inherent traits, dispositions, and motivations, including compassionate love, altruistic mindset, emotional intelligence, resilience, personal leadership, core self-evaluation, and psychological capital (Bell & Hewitt, 2021; Brouns et al., 2020; Langhof & Güldenberg, 2020; Paas et al., 2020; Prasath & Bhat, 2022). Studies also reveal a significant inverse association between servant leadership and turnover intentions, suggesting servant leadership's crucial role in mitigating employees' intent to leave (Johnson & Rohde, 2022; Omanwar & Agrawal, 2022; Ul Hassan et al., 2022; Westbrook et al., 2022). In the present study, psychological capital is proposed as another resource that may mitigate turnover intentions and is one of the mechanisms by which servant leadership may reduce turnover intentions.

Psychological Capital

Psychological capital, introduced by Luthans et al. (2004), is a super-construct that consists of four psychological constructs: hope, efficacy, resilience, and optimism.

Combined, the four constructs are a stronger predictor of outcomes than when measured alone. Another attractive feature of psychological capital is that it is a state, not a trait, and therefore can be developed and usually at a low cost (Luthans et al., 2004).

In the healthcare setting, antecedents to psychological capital include leadership practices, perceived organizational support, and psychological safety culture (Um-e-Rubbab et al., 2021; Yang et al., 2020; Brunetto et al., 2022), while job stress and workplace are negatively correlated (Liu et al., 2021; An et al., 2020; Qiu et al., 2019; Sui et al., 2019). In terms of consequences, psychological capital is related to increased positive workplace outcomes like innovation, well-being, work engagement, interpersonal communication, and commitment to a compliance management system (Yan et al., 2020; An et al., 2020; Um-e-Rubbab et al., 2021; Brunetto, 2022; Kaya & Eskin Bacaksiz, 2022; Yang et al., 2020; Trinchero et al., 2019; Liu et al., 2021). It also acts as a buffer against workplace stressors (An et al., 2020; Qiu et al., 2019; Sui et al., 2019).

Although studies showing links between servant leadership and psychological capital among healthcare practitioners are scant, other studies suggest a relationship exists (Safavi & Bouzari, 2020; Clarence et al., 2021a; Gui et al., 2021; Prasath & Bhat, 2022). Furthermore, a common theme in the literature is the negative correlation between psychological capital and turnover intentions (Chen et al., 2021; Li et al., 2021; Hu et al., 2022; Obeng et al., 2021; Tetteh et al., 2022; Shah et al., 2019). Psychological capital also plays a mediating and moderating role in the relationship between various variables and turnover intention (Shah et al., 2019; Li et al., 2021; Hu et al., 2022; Tetteh et al., 2022; Obeng et al., 2021).

Despite limited research linking servant leadership, psychological capital, and turnover intention, studies by Brohi and his colleagues (2018; 2020) provide insights into the psychological process through which servant leadership could potentially reduce turnover intentions. Further research is needed to explore these relationships in contexts like Canadian healthcare settings.

Biblical Foundations

The Bible may not directly mention turnover intentions, servant leadership, and psychological capital. However, it does offer principles that can be applied to these ideas (*English Standard Version* [*ESV*], 2001). In the scriptures, work was initially a gift for humans to contribute to the well-being of creation (*ESV*, 2001, Genesis 1:31; 2:15). However, after the Fall, work became burdensome and filled with hardships, arguably a precursor for turnover (*ESV*, 2001 Genesis 3;17 19). Paul's teachings in 1 Corinthians 7 (*ESV*, 2001) suggest that while believers should find contentment in their situation, they are not discouraged from seeking opportunities, making turnover intentions morally neutral. If an organization has high turnover rates, though, it may indicate how well it adheres to principles of justice, fair wages, and proper treatment of workers (*ESV*, 2001 Leviticus 19:13; 1 Timothy 5:18; Ephesians 6:9).

The servant leadership model finds support in the Bible. For example, Jesus washing his disciples' feet, as described in John 13:1-17 and Moses advocating for the Israelites, as mentioned in Exodus 32:11-14 highlight their servant leadership qualities (Du Plessis & Nkambule, 2020; Okharedia, 2020). Moreover, biblical leaders are often portrayed as shepherds who prioritize the well-being of their followers. This is evident in passages such as Jeremiah 23 and John 10 (*ESV*, 2001) (Resane, 2020).

In contrast, it is important to note that Locke (2019) brings attention to the fact that not all of Jesus' actions align perfectly with definitions of servant leadership. For instance, Jesus expected obedience from his followers. He did not always seek input from them when determining the direction of his ministry. One notable incident was when Jesus strongly rebuked Peter after he disagreed with Jesus' declaration about his suffering and death (*ESV*, 2001, Matthew 16:23).

Biblical teachings offer insights on psychological capital, including resilience, hope, efficacy, and optimism. Stories like Noah's Ark survival account or Job's perseverance exemplify resilience, while characters like Gideon showcase determination (Berg & Carson, 2020). Additionally, the Beatitudes contain elements that inspire hope, efficacy, resilience, and optimism (Clarence, 2022). However, the Biblical concepts hold more depth compared to their psychological counterparts. For instance, hope in the Bible is not wishful thinking but grounded in divine salvation (*ESV,* 2001 John 3:16), efficacy in the Bible is not one's strength, but God's strength (*ESV*, 2001 Isaiah 41;10), Biblical resilience is rooted in the hope from the resurrection (*ESV*, 2001, 1 Corinthians 15:55-57) and optimism is because of a sure inheritance set in eternity (ESV, 2001, 1 Peter 1:3-4). Essentially, psychological capital is an internal resource. On the other hand, the Biblical perspective is a capital given from the outside through faith in God's love and power.

Problem Statement

In the globally challenging times that followed the COVID-19 pandemic, healthcare systems were increasingly strained, and staff turnover rates, especially among nurses and doctors, remained high (Bae, 2022; Muir et al., 2022; Xu et al., 2023). Such high turnover rates impacted the quality of patient care (Li et al., 2020), imposing

significant financial burdens on healthcare organizations (Muir et al., 2022; Owen, 2019) and indirectly affecting the remaining staff's mental distress, motivation, and workplace productivity (Bae, 2022; Xu et al., 2023). A comprehensive understanding of the factors influencing turnover intentions was therefore essential. Previous literature pointed to work conditions, job satisfaction, and leadership styles as predictors of turnover intentions (Zhang et al., 2020; Labrague et al., 2020a; McKenna & Jeske, 2021).

Servant leadership, a model that advocated the prioritization of followers' needs and concern for society at large, demonstrated beneficial effects on job satisfaction and working conditions in the healthcare sector, especially during crises like the COVID-19 pandemic (Eva et al., 2019; Farrington & Lillah, 2019; Ma et al., 2021; Jimenez et al., 2021; Neubert et al., 2022). In line with these findings, recent studies associated servant leadership with decreased turnover intentions (Johnson & Rohde, 2022; Omanwar & Agrawal, 2022; Ul Hassan et al., 2022; Westbrook et al., 2022). Therefore, servant leadership emerged as a potential mitigating factor for high turnover intentions; however, how servant leadership affected turnover intentions still needs to be studied, presenting a gap in research.

Psychological capital, another factor related to turnover intentions, was a state-like construct involving hope, efficacy, resilience, and optimism (Luthans et al., 2004). Psychological capital has been associated with positive workplace outcomes like innovation, well-being, work engagement, and communication (Yan et al., 2020; Um-e-Rubbab et al., 2021; Brunetto, 2022), while acting as a buffer against workplace stressors (An et al., 2020; Qiu et al., 2019). Moreover, recent studies found a negative correlation between psychological capital and turnover intentions (Chen et al., 2021; Li et

al., 2021; Hu et al., 2022) while also highlighting its mediating and moderating role in relationships between various variables and turnover intentions (Shah et al., 2019; Li et al., 2021; Hu et al., 2022).

The gap in the literature was two-fold: First, despite findings indicating a relationship between servant leadership, psychological capital, and turnover intentions, the mediating role of psychological capital in the link between servant leadership and turnover intentions was still largely unexplored (Brohi et al., 2018; 2020). Secondly, recent studies have yet to investigate the relationship between servant leadership, psychological capital, and turnover intentions in the specific context of Canadian healthcare workers (nurses and doctors). By understanding this relationship, the study aimed to inform practical strategies for improving staff retention, improving patient care, and reducing costs.

Purpose of the Study

The purpose of this quantitative correlational study aimed to examine how psychological capital mediates the relationship between perceived supervisor servant leadership and turnover intentions.

Research Question(s) and Hypotheses

Research Questions

RQ1: What is the relationship between perceived supervisor-servant leadership and turnover intentions?

RQ 2: Does psychological capital mediate the relationship between perceived supervisor servant leadership and turnover intentions?

Hypotheses

Hypothesis 1: There is a negative relationship between perceived supervisor servant leadership and turnover intentions.

Hypothesis 2: There is a relationship between perceived servant leadership and turnover intentions, mediated by psychological capital.

Assumptions and Limitations of the Study

The study operated on several assumptions. Firstly, it assumed the participants responded accurately and honestly to the survey instruments used in the study. Secondly, an assumption of measure validity implied that the instruments used to gauge servant leadership, psychological capital, and turnover intentions were reliable and valid. Lastly, the study assumed that the bootstrapping design was sufficient to capture the mediation relationships (Hayes & Rockwood, 2017).

Despite these assumptions, the study had certain limitations that must be acknowledged. The focus of the study on Canadian healthcare workers (nurses and doctors) posed a potential limitation on the generalizability of the findings. The conclusions might not apply to other healthcare professionals, countries, or industries. Since the study used a cross-sectional design, it could capture only a snapshot of the phenomenon at a particular time, limiting the ability to infer causality. Furthermore, self-report measures could have led to common method bias, potentially inflating the relationships among variables due to the shared data collection method (Podsakoff et al., 2003). Another potential limitation was that other confounding factors (e.g., organizational culture, work-life balance, compensation) might have influenced turnover intentions that the study did not consider.

Theoretical Foundations of the Study

The Job Demands-Resources model posits two pathways to explain workplace burnout development (Demerouti et al., 2001). The first pathway highlights how high job demands, such as workload and emotional requirements, may lead to exhaustion due to sustained physiological and psychological efforts. The second pathway underscores how a lack of job resources necessary for coping with job demands can result in disengagement from work. Job resources are physical, psychological, social, or organizational aspects that help reduce job demands, achieve work goals, and stimulate personal growth (Demerouti et al., 2001). Servant leadership and psychological capital could be job resources within the Jobs Demands-Resources framework.

Servant leadership, which promotes the welfare and growth of others, echoes the life and teachings of Jesus, who exemplified service over domination (*ESV*, 2001, John 13:1-17; Mark 10:42-45), could provide a more supportive work environment and help followers to achieve work goals. Psychological capital, encompassing resilience, hope, efficacy, and optimism, aligns with the biblical themes of perseverance in the face of adversity, hope in God's promises, trust in God's help, and a positive outlook rooted in assurance (*ESV*, 2001, Romans 5:3-5, Hebrews 11, Isaiah 41:10, Romans 8:28) could help in reducing the physiological and psychological costs associated with job demands and potentially enhance personal growth and development (Luthans et al., 2007).

Chênevert et al. (2021) used the Jobs Demands-Resources model to explain turnover intentions, suggesting that both the health impairment process (job demands leading to burnout) and the motivational process (job resources leading to engagement) are linked to turnover intentions. Therefore, it could be proposed that job resources, servant leadership, and psychological capital may serve as crucial resources to mitigate

the effects of job demands, reduce burnout and disengagement, and lower turnover intentions.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

Turnover Intentions – Turnover intentions is defined as the individual's conscious decision to leave an organization (Tett & Meyer, 1993, as cited in Bothma & Roodt, 2013).

Servant Leadership – Servant leadership refers to an other-oriented approach to leadership, manifested through individualized prioritization of follower needs and interests and an outward concern from self to others within the organization and the broader community (Eva et al., 2019).

Psychological Capital – Psychological capital is defined as a super-construct of four positive psychological states encompassing hope, efficacy, resilience, and optimism (Luthans et al., 2004).

Significance of the Study

The healthcare sector faced a global critical staffing crisis, amplified after the COVID-19 pandemic (Bae, 2022). A recent qualitative study by Hallaran et al. (2023) on novice nurses in Ontario, Canada, revealed that unsupportive workplace culture and the prevalence of bullying were critical obstacles to staff retention. In this context, the study aimed to contribute to the discourse around healthcare professionals' turnover intentions, the influence of servant leadership, and the mediating role of psychological capital. By doing so, it sought to advance the theoretical development of these variables, which had, until then, remained largely disconnected.

The concept of servant leadership, rooted in prioritizing others' needs, offered a compelling counter to the bullying work culture in Canada, highlighted by Hallaran et al. (2023). This leadership style could have acted as a resource, mitigating the stress and burnout experienced by healthcare professionals. However, to fully understand the impact of servant leadership on turnover intentions, it was necessary to explore its relationship with psychological capital. This study forged a link between leadership practices and the development of personal resources, which may also reduce burnout among Canadian healthcare professionals — studying servant leadership and psychological capital as resources contributed to the Jobs-Demands Resource model.

From a practical standpoint, the results of this study could provide valuable insights for healthcare organizations striving to reduce turnover rates and enhance patient care. If the study found that servant leadership and psychological capital significantly impacted turnover intentions, it could justify investments in programs to cultivate servant leadership behaviors and foster psychological capital among staff (Luthans et al., 2004). Improving job satisfaction and curbing turnover intentions could facilitate improved continuity of care, lower the financial burdens associated with replacing staff, and foster a more stable and productive work environment (Xu et al., 2023; Muir et al., 2022; Bae, 2022). As such, the potential benefits of this study are far-reaching, with implications for individuals, organizations, and the broader healthcare system.

Summary

In conclusion, this research aimed to delve into the interaction between servant leadership and psychological capital and their collective impact on turnover intentions among healthcare professionals in Canada. Grounded on the Job Demands-Resources

model, the research hypothesizes that servant leadership is negatively related to turnover intentions, and this relationship is significantly mediated by psychological capital. Despite the inherent assumptions and limitations, the significance of this study lies in its potential to offer both theoretical advancements and practical strategies for improving staff retention, patient care quality, and financial efficiency within healthcare systems. The next chapter provides an extensive literature review of turnover intentions, servant leadership, and psychological capital.

CHAPTER 2: LITERATURE REVIEW

Overview

This literature review explores three aspects of the work environment: turnover intentions, servant leadership, and psychological capital within the healthcare sector. First, it discusses turnover intentions and why employees leave their jobs. It then delves into servant leadership, a leadership style that prioritizes the well-being of followers above all else. Lastly, it explores psychological capital, which refers to the positive mental state that employees bring to their work. In all sections, there is a review of the connections between these concepts. In addition, the review adds a section to help readers understand these concepts by considering their Biblical foundations.

Description of Search Strategy

Initially, Google Scholar was used for the literature search, concentrating on publications from the past five years. The primary concepts, turnover intentions, servant leadership, and psychological capital, were each paired with 'nurses' or 'doctors' for focused exploration. If sufficient or zero results were obtained, the terms 'nurses' or 'doctors' were included to broaden the scope beyond the healthcare sector. These broader instances are documented in the review. For seminal works, the five-year constraint was removed to gain insights into the historical and foundational aspects of the concepts. The articles were conducted by cross-referencing them with the Jerry Falwell Library and confirming their 'peer-reviewed' status and were otherwise removed. An exception was made when seeking articles linking all three concepts, where only three results were retrieved, and none were available in the Jerry Falwell library. These were included due to their relevance to the interconnectivity of the concepts.

Review of Literature

Turnover Intentions

Defining Turnover Intentions

In their research, Bothma and Roodt (2013) extensively examined historical interpretations of turnover intentions. They highlighted Mobley's (1982, as mentioned in Bothma & Roodt 2013) perspective on turnover intentions as the cognitive step that leads an individual to leave an organization. They further preferred Tett and Meyer's (1993 as cited in Bothma & Roodt 2013) definition, which portrays turnover intentions as a deliberate desire to depart an organization. Bothma and Roodt (2013) also validated the Turnover Intention Scale (TIS-6), a tool developed by Roodt (2004, as mentioned in Bothma & Roodt, 2013) consisting of three dimensions; the intention to resign from the organization the intention to explore options and the intention to consider job offers elsewhere.

In studies, researchers have commonly defined turnover intentions among nurses and doctors as the likelihood of employees deciding to leave their current job (Deng et al., 2021; He et al., 2020; Hou et al., 2021; Li et al., 2020; Oh & Kim, 2019; Zhang et al., 2020). These studies suggest that turnover intentions serve as predictors of turnover and are more practically useful in understanding behavior (Li et al., 2020; Deng et al., 2021). Bothma and Roodt's (2013) review also supports this viewpoint by indicating that turnover intentions can substitute for turnover due to their established relationship. However, it is worth noting the findings of Cohen et al. (2016), who conducted a study on U.S. Federal government agencies. Their research revealed that while turnover intentions directly influenced turnover, they were unreliable predictors. The study suggested that

turnover intentions alone did not fully explain turnover and had a statistically insignificant effect.

Despite these contradictory findings, this review will define turnover intentions as the likelihood of an employee's voluntary departure from the organization due to their conscious willingness to leave. This definition posits that turnover intentions not only predict actual turnover but also represent the final stage in a sequence of withdrawal cognition, with potential for other outcomes, which will be further discussed in this review (Tett & Meyer, 1993, as cited in Bothma and Roodt, 2013).

Theoretical Framework for Turnover Intentions

Bothma and Roodt's (2013) literature review examines several theories and models to explain turnover intentions. Among these, the most prominent is the job resources-demands model (JD-R), initially proposed by Bakker et al. (2004, as cited in Bothma and Roodt, 2013). According to this model, job demands can lead to burnout, resulting in turnover intentions when resources are insufficient. However, Bothma and Roodt (2013) argue that the model underestimates the impact of personal agency and resources. To address this limitation, Sweetman and Luthans (2010, as cited in Bothma and Roodt, 2013) introduced the concept of psychological capital, a personal resource, as a buffer against job demands. This concept will be explored further in this review. While there are other frameworks, such as the Social Exchange Theory, Job Embeddedness Theory, and Equity Theory, the Job Resources-Demands model is the most pertinent to this study (Ngo-Henha, 2018). Therefore, the focus will primarily be on this model throughout the study.

Recent Interests in Understanding Turnover Intentions among Nurses and Doctors

A literature review of the turnover intentions of healthcare professionals, specifically nurses, and doctors, highlights the importance of studying this phenomenon. Previous studies have examined factors influencing turnover intentions, including job satisfaction, working conditions, and organizational commitment (Zhang et al., 2020; Li et al., 2020). The consequences of turnover intentions are significant as they impact the quality and continuity of patient care, the stability of healthcare systems, and the financial costs associated with recruitment and training (Deng et al., 2021; He et al., 2020; Oh & Kim, 2019).

Recent scholarship has expanded the scope of turnover intention research, incorporating psychological aspects such as fear, stress, and burnout (Labrague & Santos, 2021; Hou et al., 2021). The COVID-19 pandemic has further complicated the landscape, prompting new inquiries into its effect on healthcare professionals' turnover intentions (Falatah, 2021; Nashwan et al., 2021). This body of research, conducted across diverse contexts—including China, Korea, the Philippines, and Qatar—highlights the universal relevance and urgency of addressing turnover in the healthcare sector (Deng et al., 2021; Oh & Kim, 2019; Labrague et al., 2020b; Nashwan et al., 2021).

Antecedents and Consequences of Turnover Intentions

Antecedents

Studies examining turnover intentions among nurses and doctors show that the factors contributing to turnover intentions are diverse, including demographics, working conditions, and psychological well-being. Deng et al. (2021) discovered differences in turnover intentions among pediatricians based on age, education level, marital status, region, professional title, years of experience, workload, rest days, and income. They also

found a connection between job satisfaction and turnover intentions. In their findings, job satisfaction mediated the connection between identity and turnover intentions. These findings were supported by He et al. (2020), who also identified associations between demographics, job characteristics, and job satisfaction levels with health worker turnover intentions in China. Additionally, Labrague et al. (2020b) and Li et al. (2020) noted that job satisfaction was negatively correlated with nurses' intention to leave their positions. These studies underscore the importance of monitoring and enhancing job satisfaction among healthcare professionals.

Unsurprisingly, the circumstances surrounding the COVID-19 pandemic impacted turnover intentions within healthcare settings. Falatah (2021) highlighted that the pandemic substantially increased nurses' intention to leave due to its effects on well-being. Similarly, a study by Nashwan et al. (2021) found that nurses in Qatar expressed a higher intention to leave their jobs during the COVID-19 pandemic compared to the period before the outbreak. They attributed this increase to feelings of fear and stress. This finding aligns with the research of Labrague and Santos (2021), who also observed that fear related to COVID-19 negatively impacts job satisfaction and increases the likelihood of leaving one's job. Furthermore, working conditions during the pandemic were found to play a role in turnover intentions. Hou et al. (2021) emphasized that factors such as the number of working hours, frequency of mask replacement, and patient-physician relationships influenced nurses' intentions to leave their positions. These findings are consistent with Oh and Kim's (2019) study, which indicated that weekly working hours were linked to turnover intentions among healthcare professionals.

In addition, Zhang et al. (2020) discovered that job satisfaction, resilience, and work engagement played roles in mitigating turnover intentions among doctors. The researchers found that work engagement was a mediator between job satisfaction and turnover intentions and resilience and turnover intentions.

Consequences

Most of the recent literature on nurse and doctor turnover intentions was focused on the antecedents rather than the consequences. This highlights how most of these studies consider turnover intention a proxy to turnover, an outcome to prevent. However, as mentioned before, turnover intentions represent the final stage of withdrawal cognition, causing other outcomes besides turnover (Tett & Meyer, 1993, as cited in Bothma and Roodt, 2013). A study on the banking industry found that turnover intention negatively impacts employee work engagement, decreasing organizational citizenship behavior and increasing counterproductive work behavior (Xiong & Wen, 2020). Xiong and Wen (2020) posit that high turnover intention often leads to psychological and emotional detachment from work, reducing motivation for work.

Leadership and Turnover Intentions

The research on how the leadership styles of nurses and doctors affect their likelihood of leaving their jobs suggests that the quality and style of leadership impact turnover. Various studies have shown that transformational leadership, which involves empowering staff and creating a work environment, consistently improves job satisfaction and reduces the intention to leave (Labrague et al., 2020a; Magbity et al., 2020). Similarly, leaders with intelligence help create supportive team environments that contribute to lower intentions to leave (Majeed & Jamshed, 2021).

Furthermore, ethical leadership, which promotes autonomy in decision-making, has been linked to increased engagement at work and lower turnover intentions among nursing staff (McKenna & Jeske, 2021). Additionally, professional-supportive leadership emphasizes maintaining medical standards and delivering quality patient care. This style has been associated with reduced intentions among physicians to switch jobs (Martinussen et al., 2020).

On the other hand, certain leadership styles and behaviors are associated with increased turnover intentions. For instance, Labrague et al. (2020a) found that toxic leadership practices characterized by behaviors like bullying, narcissism, and manipulation resulted in lower job satisfaction, increased psychological distress, and higher intent to leave the profession. Similarly, leadership styles that lean towards being autocratic or laissez-faire, known for exerting control or offering little guidance, have been discovered to contribute to increased intentions of employees leaving their jobs (Magbity et al., 2020).

One unique aspect worth mentioning in these leadership dynamics is the concept of Leader-Member Exchange (LMX), which refers to the perceived quality of the relationship between leaders and team members (Kim & Yi, 2019). The research suggests that high-quality LMX impacts job satisfaction and reduces turnover intentions.

These studies emphasize the role of leadership styles and fostering quality relationships between leaders and their team members in mitigating turnover intentions. In the following section, we will explore the impact of another leadership style: servant leadership.

Servant Leadership

Defining Servant Leadership

Greenleaf (1977/2002) is universally recognized in the servant leadership literature as the pioneer of the concept, articulating a model that emphasizes a 'serve-first, then lead' philosophy (Farrington & Lillah, 2019; James et al., 2021). The distinguishing feature of servant leadership is prioritizing followers' needs, sometimes superseding the leader's needs and those of the organization (Jimenez et al., 2021). However, an early critique was that Greenleaf's ideas were not empirically scrutinized until the seminal work by Ehrhart (2004, as cited in Liden et al., 2015). Subsequently, Liden et al. (2015) reported that the servant leadership model had demonstrated substantial added value beyond transformational leadership and leader-member exchange over a decade, thus validating its status as a distinct construct in leadership studies. In the same way, Hoch et al. (2018) established that servant leadership alone presented empirical evidence of distinction from transformational leadership among several leadership styles, including authentic and ethical leadership. Notably, servant leadership accounted for an additional 15% variance beyond transformational leadership in explaining organizational commitment, a core reason why it is included as a variable in this study about turnover intentions.

Scholarly literature consistently underscores several fundamental elements in defining servant leadership within the healthcare sector (Farrington & Lillah, 2019; James et al., 2021; Jimenez et al., 2021; Mat et al., 2021; Mostafa & El-Motalib, 2019; Neubert et al., 2022). Primarily, servant leadership is characterized by an others-first approach, where the leader prioritizes the development and well-being of followers over

self-interests. This philosophy supports an environment conducive to emotional healing

and fosters quality relationships (Jimenez et al., 2021; Ma et al., 2021). Additionally,

servant leaders are identified by their investment in fostering a culture that embraces

continuous learning, encouraging the pursuit of innovation and high-quality performance

by supporting followers in achieving their aspirations and objectives (Ma et al., 2021;

Neubert et al., 2022; Ngoma et al., 2021). Ethical behaviors and virtues, prudence,

temperance, justice, courage, integrity, authenticity, and a commitment to social

responsibility are also highlighted in descriptions of servant leadership (Ahmad et al.,

2023; Jimenez et al., 2021; Neubert et al., 2022; Anselmo-Witzel et al., 2020; Zada et al.,

2022). Finally, servant leadership in this context emphasizes community service and

societal betterment (Ma et al., 2021; Mostafa & El-Motalib, 2019; Ahmad et al., 2023).

Servant leaders go beyond the limitations of their organizational boundaries, advancing

the interests of a broader range of stakeholders, including the community and society

(Mostafa & El-Motalib, 2019; Ahmad et al., 2023).

In response to the vagueness of the definitions of servant leadership in previous

literature, Eva et al. (2019) provided a succinct definition to capture the elements found

in common conceptualizations of servant leadership. They posit that servant leadership is

an other-oriented approach to leadership, manifested through individualized prioritization

of follower needs and interests and an outward concern from self to others within the

organization and the broader community. In this way, Eva et al. (2019) describe the

motive (other-oriented), the mode (prioritizing individual follower needs), and the

mindset (outward concern, transforming followers to becoming positively impactful

towards their community).

Conceptualization

Eva et al.'s (2019) definition of servant leadership can be further conceptualized into seven servant leader characteristics, as captured by Liden et al.'s (2015) scale to assess global servant leadership. The seven dimensions are 1) Emotional Healing, reflecting the leader's concern for followers' issues and well-being; 2) Creating value for the community, indicating the leader's and followers' active engagement in community service; 3) Conceptual skills, representing the leader's competence in problem-solving and understanding organizational goals; 4) Empowering, demonstrating the leader's trust in followers by delegating responsibility, autonomy, and decision-making power; 5) Helping subordinates grow and succeed, showing the leader's commitment to helping followers achieve their full potential and career success; 6) Putting subordinates first, indicating the leader's prioritization of followers' needs over their own; and 7) Behaving ethically, which involves being an honest, trustworthy, and integrity-driven role model.

The Landscape of Health Care Studies of Servant Leadership

There were several common themes in the search for literature on leadership and its impact on nurses and doctors. These include the focus on the well-being of healthcare workers, the influence of leaders on the work environment, the effects on employee behaviors, the connection between leadership and job satisfaction, as well as the advocacy for servant leadership during the COVID-19 crisis (Ma et al., 2021; Jimenez et al., 2021; Neubert et al., 2022; Ahmad et al., 2023; Farrington & Lillah, 2019; Anselmo Witzel et al., 2020; Mostafa & El Motalib, 2019; Ngoma et al., 2021; Sanders & Balcom, 2021; Zada et al., 2022).

One aspect that has gained attention is how servant leadership impacts healthcare workers' well-being. Ma et al. (2021) and Jimenez et al. (2021) emphasized how servant leadership can help mitigate stress and burnout among nurses. This perspective was supported by Zada et al. (2022), who highlighted its role in reducing distress during the COVID-19 pandemic. These findings underline just how crucial it is for servant leaders to prioritize health and resilience among healthcare professionals during times of crisis.

Furthermore, the research conducted by Neubert et al. (2022) and Ahmad et al. (2023) brought attention to the impact of servant leadership on creating a respectful and harmonious work environment. They propose that when leaders embody character and exhibit positive behavior, incidents of workplace bullying and uncivil behavior within groups are reduced. Additionally, Mostafa and El Motalib (2019) explored the connection between leadership and proactive behaviors in the public healthcare sector in Egypt.

Moreover, Farrington and Lillah (2019) and Anselmo Witzel et al. (2020) examined how servant leadership is strongly linked to job satisfaction within healthcare practices. Similarly, Ngoma et al. (2021) investigated how servant leadership can enhance commitment among knowledge workers during the COVID-19 pandemic. Finally, Sanders and Balcom (2021) advocated embracing servant leadership among nurses during crises, emphasizing that this leadership style fosters better team engagement than autocratic approaches.

The Outcomes of Servant Leadership in Health Care

In an examination of the recent literature on servant leadership in the healthcare sector, it was observed that the focus of all the studies has been examining the outcomes rather than determining the antecedents of servant leadership. As a result, this section will

primarily discuss the outcomes, while the next section will explore antecedents in other contexts. The literature consistently highlights themes indicating that servant leadership contributes to fostering a healthier and more positive work environment driving professional growth and performance as well as enhancing job satisfaction and commitment (Ma et al., 2021; Jimenez et al., 2021; Neubert et al., 2022; Ahmad et al., 2023; Farrington & Lillah, 2019; Anselmo Witzel et al., 2020; Mostafa & El Motalib, 2019; Ngoma et al., 2021; Zada et al., 2022).

For example, a study by Neubert et al. (2022) discovered that servant leaders can decrease misconduct in nursing settings, thereby improving the quality of care. Along those lines, Ahmad et al. (2023) demonstrated that servant leaders play a role in reducing workplace bullying by promoting employee empathy and understanding. Mostafa and El-Motalib (2019) found that servant leadership was positively associated with Leader-Member Exchange; meanwhile, James et al. (2012) posit that high-quality social exchanges and mutual trust were significantly related to servant leadership. Perhaps, for these reasons, Zada et al. (2022) found a negative relationship between servant leadership and psychological distress, suggesting a work environment that is more harmonious and less stressful.

The literature consistently supports the idea that servant leadership impacts job satisfaction and commitment. According to James et al. (2021), there is a correlation between job satisfaction and how employees perceive leadership. This finding is further supported by Anselmo Witzel et al. (2020) and Ngoma et al. (2021), who found correlations between servant leadership and employees intent to stay or their level of commitment, respectively. It comes as no surprise then that servant leadership plays a

role in driving growth and enhancing performance. James et al. (2021) discovered that servant leadership improves research capabilities and patient care quality by fostering values and supporting professional growth. In their study on Leader-Member Exchange, Mostafa and El Motalib (2019) also observed that the positive relationships nurtured by servant leadership encourage employees to engage in pro-social behaviors.

Antecedents of Servant Leadership In Other Contexts

Scholarly research into the antecedents of servant leadership has predominantly centered on examining a leader's inherent traits, dispositions, and motivations (Bell & Hewitt, 2021; Brouns et al., 2020; Langhof & Güldenberg, 2020; Paas et al., 2020; Prasath & Bhat, 2022). Brouns et al. (2020) established a positive link between a leader's capacity for compassionate love and their propensity to engage in servant leadership behavior. At the same time, Langhof and Güldenberg (2020), in their review, identified an altruistic mindset as a precursor to servant leadership, underscoring the importance of selfless concern for others in facilitating this leadership style. Conversely, narcissism, characterized by self-centeredness and lack of empathy, was identified by both studies as negatively associated with servant leadership behavior.

Furthermore, emotional intelligence, resilience, personal leadership, core self-evaluation, and psychological capital predict servant leadership. Langhof and Güldenberg (2020) revealed a positive association between servant leadership and emotional intelligence and resilience. Similarly, Bell and Hewitt (2021) pointed out that personal leadership, which encompasses self-regulation of behavior, significantly influences servant leadership dimensions such as emotional healing. The construct of core self-evaluation, comprised of self-esteem, self-efficacy, low neuroticism, and an

internal locus of control, was also linked with servant leadership by Langhof and Güldenberg (2020). Unsurprisingly, psychological capital, encompassing hope, efficacy, resilience, and optimism, was identified as an antecedent to servant leadership by Prasath and Bhat (2022).

Lastly, Paas et al. (2020) underscored a range of motivational factors as predictors of servant leadership. Their research suggested that servant leaders are self-motivated, with psychological need satisfaction as a precursor to servant leadership. This relationship was mediated by a motivation to serve others and a non-calculative motivational disposition. Although this review primarily covers antecedents that are leader attributes, Northouse (2019, p. 233-234) also highlights context, culture, and follower receptivity as significant antecedents.

Servant Leadership and Turnover Intentions

Recent research on healthcare professionals has emphasized the impact of servant leadership on their intention to leave their jobs (Johnson & Rohde, 2022; Omanwar & Agrawal, 2022; Ul Hassan et al., 2022; Westbrook et al., 2022). The findings consistently indicate that servant leadership reduces employee turnover intentions (Johnson & Rohde, 2022; Omanwar & Agrawal, 2022; Ul Hassan et al., 2022; Westbrook et al., 2022).

One key area of agreement is the significant association between servant leadership and job satisfaction, suggesting that the effects of servant leadership on turnover may be partly mediated by increased job satisfaction (Johnson & Rohde, 2022; Westbrook et al., 2022). Furthermore, servant leadership played a role in buffering the negative impact of workplace stressors. Westbrook et al. (2022), Ul Hassan et al. (2022), and Johnson and Rohde (2022) found that servant leadership can counterbalance the

adverse impacts of stressors such as hindrance stressors, workplace bullying, and job stress.

In summary, the body of literature reviewed underscores the transformative potential of servant leadership within the healthcare sector. The philosophical foundations of servant leadership, as articulated by Greenleaf (1977/2002), were validated through empirical research, cementing its distinctiveness as a leadership model. Servant leadership's crucial role in fostering healthier workplace environments, promoting professional growth and satisfaction, and ultimately influencing turnover intentions cannot be overstated. Recent studies affirm the importance of factors such as emotional intelligence, resilience, altruistic mindset, and personal leadership, among others, as crucial antecedents shaping servant leaders. However, this study is interested in whether followers of servant leaders can increase their positive psychological states, leading us into the next section about psychological capital.

Psychological Capital

Defining Psychological Capital

Luthans et al. (2004) are widely recognized for their seminal work introducing the concept of psychological capital. This concept encapsulates four interrelated yet distinct psychological constructs: hope, efficacy, resilience, and optimism. Psychological capital is perceived as a personal resource or a psychological state capable of being nurtured and amplified (Liu et al., 2021; An et al., 2020). The interest of this construct resides in the potential for low-cost enhancement of this personal resource. The psychological states constituting psychological capital are open to development and have established guidelines for improvement (Luthans et al., 2004).

Luthans et al. (2004) explained that hope is a positive state of mind, the energy directed toward achieving goals, pathways, and planning to meet these goals. This aligns with the concept of hope introduced by Snyder et al. (1996), referenced in Liu et al. (2021), where hope is seen as an individual's drive to attain their goals despite obstacles. This drive is characterized by the determination to achieve goals and the ability to develop alternative strategies when encountering challenges (An et al., 2020; Kaya & Eskin Bacaksiz, 2022).

Efficacy, also known as confidence, is another construct within psychological capital. Luthans et al. (2004) argue that efficacy refers to an individual's belief in their capabilities to gather the motivation, cognitive resources, and actions necessary to carry out a specific task within a given context successfully. This definition aligns with Bandura's (1997, as cited in Liu et al., 2021) Social Cognitive Theory, which considers self-efficacy as a person's belief in their ability to perform tasks and handle challenges.

As explained by Luthans et al. (2004), resilience started as a concept in child psychology but has evolved to be understood as a person's ability to bounce back from failures and challenges. Resilient people tend to accept reality, believe that life has meaning, and are good at finding solutions to adjust to change (Luthans et al., 2004). As to Luthans et al. report in 2004, resilience has not yet been studied much in the context of the business world but has since, as part of the psychological capital construct, been studied for improving work performance (Um-e-Rubbab et al., 2021; Kaya & Eskin Bacaksiz, 2022).

Luthans et al. (2004) defined optimism as an individual's positive outlook toward life and future events. From their perspective, individuals with high optimism generally

perceive positive events as pervasive, enduring, and intrinsic. Conversely, they attribute adverse events to specific situations, viewing them as external and temporary (Liu et al., 2021). This perspective helps individuals maintain a constructive view of challenging situations, leading to desirable workplace outcomes such as higher performance and increased retention (Kaya & Eskin Bacaksiz, 2022).

Antecedents and Consequences of Psychological Capital

The following synthesizes the findings about the antecedents and consequences of psychological capital specific to healthcare workers (nurses and doctors) in the last five years.

Antecedents

In the literature, psychological capital is linked with several antecedents, such as leadership practices, perceived organizational support, and psychological safety culture. A study by Um-e-Rubbab et al. (2021) highlighted the role of leadership behavior in fostering psychological capital. The researchers found that leadership demonstrating care for employees' needs and providing adequate resources significantly increased follower psychological capital. Yang et al. (2020) found that perceived organizational support predicted psychological capital. Finally, Brunetto et al. (2022) discovered that a psychologically safe climate fostered psychological capital.

In contrast, evidence suggests that negative predictors of psychological capital are job stress and instances of workplace violence. Liu et al. (2021) and An et al. (2020) observed that job stress negatively affects employees' psychological capital. Furthermore, an additional theme in hospital literature concurs with the harmful impacts of workplace violence on psychological capital. Both Qiu et al. (2019) and Sui et al. (2019) affirmed

the negative correlation, highlighting that workplace violence undermines employees' psychological capital.

Consequences

More prominently, the literature highlights the workplace outcomes of psychological capital. Psychological capital is found to increase positive work outcomes and act as a buffering effect to reduce the adverse effects of work stressors. The positive outcomes include innovation, well-being, work engagement, interpersonal communication, and commitment to a compliance management system.

Yan et al. (2020) state that psychological capital cultivates innovative behavior by fostering greater job control or autonomy. Brunetto (2022) echoes this, linking psychological capital to heightened innovation behavior. Therefore, psychological capital is significant in promoting creativity and novelty in the workplace, which are critical elements for organizational growth.

An et al. (2020) found that psychological capital could soften the detrimental impacts of burnout, enhancing performance even under stressful conditions. Additionally, psychological capital has been associated with higher employee well-being. Um-e-Rubbab et al. (2021) and Brunetto (2022) found that psychological capital positively influenced employee well-being, suggesting it is a vital resource for improving mental health in the workplace.

Psychological capital has also been found to play a considerable role in interpersonal communication and engagement. Kaya and Eskin Bacaksiz (2022) found that employees with higher psychological capital were likelier to share knowledge. Similarly, Yang et al. (2020) found that employees with higher psychological capital

exhibited higher work engagement. Trinchero et al. (2019) further associated psychological capital with shaping the accreditation culture of organizations, which the author described as a culture of commitment and competence toward an organization's compliance system.

Another key idea discussed in the literature is how psychological capital can help protect against the effects of stress in the workplace. A study by Liu and colleagues (2021) found that psychological capital plays a role in mitigating the negative consequences of job-related stress on burnout, thus contributing to the overall well-being of employees. This discovery aligns with research by An and his team (2020), who demonstrated that positive psychological capital mediates burnout and nursing performance.

In the context of workplace violence, studies by Qiu et al. (2019) and Sui et al. (2019) emphasize the value of psychological capital in sustaining professional identity and well-being. Qiu et al. (2019) found that psychological capital was a mediator in this relationship despite the negative correlation between workplace violence and professional identity. Similarly, Sui et al. (2019) reported that workplace violence elevated depressive symptoms and burnout by eroding psychological capital, underscoring the need for interventions focusing on psychological capital.

Servant Leadership and Psychological Capital

While no direct connections between servant leadership and psychological capital within the context of healthcare practitioners were found, studies in other domains suggest a relationship between these two constructs (Safavi & Bouzari, 2020; Clarence et al., 2021a; Gui et al., 2021). For instance, Safavi and Bouzari (2020) empirically

demonstrated that servant leadership improves the psychological capital of frontline hospitality employees by enhancing person-group fit and person-supervisor fit. Gui et al. (2021) extended this understanding by highlighting the influence of servant leadership on followers' psychological capital, among other positive organizational outcomes.

Similarly, Clarence et al. (2021b) identified perceived organizational support, meaningful work, and servant leadership as significant predictors of psychological capital, collectively accounting for 47% of its variance. Moreover, through their literature review, Clarence et al. (2021a) argued that servant leaders enhance employees' psychological capital by promoting service, forgiveness, support, and care—practices that cater to the psychological needs of employees.

As aforementioned, Prasath and Bhat (2022) posited psychological capital as an antecedent to servant leadership. The possible link between servant leadership and psychological capital could be explained through the lens of social learning theory (Bandura & Walters, 1977). This theory suggests that individuals tend to adopt behaviors exhibited by individuals in positions of authority. Hence, as those with higher psychological capital are more likely to portray servant leadership, their followers, through observation and imitation, could also see an increase in their psychological capital.

Another theoretical lens through which this relationship can be viewed is the self-determination theory (Deci & Ryan, 1985), which holds that individuals flourish when their psychological needs for autonomy, competence, and relatedness are fulfilled. As servant leadership is characterized by empowering behaviors and emotional healing, it

could meet these psychological needs of followers, promoting growth and flourishing—concepts that align with the sub-constructs of psychological capital.

Psychological Capital and Turnover Intentions

A consistent theme across the research is the negative correlation between psychological capital and turnover intentions, suggesting that elevated levels of psychological capital tend to lower turnover intentions (Chen et al., 2021; Li et al., 2021; Hu et al., 2022; Obeng et al., 2021; Tetteh et al., 2022; Shah et al., 2019).

In some of these studies, psychological capital acted as a mediator. For instance, Shah et al. (2019) showed that psychological capital mediates the relationship between organizational commitment and turnover intention. Li et al. (2021) echoed this when they identified that psychological capital mediates the relationship between occupational stress and turnover intention. Hu et al. (2022) also observed the role of hope, a component of psychological capital, impacting turnover intention but with job satisfaction as a mediator.

While Psychological capital's mediating role is significant, it also moderates certain relationships affecting turnover intentions. Tetteh et al. (2022) demonstrated how psychological capital moderates the work engagement–turnover intention relationship, such that higher psychological capital strengthens the relationship. Similarly, Obeng et al. (2021) confirmed that optimism and resilience, elements of psychological capital, moderate the relationship between affective organizational commitment and turnover intention.

In summary, the reviewed literature highlights the role of psychological capital in influencing turnover intentions directly or through its impact as a mediating or

moderating variable. The research implies the importance of developing psychological capital in the workplace to reduce turnover intentions.

Psychological Capital as Mediator between Servant Leadership and Turnover Intention

The literature linking servant leadership, psychological capital, and turnover intention is scant. None of the existing studies could be accessed via the Jerry Falwell Library. A researcher named Noor Ahmed Brohi has emerged as a significant contributor in this field, particularly in Pakistan (Brohi et al., 2018; Brohi et al., 2020). Brohi et al. (2018) crafted a conceptual paper proposing a possible connection between servant leadership and turnover intention, with psychological capital mediating. This proposal was based on the social exchange theory, which posits that when servant leaders empower their followers through ethical conduct, the followers, in turn, reciprocate with higher job satisfaction, improved performance, and decreased intentions to leave their job.

Later, Brohi et al. (2020) carried out an empirical study among teachers in Pakistan, a noteworthy endeavor as it is the only research explicitly connecting these three variables. Mustamil and Najam (2020) also illustrated how servant leadership can mitigate turnover intentions by fostering employee resilience, a component of psychological capital. Collectively, these studies offer an initial insight into the psychological process through which servant leadership could potentially reduce turnover intentions. The present study aimed to explore these relationships further in a Canadian healthcare setting.

Conclusion

In conclusion, psychological capital, encompassing hope, efficacy, resilience, and optimism, is acknowledged as a resource that can be nurtured within individuals, contributing to innovation, resilience against stress, and overall well-being. Positive influences such as supportive leadership and safe work environments help foster this resource, while negative factors like job stress and workplace violence can deplete it. There is scant evidence to suggest a relationship between servant leadership, psychological capital, and reduced turnover intentions, with psychological capital mediating the effects of servant leadership on turnover intentions. While this foundation is helpful, further research in a Canadian healthcare context will be beneficial. With this empirical foundation, we now delve into the biblical foundations for turnover intentions, servant leadership, and psychological capital.

Biblical Foundations of the Study

The Bible and Turnover

Although the concept of turnover intentions, as defined in modern terms, is not explicitly addressed in the Bible, the Scripture offers relevant principles. At the onset of the biblical narrative, God is depicted in the act of creation, calling everything he had made "very good (*English Standard Version [ESV]*, 2001, Genesis 1:31)." Furthermore, God tasked Adam with working and maintaining the garden of Eden (*ESV,* 2001, Genesis 2:15). Thus, work was never meant to be a penalty, but rather as a means for humans, created in God's likeness, to extend God's creativity and stewardship of the creation, and to contribute to communal welfare. For instance, Colossians 3:23-24 (*ESV,* 2001) urges Christians to conduct their work "heartily, as for the Lord and not for men."

The concept of turnover intentions may emerge after the Fall, once Adam disobeyed God, making work laborious and taxing (*ESV,* 2001, Genesis 3:17-19). In light of the world's fallen state and work, turnover intention can be perceived as a morally neutral inclination. In 1 Corinthians 7 (*ESV,* 2001), Paul advocates for believers to remain in whatever condition they find themselves, demonstrating contentment in the Lord. However, he does not dissuade a bondservant from seeking freedom if the chance arises. When applied to work, this suggests that while one should not be distracted by dissatisfaction and should serve as if for the Lord, they are not discouraged from pursuing better opportunities elsewhere. Notably, a high turnover rate within an organization could reflect whether the entity follows biblical principles of justice (*ESV,* 2001, Leviticus 19:13), fair wages (*ESV,* 2001, 1 Timothy 5:18), and appropriate treatment of workers (*ESV,* 2001, Ephesians 6:9).

Indeed, the Bible guides leadership that helps mitigate turnover intentions. Scripture seems to encourage transformational leadership by encouraging one to regard others as greater, a precursor for a leader who empowers their followers (*ESV,* 2001, Philippians 2:3-4). The Bible promotes people living at peace with one another, a call for leaders to provide a positive work environment *(ESV,* 2001, Romans 12:18). The Proverbs are also packed with advice for emotional intelligence and important skill for leaders (*ESV,* 2001, Proverbs 15:1). The Bible also encourages leaders who serve one another, another characteristic of servant leadership (*ESV,* 2001, Galatians 5:13-14). Conversely, the Bible warns against toxic leadership practices, such as bullying and manipulation (*ESV,* 2001, Proverbs 29:2), and advocates instead for high-quality

Leader-Member Exchanges, encouraging people to have mutual respect and trust *(ESV*, 2001, 1 Thessalonians 5:12-13).

The life of Jesus exemplifies dedication to a divine calling. The author of Hebrews 12:1-2 (*ESV*, 2001) prompts readers to look to Jesus, who "for the joy set before him, endured the cross." His selfless act of sacrifice liberates believers from the anxiety of striving to please anyone other than God, who, due to the work of his Son, is already pleased with them. This freedom enables followers to endure hardship within their jobs while also providing the freedom to leave if it seems the most loving action. As demonstrated by his servant-oriented approach, Jesus redeems work and leadership, which will be explored in the next section.

The Bible and Servant Leadership

There are some common themes and interesting contradictions within the literature around servant leadership in the Bible. For the common theme, some literature points to the portrayal of notable biblical figures such as Moses and Jesus as servant leaders (Du Plessis & Nkambule, 2020; Okharedia, 2020; Resane, 2020). The quintessential example is when Jesus washes his disciples' feet in John 13:1-17 (*ESV*, 2001) and explicitly commands them to serve likewise (Du Plessis & Nkambule, 2020). Moses, a prototype of sorts for Jesus, also showed this attitude by pleading on behalf of the disobedient Israelites (*ESV*, 2001, Exodus 32:11-14, as cited in Du Plessis & Nkambule, 2020). Okharedia (2020) further expands on the different ways Moses acted like a servant to the Israelites, in how he stood up for his brethren when he saw they were beaten (*ESV*, 2001, Exodus 2:11) and in his passionate plea to God to spare the Israelites when they worshipped the Golden Calf (*ESV*, 2001, Exodus 32:32). All of these stories

serve to depict servant leadership by example in the Bible. Furthermore, Resane (2020) uses verses from Jeremiah 23 and John 10 (*ESV*, 2001) to delve into servant leadership concepts. Jeremiah 23 (*ESV*, 2001) underlines the duty of leaders to prioritize their followers' welfare over their self-interest, in contrast to the selfish shepherds depicted in the same chapter. John 10 (*ESV*, 2001) reinforces leaders' responsibilities as caregivers with Jesus' example of laying his life down for his followers.

However, Locke (2019) introduces a contrasting perspective. He argues that the typical passages used to endorse servant leadership, such as Matthew 20:25-28 (*ESV*, 2001) and Luke 22:24-27 (*ESV*, 2001), may not be a call for leadership but just a call to serve. Furthermore, Locke (2019) contends that some of Jesus' actions would not conform to the contemporary definitions of servant leadership. For example, Jesus did not ask for input from his disciples in decision-making, and instead, when Peter rebuked Jesus for speaking of his death, drew Jesus' sharpest rebuke (*ESV*, 2001, Mark 8:33). Locke (2019) cautions Christians against blindly categorizing servant leadership as a Christian construct. However, he recognizes that servant leadership has Christ-like aspects and acknowledges its usefulness in business and churches. Overall, Eva et al.'s (2019) definition of servant leadership echoes the character of Christ, who selflessly gave himself up to serve and love the world (ESV, 2001, John 3:16).

The Bible and Psychological Capital

The Bible, meanwhile, does not explicitly speak to the understanding of psychological capital, but it has stories and teachings that highlight aspects of the construct (Berg & Carson, 2020; Clarence, 2022). For example, Berg and Carson (2020) point to many Bible stories that highlight the resilience of different biblical characters.

They pointed to Noah (ESV, 2001, Genesis 6:9-17), Job (ESV, 2001, Job 1:1-3:26), and Gideon (ESV, 2001, Judges 6:11-8:32), who all faced incredible trials, but relied on God for their salvation. Berg and Carson (2020) argue that biblical resilience differs from secular understanding because where secular resilience is self-reliant, the Bible promotes resilience rooted in faith in God. Since resilience from faith is from an outside power, they argue it is more potent and long-lasting than the secular counterpart.

Meanwhile, Clarence (2022) elaborates on the four psychological components through the teachings of the Sermon on the Mount. The author shows that the Beatitudes (*ESV*, 2001, Matthew 5:3-12) include hope, promising comfort, and consolation to those in difficult situations. Efficacy is expressed through the metaphors of being "the salt of the earth" and "light of the world" (*ESV*, 2001, Matthew 5:13-16), which inspire believers to be effective, confident, and a positive influence. The teachings on anger, adultery, divorce, oaths, retaliation, almsgiving, fasting, and prayer (*ESV*, 2001, Matthew 5:21-48; 6:9-14) exemplify resilience, pushing followers to rise above these challenges. Optimism is portrayed in the command, "Ask, and it will be given to you (*ESV*, 2001, Matthew 7:7-11)".

The Biblical concepts of hope, efficacy, resilience, and optimism go beyond those presented in the psychological capital and add depth because they move us from self-centered to God-centered. For example, whereas secular hope is the capacity to set and follow goals, the Hope set before us in the gospels is one of ultimate hope, an inheritance that will not perish (*ESV,* 2001, 1 Peter 1:4-7). One requires us to rely on our vision and goal-pathing to feel hope; the other is an unwavering promise even in our lowest moments. In the same way, efficacy in the psychological definition has to do with

self-confidence to execute tasks. The Christian confidence comes when we realize we are not capable, yet, God is capable (*ESV*, 2001, Luke 18:27). This is the kind of confidence that allows one to take risks, knowing that they are taken care of even if there is no certainty, since they know their Father in heaven takes care of them (*ESV*, 2001, Matthew 6:28-30). In the secular sense, resilience is how one bounces back from challenges out of an internal resource. The Gospels, instead, present a savior who faces the impossible task of dying for his friends (ESV, 2001, John 13:15). Jesus submits to the worst trial for our sake so that we can participate in his resurrection (ESV, 2001, Romans 6:5). If the worst setback is death and we have overcome it in Christ, arguably, Christians ought to be the most resilient people on Earth. Lastly, the optimism from the Bible is set on the certainty of God's promises instead of the perspective of the pervasiveness or permanence of positive and negative events. In the Bible, optimism is a general belief that the old is passing away and the new covenant is here to stay (ESV, 2001, Hebrews 8:13). Therefore, Biblical optimism is cosmic and eternal, whereas psychological optimism is fleeting.

Summary

In summary, a recent literature review finds many studies on turnover intentions, servant leadership, and psychological capital within the healthcare sector. Turnover intentions were prevalent among healthcare professionals and influenced by job satisfaction, working conditions, leadership styles, psychological well-being, and the COVID-19 pandemic. Servant leadership, a model that prioritizes the follower's needs above the organization's needs, is conducive to providing a work environment that mitigates turnover intentions in healthcare settings. Psychological capital, encompassing

hope, efficacy, resilience, and optimism, was also a valuable personal resource that reduces turnover intentions and is developed under servant leadership.

The Bible provides a foundation for understanding these constructs, although not necessarily in a direct manner. The Bible does not argue against nor endorse turnover. However, it encourages good treatment of workers and ethical leadership styles that would likely alleviate turnover intentions. The Bible also encourages leaders to be servants and sacrificially care for others. Finally, the Bible offers hope, efficacy, resilience, and optimism far richer than its psychological counterpart. This literature review provides the foundation to answer the research questions of this study, and in the next section, the research methods will be reviewed.

CHAPTER 3: RESEARCH METHOD

Overview

This chapter outlines the research method of a quantitative correlational study investigating the relationship between perceived supervisor servant leadership, psychological capital, and turnover intentions among Canadian healthcare professionals. It presents research questions and hypotheses on the relationship between supervisor servant leadership and turnover intentions and its significance when mediated by psychological capital. The study design, participant recruitment methods, anticipated participant description, and participant consent and data protection procedures are described. The chapter reviews the instruments used for data collection, including the Turnover Intentions Scale (TIS-6; Roodt, 2004, as cited in Bothma & Roodt, 2013), the Servant Leadership Scale (SL-7; Liden et al., 2015), and the Psychological Capital Questionnaire (PCQ-12; Luthans et al., 2007), and their operationalization for data interpretation. It details the mediation analysis, specifically bootstrapping confidence interval analysis, to explore the indirect effect of supervisor-servant leadership on turnover intentions through psychological capital. Lastly, the chapter acknowledges the study's delimitations, assumptions, and potential limitations.

Research Questions and Hypotheses

Research Questions

RQ1: What is the relationship between perceived supervisor-servant leadership and turnover intentions?

RQ 2: Does psychological capital mediate the relationship between perceived supervisor servant leadership and turnover intentions?

Hypotheses

Hypothesis 1: There is a negative relationship between perceived supervisor servant leadership and turnover intentions.

Hypothesis 2: There is a relationship between perceived servant leadership and turnover intentions, mediated by psychological capital.

Research Design

The study employed a quantitative correlational approach, which effectively examined relationships between variables and made predictions using linear regression (Martin & Bridgmon, 2012, p. 66). This design assessed the relationships between perceived supervisor servant leadership, psychological capital, and turnover intentions among Canadian healthcare professionals. Utilizing a bootstrapping mediation analysis via the Hayes PROCESS macro, the study investigated the potential mediating role of psychological capital in the relationship between perceived supervisor servant leadership and turnover intentions. With perceived supervisor servant leadership and psychological capital as independent variables and turnover intentions as the dependent variable, this design provided insights into how these variables influenced healthcare professional turnover intentions. A Pearson correlation analysis was also conducted to show the correlations between all three variables.

Participants

In this quantitative correlational study, the participant sample comprised nurses and doctors employed in the Canadian healthcare sector, working significant hours and under direct supervision. Specifically, the inclusion criteria were Registered Nurses (RN), Licensed Practical Nurses (LPN), Registered Psychiatric Nurses (RPN), and physicians with either MD or DO designations. Participants had to be at least part-time workers with regularly scheduled hours and had to work in Canada. Any healthcare professionals who did not have a direct supervisor or were not nurses or doctors in Canada were excluded.

Participants were recruited through social media posts (Appendix B), direct contacts with known nurses and doctors, and a snowball sampling method, where existing participants helped to recruit more participants. The participation did not require consent because of the anonymous nature of the survey; however, they were directed to an information page before completing the survey (Appendix A) outlining the study's purpose, potential risks, benefits, confidentiality, estimated time to complete the survey, voluntary participation, data protection measures, and the chance to win a prize VISA gift card. Name and contact information were only used for the draw and subsequently deleted.

A priori power analysis was conducted using the web application developed by Schoemann et al. (2017). For the Monte Carlo power analysis of the indirect effect, the following inputs were selected: the model was defined as "one mediator"; the objective was to "Set power, vary N"; the target power was established at 0.80; minimum N was defined as 5; maximum N was selected at 200; with a sample size step of 1; there were 1,000 replications with 20,000 Monte Carlo draws per replication; a random seed of 1234; and confidence levels were set at 95%. Correlations from a previous study by

Brohi et al. (2021) were used as inputs. The values for the paths were set as follows: path a at 0.487, path b at 0.381, and path c' at -0.141, and standard deviations were set to 2. The output indicated that for a power of 0.80, the study required a minimum sample of 50 participants.

Study Procedure

Participants were recruited through public social media posts on Facebook and LinkedIn requesting participation from those who met the criteria and direct contact with known doctors and nurses, encouraging them to participate and share the study with other eligible participants (Appendix B). Participants were provided with a survey link where they were presented with study information so they could understand the study's purpose, risks, benefits, and privacy measures (Appendix A). The survey provided a screening tool to ensure only eligible participants were included.

The survey, administered online via Qualtrics, included demographic questions, along with assessments for servant leadership (SL-7; Liden et al., 2015), turnover intentions (TIS-6; Roodt, 2004, as cited in Bothma & Roodt, 2013), and Psychological Capital (PCQ-12; Luthans et al., 2007). After completion, participant data was securely stored within the Qualtrics system and exported to SPSS for analysis. Confidentiality was guaranteed to participants; their names and contact information for the prize draw were deleted post-draw and were never linked with their survey responses. No follow-up communication was done, as participant identifiers were permanently removed.

Instrumentation and Measurement

Turnover Intentions Scale (TIS-6)

The Turnover Intentions Scale (TIS-6) was developed by Roodt (2004, as cited in Bothma & Roodt, 2013) to, in this study, assess the turnover intentions of Canadian healthcare professionals. It acted as the dependent variable in the study. This TIS-6 consists of six items that measure three components: the intention to quit the organization, the search for alternatives, and the propensity to accept a job elsewhere. Each item was rated on a 5-point Likert scale. Bothma and Roodt (2013) have shown that this scale is reliable and valid. They conducted a study in the Information Communication and Technology sector where they found the TIS-6 had a Cronbach's alpha of 0.80, indicating its reliability. Additionally, the scale could distinguish between the employees who stayed in the organization and those who left, effectively showing its predictive validity.

Servant Leadership Scale (SL-7)

The short form Servant Leadership Scale (SL-7) by Liden et al. (2015) was used to measure the respondent's rating of their direct supervisor's servant leadership. In the study, this was an independent variable. The scale includes seven items representing each dimension of servant leadership: emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow and succeed, putting subordinates first, and behaving ethically (Liden et al., 2015). The 7-point Likert scale ranges from "strongly disagree" to "strongly agree." According to Liden et al. (2015), the SL-7 and the original 28-item Servant Leadership Scale (SL-8) correlated from .78 to .97 across three studies, showing construct validity. All the samples also had internal

reliability with a Cronbach's alpha of .80 and above. Furthermore, the SL-7 was comparable to the SL-28 in criterion-related validity (Liden et al., 2015).

Psychological Capital Questionnaire (PCQ-12)

The Psychological Capital Questionnaire (PCQ-12) was developed by Luthans et al. (2007) and measured the psychological capital of the study participants. This variable was measured as the mediating variable in the Hayes PROCESS model-4. The instrument has 12 items that measure the four dimensions of psychological capital: hope, efficacy, resilience, and optimism. Each item was scored on a 6-point Likert scale ranging from "strongly disagree" to "strongly agree." Using Spanish and Chilean samples, Martinez et al. (2021) reported a good internal consistency for the instrument, with Cronbach's Alpha ranging from 0.80 to 0.89. They reported that confirmatory factor analyses supported the four-factor structure of the scale. Validity also showed significant correlations between psychological capital and academic engagement, satisfaction, and performance.

Operationalization of Variables

Turnover Intentions – This ratio variable was measured by the total score on the Turnover Intentions Scale (TIS-6; Roodt, 2004, as cited in Bothma & Roodt, 2013). Participants could score a minimum of 6 and a maximum of 36, with a higher score indicating a higher intention to leave. The midpoint was 18. A score below 18 indicated a desire to stay in the organization, and above 18 indicated a desire to leave.

Perceived Supervisor Servant Leadership – This ratio variable was measured by the total score on the Servant Leadership Scale (SL-7; Liden et al., 2015). Participants could

rate their supervisor score a minimum of 7 and a maximum of 49, with a higher score

indicating a higher perceived supervisor servant leadership.

Psychological Capital –   This ratio variable was measured by the total mean score on

the Psychological Capital Questionnaire (PCQ-12; Luthans et al., 2007). Participants

could score a minimum score of 1 and a maximum of 6, with a higher score indicating a

higher global psychological capital.

Data Analysis

A mediation analysis, followed by Pearson's correlation analysis, was conducted

to answer the research questions. The perceived supervisor servant leadership represented

the independent variable of this study, while turnover intentions were the dependent

variable. Psychological capital played the role of the mediator. This study used a

bootstrapping confidence interval analysis to derive the indirect effect of perceived

supervisor-servant leadership on turnover intentions mediated by psychological capital

(Hayes & Rockwood, 2017). Bootstrapping is a modern and powerful non-parametric

resampling strategy that estimates the sampling distribution. The PROCESS macro for

SPSS addressed mediation and moderation analyses (Hayes & Rockwood, 2017). The

single mediator model, known as Model 4 in PROCESS, was implemented for this

analysis. This strategy evaluated whether the indirect effect carried statistical

significance, testing the mediation hypothesis (Hayes & Rockwood, 2017). The analysis

was conducted with a 95% confidence interval. A confidence interval not encompassing

zero was interpreted as evidence of a significant indirect effect (Hayes & Rockwood, 2017).

In addition to the mediation analysis, a Pearson's correlation coefficient was calculated to explore the relationships among the study variables. This analysis aimed to assess the strength and direction of the relationships between these pairs of variables.

Delimitations, Assumptions, and Limitations

Delimitations

The scope of this study was delimited to practicing nurses and physicians in Canada. Although the COVID-19 pandemic impacted every sector, nurses and physicians felt it most acutely, having worked directly with the disease on the frontline. Nurses and physicians are publicly funded in Canada and already reported severe staff shortages (Marć et al., 2019). No study has been conducted on servant leadership, psychological capital, and turnover intentions in Canada; therefore, this study was needed in this context.

Assumptions

There were several assumptions in this study. Firstly, it was presumed that participants would respond to the survey items honestly and accurately. Secondly, it was presumed that the selected measures- the Turnover Intention Scale (TIS-6; Roodt, 2004, as cited in Bothma & Roodt, 2013), the Servant Leadership Scale (SL-7; Liden et al., 2015), and the Psychological Capital Questionnaire (PCQ-12; Luthans et al., 2007) were reliable and valid instruments to measure the constructs. Finally, it was assumed that the bootstrapping confidence interval analysis could capture the relationship between servant leadership and turnover intentions, with psychological capital as a mediator.

Limitations

There were several limitations in this study design. Firstly, the study's cross-sectional design meant causality could not be determined. Hayes and Rockwood (2017) argued that experimental manipulation is often the gold standard for establishing causality, but this is not always feasible or ethical. They argued that bootstrapping could provide insight into causality, although admittedly not decisively. Hayes and Rockwood (2017) emphasized that causal inferences are products of our minds, so they must be informed by theory and logical reasoning, not solely by statistical analysis. Secondly, the research relied on self-report measures, potentially introducing social desirability bias, where participants might respond in ways they perceived as socially desirable rather than reflecting their genuine thoughts and feelings. For example, a participant might have scored themselves higher on items in psychological capital because it might have been more socially desirable to display higher hope, efficacy, resilience, or optimism. Thirdly, the snowball sampling method might have led to sampling bias if the recruited participants did not represent eligible nurses and doctors who opted not to participate. Fourthly, the findings would not be generalizable to other sectors, contexts, or hierarchy structures that allow individuals to work more independently or without direct supervisors. Finally, another potential limitation was that other confounding factors (e.g., organizational culture, work-life balance, compensation) may have influenced turnover intentions that the study did not consider.

Summary

In summary, this chapter describes the methods used in the study to explore the relationships between perceived supervisor-servant leadership, psychological capital, and turnover intentions among Canadian healthcare professionals. The research design outlined is to investigate the stated research questions and test the hypotheses. Detailed participant selection, study procedures, and instrumentation descriptions have been provided for clarity and replicability. The next chapter will present the findings of this quantitative correlational study. It will disclose the data derived from the measures used and report the mediation analysis results; this will provide insight into the impact of perceived supervisor servant leadership on turnover intentions and the mediating role of psychological capital among Canadian healthcare professionals.

CHAPTER 4: RESULTS

Overview

The purpose of this quantitative correlational study aimed to examine how psychological capital mediates the relationship between perceived supervisor servant leadership and turnover intentions. A survey was conducted aimed at Canadian healthcare workers (nurses and doctors) via a snowball method using LinkedIn and Facebook posts to answer the following research questions:

RQ1: What is the relationship between perceived supervisor-servant leadership and turnover intentions?

RQ2: Does psychological capital mediate the relationship between perceived supervisor servant leadership and turnover intentions?

The hypotheses tested were as follows:

Hypothesis 1: There is a negative relationship between perceived supervisor servant leadership and turnover intentions.

Hypothesis 2: There is a relationship between perceived servant leadership and turnover intentions, mediated by psychological capital.

When data collection via the online survey was complete, the data was uploaded to SPSS, which provided the results for descriptive statistics, the Hayes PROCESS model 4 for the mediation analysis, and a Pearson's correlation analysis.

Descriptive Results

The study had 773 respondents, of whom 648 (83.8%) provided valid responses, such as answering they were Canadian nurses and doctors and completing all the instruments. The majority of the participants were aged between 24-34 years old (74.7%)

(Table 1), were nurses (80.2%) as depicted in Table 2, and had a tenure of six to ten years

(75%), as depicted in Table 1.

Table 1

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24 years old	19	2.9	2.9	2.9
	25-34 years old	484	74.7	74.7	77.6
	35-44 years old	114	17.6	17.6	95.2
	45-54 years old	27	4.2	4.2	99.4
	55-64 years old	4	.6	.6	100.0
	Total	648	100.0	100.0	

Table 2

Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physician	128	19.8	19.8	19.8
	Nurse	520	80.2	80.2	100.0
	Total	648	100.0	100.0	

Table 3

Tenure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 5 years	99	15.3	15.3	15.3
	6-10 years	486	75.0	75.0	90.3
	11-15 years	50	7.7	7.7	98.0
	16-20	8	1.2	1.2	99.2
	Over 20 years	5	.8	.8	100.0
	Total	648	100.0	100.0	

The average score for perceived servant leadership of supervisors was 30.44 (SD= 6.84) (Figure 1), which is a moderate level of servant leadership (the maximum score is 49). The mean score for psychological capital was 3.97 (SD=0.79) (Figure 2), a relatively high score. Finally, the mean score for turnover intentions was 17.38 (SD=4.28) (Figure 3), which means, on average, participants were slightly leaning more towards staying at their respective organizations instead of leaving. Shockingly, if we follow the interpretation of the TIS-6 that those scoring 18 or higher want to leave their organization, 47.7% of the respondents represent this category.
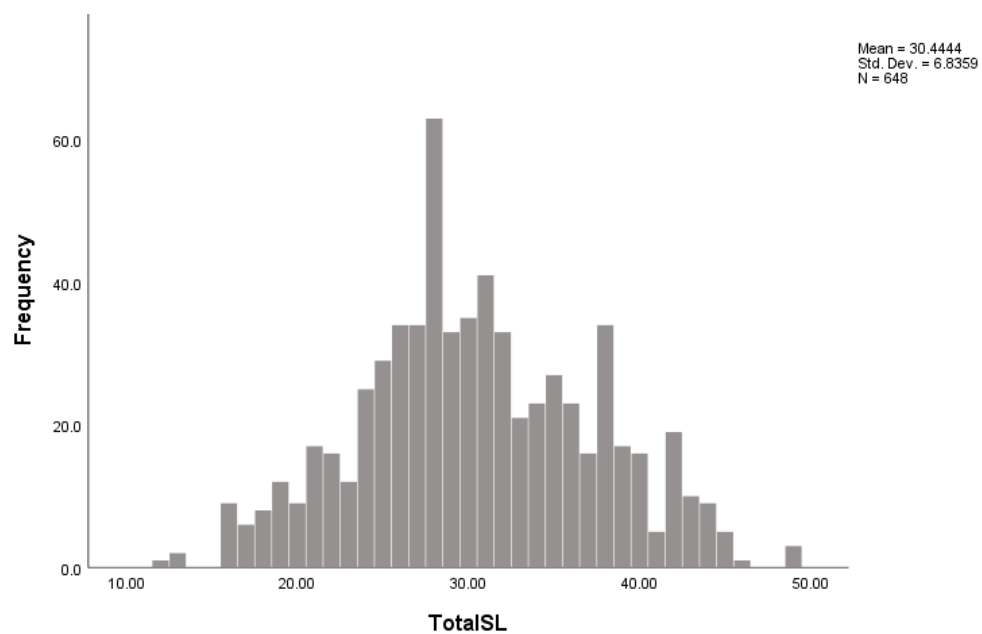
Table 4

Descriptive Statistics

Descriptive Statistics

	N	Mean	Std. Deviation
TotalSL	648	30.4444	6.83590
PCQ_Avg	648	3.9654	.78719
TIS_tot	648	17.3750	4.28034
Valid N (listwise)	648		

Figure 1

Frequency for Perceived Servant Leadership

Mean = 30.4444
Std. Dev. = 6.8359
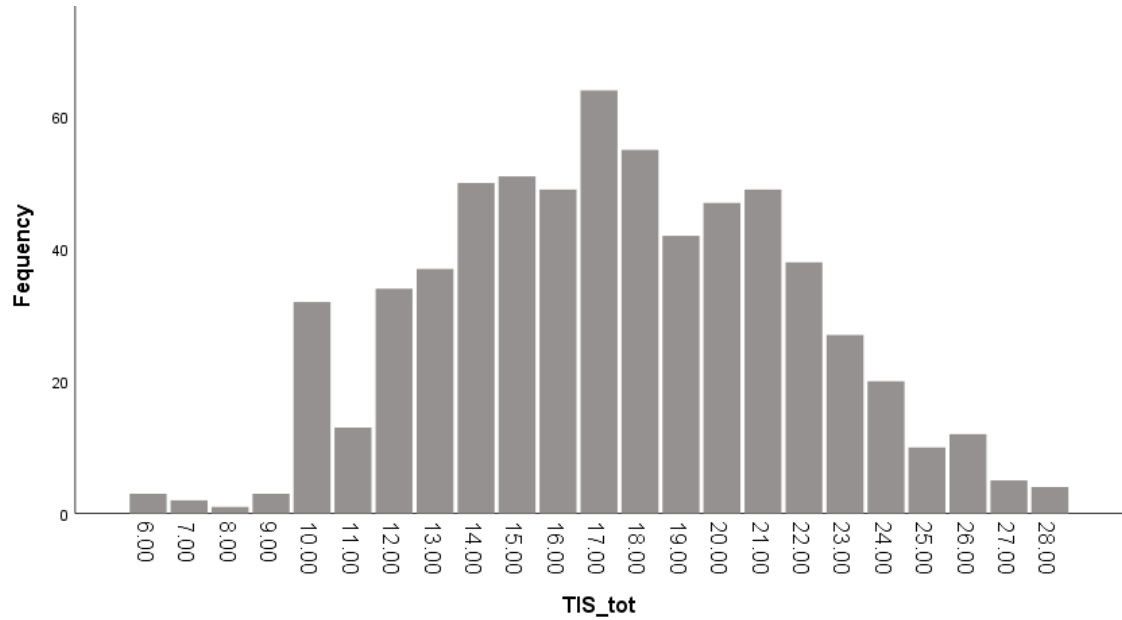N = 648

Figure 2

Frequency for psychological capital
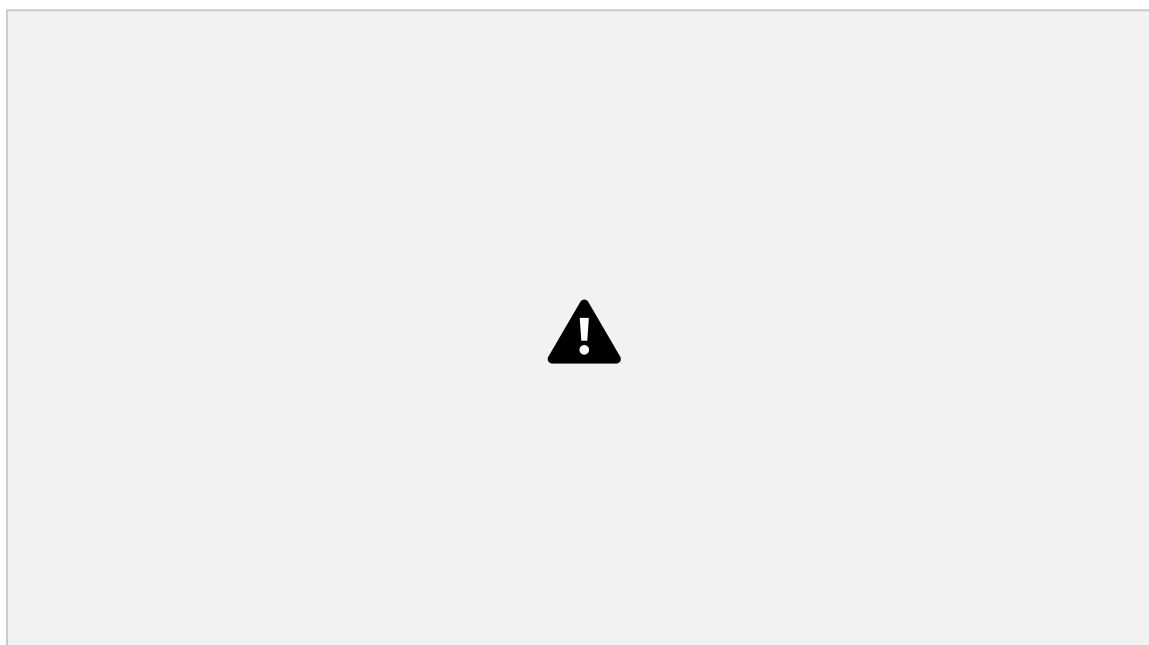
Figure 3

Frequency for turnover intentions

Study Findings

Using Hayes PROCESS model 4, a mediation analysis was conducted to examine the indirect effect of servant leadership (TotalSL) on turnover intentions (TIS_tot), mediated by psychological capital (PCQ_Avg). The first stage of the model revealed a significant relationship between servant leadership and psychological capital, β=.0743, SE=.0035, $t(646)$=21.4536, $p<.0001$, with servant leadership accounting for 41.60% of the variance in psychological capital (R^2=.4160) (Figure 4). The second stage revealed a significant negative relationship between psychological capital and turnover intentions, β=-.6824, SE=.2774, $t(645)$=-2.4599, p=.0142 (Figure 4). However, the direct effect of servant leadership on turnover intentions in the mediation model was not significant, β=-.0132, SE=.0319, $t(645)$=-.4126, p=.6800, with the overall model accounting for 1.96% of the variance in turnover intentions (R^2=.0196), see Table 5.

Finally, the total effect of servant leadership on turnover intentions was significant β=-.0639, SE=.0245, $t(646)$=-2.6061, p=.0094, BootLLCI=-.1120, BootULCI=-.0157.

More importantly, the indirect effect of servant leadership on turnover intentions through psychological capital was significant, β=-.0507, BootSE=.0196, BootLLCI=-.0888. BootULCI=-.0119. Thus, the results show that psychological capital fully mediates the relationship between servant leadership and turnover intentions, supporting H2 (See Figure 7).

In addition to the Hayes PROCESS model, a Pearson's correlation analysis was conducted to assess the relationship between the study variables. Results indicated a significant negative correlation between servant leadership and turnover intentions, $r(646)=-.102$, p=.009, suggesting that higher levels of perceived servant leadership were associated with lower turnover intentions, thus supporting H1 (Table 6). Additionally, as seen in Figures four and five, there was a significant positive correlation between servant leadership and psychological capital, $r(646)=.645$, p<.001, indicating that higher levels of perceived servant leadership were associated with higher psychological capital. There was also a negative relation between psychological capital and turnover intentions $r(646)=-.139$, p<0.01, which suggests that higher psychological capital is associated with lower turnover intentions.

Table 5

Mediation Analysis Results of Servant Leadership, Psychological Capital, and Turnover Intentions

Outcome Variable	Coefficient (B)	Standard Error (SE)	t-Value	p-Value	95% Confidence Interval

PCQ_Avg (Mediator)					
Constant	1.7041	.1080	15.7745	< .0001	[1.4919, 1.9162]
TotalSL	.0743	.0035	21.4536	< .0001	[.0675, .0811]
TIS_tot (Outcome)					
Constant	20.4823	.8965	22.8479	< .0001	[18.7220, 22.2427]
TotalSL	-.0132	.0319	-.4126	.6800	[-.0759, .0495]
PCQ_Avg	-.6824	.2774	-2.4599	.0142	[-1.2272, -.1377]
Total Effect of TotalSL on TIS_tot					
TotalSL	-.0639	.0245	-2.6061	.0094	[-.1120, -.0157]
Indirect Effect of TotalSL on TIS_tot via PCQ_Avg					
Effect	-.0507	BootSE = .0196			[-.0888, -.0119]

Table 6

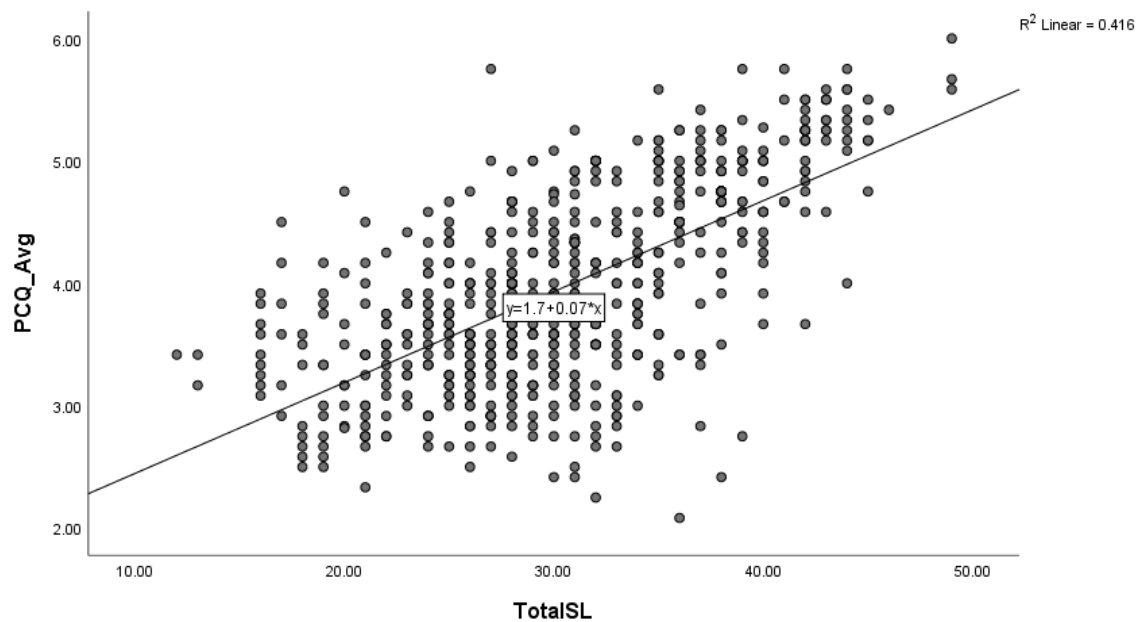*Pearson's correlation between servant leadership, psychological capital, and turnover*

intentions

|		TotalSL	Total_TIS	PCQ_Avg
TotalSL	Pearson Correlation	1	-.102**	.645**
	Sig. (2-tailed)		.009	.000
	N	648	648	648
Total_TIS	Pearson Correlation	-.102**	1	-.139**
	Sig. (2-tailed)	.009		.000
	N	648	648	648
PCQ_Avg	Pearson Correlation	.645**	-.139**	1
	Sig. (2-tailed)	.000	.000	
	N	648	648	648

**. Correlation is significant at the 0.01 level (2-tailed).

Figure 4

Correlation between servant leadership and psychological capital
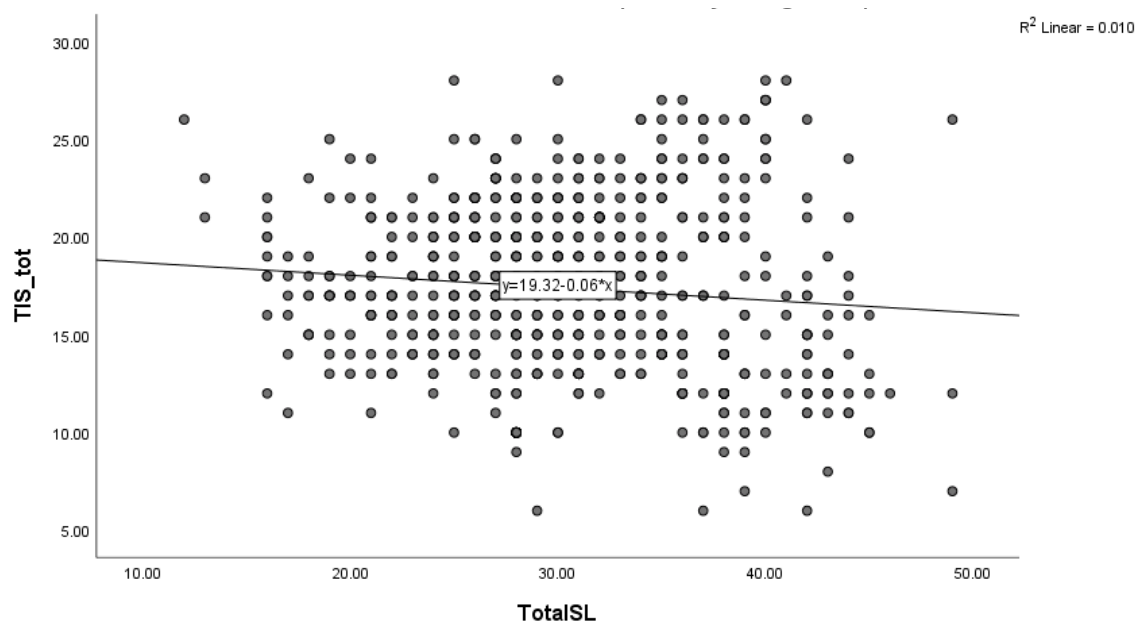

Figure 5

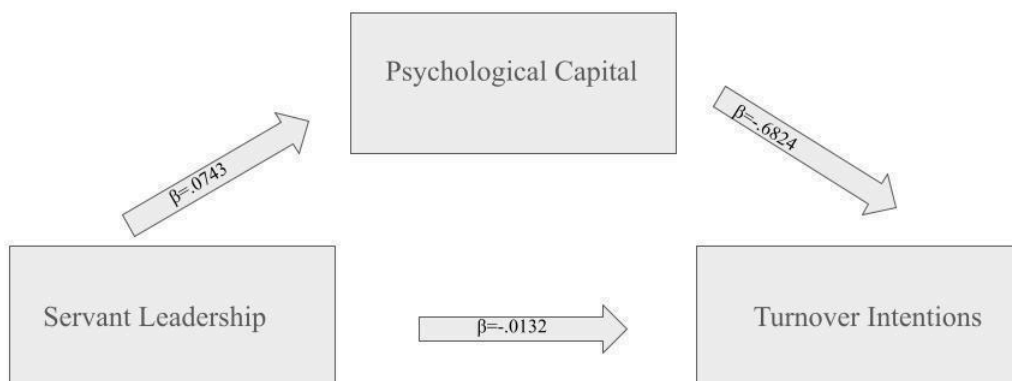*Correlation between psychological capital and turnover intentions*
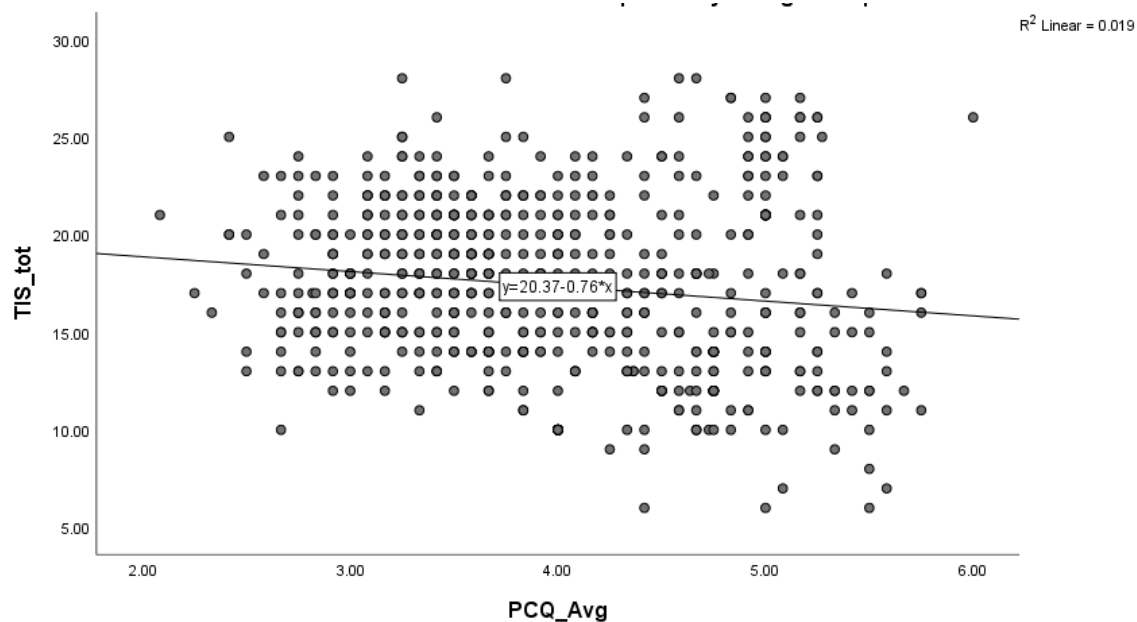
Figure 6

Correlation between servant leadership and turnover intentions

Figure 7

The mediation model

A power analysis was conducted using the web application developed by Schoemann et al. (2017). The Monte Carlo analysis was conducted using the following inputs: the model was defined as "one mediator"; the objective was set to "Set N, Find Power"; with the sample size at 648; there were 1,000 replications with 20,000 Monte Carlo draws per replication; a random seed of 1234; and confidence levels were set at 95%. Correlations were used from the study results with path a' at .645, path b' at -.139, and path c' at -.102, and the standard deviations were set to 6.8359, .78719, and 4.28034, respectively, to reflect the SD of the three variables. The output indicated that the power was 70%, which is inadequate, typically desired at 80% or above.

Summary

This quantitative correlational study explored the role of psychological capital as a mediator in the relationship between perceived supervisor servant leadership and turnover intentions among Canadian healthcare workers. Out of 773 respondents, 648

provided valid responses, primarily nurses aged 24-34 with 6-10 years of tenure. Results indicated a moderate level of perceived servant leadership, relatively high psychological capital, and most wanting to stay in their organizations; however, 47.7% of respondents want to leave. The mediation analysis revealed that psychological capital fully mediated the relationship between servant leadership and turnover intentions, with a significant relationship between servant leadership and psychological capital and psychological capital and turnover intentions. Both perceived servant leadership and psychological capital had a significant negative association with turnover intentions; meanwhile, servant leadership positively correlated with psychological capital. A power analysis indicated a power of 70%, suggesting limitations in the study. The following discussion will explore these findings compared to existing literature, their implications, and future research directions.

CHAPTER 5: DISCUSSION

Overview

This quantitative correlational study aims to examine how psychological capital mediates the relationship between perceived supervisor-servant leadership and turnover intentions.

The research questions are as follows:

RQ1: What is the relationship between perceived supervisor-servant leadership and turnover intentions?

RQ2: Does psychological capital mediate the relationship between perceived supervisor servant leadership and turnover intentions?

The hypotheses tested are as follows:

H1: There is a negative relationship between perceived supervisor servant leadership and turnover intentions.

H2: There is a relationship between perceived servant leadership and turnover intentions, mediated by psychological capital.

This chapter will discuss the findings, how they compare to recent literature, and how they contribute to the theoretical understanding of leadership, psychological capital, and turnover intentions. Then, the discussion will move toward implications, limitations, and future research opportunities.

Summary of Findings

Out of 773 respondents, 648 doctors and nurses in Canada provided valid responses. The respondents were primarily nurses (80.2%), aged between 25-34 years

(74.75), and had tenured for six to ten years (75%). Results showed a moderate level of perceived servant leadership (M=30.44, SD=6.84), relatively high psychological capital score (M=3.97, SD=.79), and turnover intentions, which means a small majority prefer staying in the organization they are currently employed in (M=17.38, SD=4.28).

For the study, a mediation analysis resulted in a positive correlation between servant leadership and psychological capital (β=.0743, SE=.0035, t(646)=21.4536, p<.0001); a negative correlation between psychological capital and turnover intentions (β=-.6824, SE=.2774, t(645)=-2.4599, p=.0142); and non-significant direct effect between servant leadership and turnover intentions (β=-.0132, SE=.0319, t(645)=-.4126, p=.6800). Most importantly, the indirect effect of servant leadership on turnover intentions was significant (β=-.0507, BootSE=.0196, BootLLCI=-.0888. BootULCI=-.0119), indicating that psychological capital fully mediates this relationship, thus supporting H2.

A Pearson's correlation analysis was conducted, and the results indicated a significant negative correlation between servant leadership and turnover intentions, r(646)=-.102, p=.009, suggesting that higher levels of perceived servant leadership were associated with lower turnover intentions, which supports H1. Additionally, the results show that perceived servant leadership is positively associated with psychological capital, r(646)=.645, p<.001, and psychological capital is negatively associated with turnover intentions, r(646)=-.139, p<.001.

Discussion of Findings

Servant Leadership and Turnover Intentions

Prior findings showed a direct link between leadership style and turnover intentions. Transformational and ethical leadership have reduced turnover intentions among healthcare workers (Labrague et al., 2020a; Magbity et al., 2020; McKenna & Jeske, 2021). This study corroborates the previous research, finding that servant leadership is negatively associated with turnover intentions, $r(646)=-.102$, p=.009, supporting H1. Specifically, this confirmed previous studies that directly link servant leadership with reduced turnover intentions (Johnson & Rohde, 2022; Omanwar & Agrawal, 2022; Ul Hassan et al., 2022; Westbrook et al., 2022) and increased commitment, even above that of transformational leadership (Hoch et al., 2018). Importantly, this study's results add empirical evidence in the Canadian healthcare context, which has been underrepresented in servant leadership research. This highlights the potential for servant leadership as a viable model to mitigate the high turnover intentions in Canadian healthcare and a resource to buffer the high stress experienced by doctors and nurses. The results reaffirm the role of leadership in creating work environments that offer psychological and emotional well-being, thereby reducing turnover intentions. One of the mechanisms by which servant leadership reduces turnover intentions is by raising the follower's psychological capital.

Psychological Capital as a Mediator

The significance of the indirect effect of servant leadership on turnover intentions via psychological capital adds credence to prior studies (β = -.0507, BootSE = .0196, BootLLCI = -.0888, BootULCI = -.0119). This study shows that psychological capital fully mediates the relationship between servant leadership and turnover intentions in Canadian healthcare, supporting H2. These findings are in line with previous studies that

demonstrated that servant leadership improves psychological capital (Safavi & Bouzari, 2020; Gui et al., 2021; Clarence et al., 2021b), and others have shown how leadership-supportive behaviors similar to servant leadership traits also bolster psychological capital (Um-e-Rubbab et al., 2021; Yang et al., 2020; Brunetto et al., 2022). Also consistent is that psychological capital tends to be negatively correlated with turnover intentions (Chen et al., 2021; Li et al., 2021; Hu et al., 2022; Obeng et al., 2021; Tetteh et al., 2022; Shah et al., 2019). Of these studies, Shah et al. (2019) and Li et al. (2021) demonstrated this by studying psychological capital as a mediator for other variables (organizational commitment and occupational stress, respectively) and turnover intentions. Overall, this study and others highlight the important mediating role of psychological capital in reducing turnover intentions. Putting these three variables together in one model adds to the understanding of how servant leadership (an organizational resource) reduces turnover intentions (an individual outcome) by bolstering psychological capital (an individual resource).

Contribution to Research Theory

Contribution to Servant Leadership Theory

The study's findings contribute to research theories around servant leadership, psychological capital, and turnover intentions within the Canadian healthcare sector. By providing evidence that servant leadership can significantly reduce turnover intentions by raising psychological capital, this research expands on servant leadership theory as an impactful leadership style. It highlights that servant leadership is relevant in high-stress situations like the healthcare sector, reinforcing that leaders who prioritize the well-being of their followers develop more resilient and committed teams.

Contribution to Psychological Capital Theory

The findings also highlight the important role of psychological capital as an outcome of good leadership and a link that translates practice into lower turnover intention outcomes. This also adds credence to Luthans et al.'s (2004) conceptualization of psychological capital as a personal resource that can be developed, highlighting it as a strategic lever for organizations aiming to increase retention and well-being.

Contribution to the Job Resources-Demands Model

From the Job-Demands Resource standpoint, this study adds to the theory that resources mitigate the harmful effects of job demands and, therefore, reduce turnover intentions (Bakker et al., 2004, as cited in Bothma & Roodt, 2013). Psychological capital acts as a personal resource that diminishes the effects of a stressful work environment, such as that faced by the healthcare system. Servant leadership, another worthwhile resource, indirectly affected turnover intentions by increasing the psychological capital of the followers. The results suggest that the positive psychological states fostered by servant leadership, such as feeling valued, supported, and empowered, increase followers' psychological resources, allowing them to cope more effectively with their job demands, thereby reducing their turnover intentions.

Biblical Integration

Servant Leadership and Biblical Teachings

The findings from this study highlight that servant leadership, a leadership style that has many connections with leadership employed in the Bible, indirectly influences turnover intentions. The Bible endorses prioritizing the needs of others above your own (Philippians 2:3-4) just as Christ gave himself up for the Church. As seen in chapter two,

the literature points to the examples of Moses and Christ portraying servant leadership (Du Plessis & Nkambule, 2020; Okharedia, 2020; Resane, 2020). Arguably, Christ giving himself up for his followers fostered an extreme commitment to Him and His movement, as tradition suggests almost all of his disciples were martyred for their faith. Indeed, in Jesus' lowest moment, the disciples committed to dying for Christ (*English Standard Version,* 2001, Matthew 26:35), although they failed to do so, Jesus reconfirmed Peter's willingness to follow him til death after the resurrection (*English Standard Version,* 2001, John 21:18-19).

Psychological Capital and Biblical Teachings

In Chapter Two, it is argued that the Bible endorses the four states within psychological capital. The difference is that all of these states come from a relationship with God instead of simple belief in self, where hope is seen as confidence in God's promises (*English Standard Version,* 2001, Hebrews 11:1), resilience in enduring trials (*English Standard Version,* 2001, James 1:12), efficacy in the belief of doing all things through Christ (*English Standard Version,* 2001, Philippians 4:13), and optimism in the assurance of God's sovereignty and goodness (*English Standard Version,* 2001, Romans 8:28). The results of the study reflects this, by showing how a servant leader can increase the psychological capital of its followers. In the same way, as God serves His people, they can find a psychological capital rooted in faith. Christians who aim to be like Christ act as servant leaders, increasing their followers' psychological capital and, thus, more likely reducing turnover intentions.

Implications

The findings in this study indicate that 47.7% of doctors and nurses within Canadian healthcare were considering leaving their organization, which should motivate this sector to be serious about their retention strategies. The study results that servant leadership indirectly reduces turnover intentions via psychological capital, bringing possible solutions that healthcare leaders can consider for reducing turnover intentions.

Leadership Implications

The study again highlights the impact and importance of good leadership. It implies that servant leadership is a model that will work well in the Canadian healthcare context. As such, managers ought to be selected based on their propensity for servant leadership styles. In the literature review, antecedents of servant leaders include a capacity for compassionate love (Brouns et al., 2020); altruistic mindset, empathy, and low scores in narcissism, emotional intelligence, and resilience (Langhof & Güldenberg, 2020); personal leadership, self-regulation, self-esteem, efficacy, lower neuroticism (Bell & Hewitt, 2021); and high psychological capital (Prasath & Bhat, 2022). Using these measures could be one way to select leaders most likely to display servant leadership and be open to development towards it. Secondly, training for leadership development should be in place, emphasizing the development of the attributes of a servant leader. Servant leadership theory can be taught and captured by, for example, Liden et al.'s (2015) assessment of servant leadership. Leaders can be trained to provide emotional healing, create value for the community, increase conceptual skills, empower followers, help followers grow, demonstrate the prioritization of their followers, and demonstrate ethical behavior. In tandem, a performance metric can be used to measure how well they display these behaviors by administering a scale for followers to assess their leaders.

Developing Psychological Capital

Given the mediating role of psychological capital in the relationship between servant leadership and turnover intentions, healthcare organizations should aim to develop the psychological capital of their employees. Beyond leadership training, which will impact follower psychological capital, workshops can include techniques like goal-setting exercises, resilience training, and cognitive-behavioral strategies. Indeed, Lupşa et al. (2020), in a meta-analysis, show that psychological capital interventions, usually done through workshops, show a small but significant effect on increasing psychological capital. Other things to consider for increasing psychological capital is to create a policy and culture that provides perceived organizational support and psychological safety culture (Yang et al., 2020; Brunetto et al., 2022). Furthermore, there needs to be policies to curb workplace violence and bullying culture, which are negatively related to psychological capital (Sui et al., 2019; Qiu et al., 2019).

Conclusion

The practical implications of this study highlight the need for a strategic approach to leadership and employee development within healthcare organizations. By prioritizing servant leadership and cultivating psychological capital, healthcare managers and leaders can effectively reduce turnover intentions, thereby improving organizational stability and the quality of patient care. Implementing these strategies requires a commitment to ongoing leadership development, employee support, and organizational culture change.

Limitations

Although the findings were significant, there are limitations to the study to be considered. Firstly, the study's cross-sectional design meant causality could not be determined. As mentioned, Hayes and Rockwood (2017) argued that bootstrapping can provide insight into causality but cannot do so definitively.

Secondly, the research relied on self-administered assessments open to social desirability bias. For example, individuals may score higher for psychological capital because it is desirable to score high on hope, efficacy, resilience, and optimism.

Third, the snowball method may lead to bias, and indeed, it has since the demographic of the study shows that the vast majority of respondents were nurses, younger, and less tenured. The post, being snow-balled on social media, meant only the slice of Canadian healthcare workers who used social media and were more likely to participate in a voluntary online survey are accounted for, and does not generalize to the remaining healthcare workers. In addition, the study's design is meant to prevent the results from generalizing to any other sector or context outside Canadian healthcare.

Fourth, the study did not consider other confounding factors influencing turnover intentions, such as workplace culture, compensation, or work-life balance. All of which are other possible antecedents of turnover intentions.

Fifth, because the study is cross-sectional, it only captures the data in a snapshot instead of a dynamic approach that would follow the variables over time, which could further capture the relationships.

Sixthly, the study only captures the dyadic relationship between a supervisor and their follower but does not consider team or peer factors. Finally, a power analysis using a web application by Schoemann et al. (2017) found that the study's power is 70%, which

falls short of the desired level of 80%, indicating that the study required more samples to be adequately powerful. In summary, the findings from this study should seen more as exploratory than definitive and should lead to opportunities for future studies.

Recommendations for Future Research

Given the findings and the study's limitations, here are several recommendations for future research. First, given the mediating effect of psychological capital between servant leadership and turnover intentions, other leadership styles could be explored with psychological capital as a mediating factor. Other leadership styles to consider are transformational leadership, authentic leadership, ethical leadership, or any other worthy variables that could solidify psychological capital as an important mediating factor between leadership and turnover intentions outside of servant leadership.

Secondly, the overall outcome of the constructs was considered for each variable in the study, but not the individual items. Another study could explore servant leadership aspects that impact turnover intentions instead of the construct as a whole. This could equally be said of the independent sub-constructs of psychological capital as mediators.

Third, the resulting demographics mean there is an opportunity to replicate the study with older, more tenured healthcare workers or a study specifically focused on doctors only. Studies could be conducted at hospitals instead of an open, online survey, ensuring the results are relevant to a specific context. The study can also be replicated in any other contexts for comparison in different countries or sectors.

Fourth, psychological capital interventions may be considered in an experimental design to see if the interventions increase psychological capital and decrease turnover

intentions over time. Longitudinal designs can also capture the dynamics of the relationships over time.

Fifth, this topic would benefit from qualitative studies in focus groups or interviews to inquire about employees' perceptions of servant leadership, what it does for their psychological capital, and turnover intentions. This would provide richer data and potentially lead to further conceptualizing the given variables.

Sixth, this study can be replicated but with confounding variables accounted for, such as personal factors, job satisfaction, job autonomy, work-life balance, and organizational culture. There is an opportunity to create larger holistic and complex models that capture the interplay of organizational leadership, individuals, and turnover intentions.

Seventh, as this study used self-measures, one way to expand on this research is to use more objective data such as actual turnover and 360 surveys of individual psychological capital or multi-respondent evaluations of the servant leadership of a supervisor. Finally, since the study did not have adequate power, a simple replication would be to repeat the study with a larger sample size to achieve adequate power.

Summary

This quantitative correlational study examined the interplay between perceived supervisor-servant leadership, psychological capital, and turnover intentions among Canadian healthcare workers. 648 valid responses, predominantly among younger, less tenured nurses, revealed a moderate perception of servant leadership of their supervisors, a relatively high psychological capital, and a small majority aiming to stay in their organization instead of leaving. Using a modern mediation analysis via the Hayes

PROCESS model, the results show that psychological capital fully mediates the relationship between servant leadership and turnover intentions. Furthermore, Pearson's correlation shows a clear negative relationship between servant leadership and turnover intentions; both analyses confirm the hypotheses and corroborate findings from prior literature. Ultimately, the findings endorse servant leadership as an effective strategy to increase personal resources of psychological capital and thus reduce turnover intentions.

The study highlights the urgency for healthcare organizations to prioritize leadership styles that will positively improve employee satisfaction and retention. It calls for reevaluating the leadership selection and development processes training for servant leaders who will prioritize their followers. Additionally, it calls for healthcare organizations to find ways to enhance psychological capital using interventions and creating psychologically safe cultures to ensure a more committed healthcare workforce.

For Christians, embracing servant leadership is aligned with the Biblical principle of placing others' needs above one's own, mirroring how Christ served his followers. Therefore, this study invites Christian healthcare leaders to adopt and champion servant leadership, display a high level of psychological capital, and create environments ripe for employee commitment.

In conclusion, the study corroborates with prior studies on the positive results that come from servant leadership and psychological capital to reduce turnover intentions and points to actionable steps healthcare organizations in Canada must take to foster a positive work culture. As this context continues to grapple with high turnover rates and the associated challenges, the findings of this research offer one clear pathway toward a

more stable and psychologically healthy workforce. The calling is clear: healthcare leaders must reject any form of toxic leadership and move toward one of servitude to cultivate an individual's inner resources to create a fully committed task force ready to face the stress of helping patients in need. In doing so, Canada's healthcare can display a high standard for its organizational leadership that honors the spirit of service that defines healthcare professionals.

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APPENDIX A: STUDY INFORMATION

Study Information

Title of the Project: Mitigating Turnover In Healthcare: Exploring Servant Leadership and Psychological Capital
Principal Investigator: Lindsay Tsang, Doctoral Candidate for the Department of Behavioral Sciences, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a registered nurse or physician in Canada, have regular hours in at least one of your employment organizations, and report to a direct supervisor. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to see if feeling positive and hopeful (psychological capital) can explain how the kindness and support of a supervisor (servant leadership) affects an employee's decision to leave or stay at their job (turnover intentions).

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:
   1. Fill out an anonymous survey that will take approximately 30-45 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of how leadership styles and positive psychological states affect the turnovers of Canadian nurses and doctors.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.

Incentive for being part of the study?

As an incentive, a draw will be made after the submission deadline, and two participants will receive a $100 CAD Visa gift card. Email addresses will be requested for the draw; however, email addresses will be collected via a separate survey to maintain anonymity.

Is study participation voluntary?

Participation in this study is voluntary. Your participation will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or withdraw at any time before submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Lindsay Tsang. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [contact information]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is[address & email]

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

APPENDIX B: SOCIAL MEDIA POST FOR RECRUITMENT

ATTENTION CANADIAN NURSES AND DOCTORS: I am conducting research as
part of the requirements for a Ph.D. in Organizational Psychology at Liberty University.

The purpose of my research is to see if feeling positive and hopeful (psychological capital) can explain how the kindness and support of a supervisor (servant leadership) affects an employee's decision to leave or stay at their job (turnover intentions). To participate, you must be a registered nurse or physician in Canada, have regular hours in at least one of your employment organizations, and report to a direct supervisor. Participants will be asked to respond to a one-time anonymous survey, which should take 30-45 minutes to complete. Participants will be entered in a draw to receive a $100 Visa gift card.

Please follow this LINK to participate. This study is open until December 31, 2023. Feel free to share this post with colleagues who meet the criteria. I am looking for a minimum of 50 participants and a maximum of 200.

If you have any questions about this study, please don't hesitate to contact me at [email]@liberty.edu. Thank you for considering participation in this research and for your commitment to enhancing our healthcare system.

#HealthcareProfessionals #CanadianHealthcare #ServantLeadership #ResearchParticipation

APPENDIX C: PERMISSION TO USE TIS-6

📎 1 attachments (59 KB)
Turnover intentions questionnaire - v4.doc;

You don't often get email from roodtg8@gmail.com. Learn why this is important

Dear Lindsay

You are welcome to use the TIS for your research (please accept this e-mail as the formal permission letter). For this purpose please find the TIS-15 attached for your convenience. The TIS-6 (version 4) consists of the first six items high-lighted in yellow. You may use any one of these two versions. The TIS is based on the Theory of Planned Behaviour.

The only two conditions for using the TIS are that it may not be used for commercial purposes (other than for post graduate research) and second that it should be properly referenced as (Roodt, 2004) as in the article by Bothma & Roodt (2013) in the SA Journal of Human Resource Management (open access).

It is easy to score the TIS-6. Merely add the item scores to get a total score. The midpoint of the scale is 18 (3 x 6). If the total score is below 18 then the it indicates a desire to stay. If the scores are above 18 it indicates a desire to leave the organisation. The minimum a person can get is 6 (6 x 1) and the maximum is 30 (5 x 6). No item scores need to be reflected (reverse scored) for the TIS-6. Please note that there are items that need to be reverse scored for the TIS-15 (indicated by an R before the item number).

It is recommended that you conduct a CFA on the item scores to assess the dimensionality of the scale. We found that respondents with a matric (grade12) tertiary school qualification tend to understand the items better and consequently an uni-dimensional factor structure is obtained.

If you wish to translate the TIS in a local language, you are welcome to do so. It is recommended that a language expert is used in the translate - back translate method. I wish you all the best with your research!

Best regards

Gert

Prof Gert Roodt

APPENDIX D: SERVANT LEADERSHIP PERMISSION EMAIL

2 attachments (592 KB)
servant leadership scale.docx; Liden, Wayne, Meuser, Hu, Wu, & Liao 2015 LQ servant leadership SL-7 measure.pdf;

You may use our scale and it is attached. Use unit scoring (not factor score weighting).
Best of luck with your research,
Bob Liden

APPENDIX E: PSYCHOLOGICAL CAPITAL PERMISSION AND SAMPLE ITEMS

mind garden

www.mindgarden.com

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Psychological Capital Questionnaire

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

Citation of the instrument must include the applicable copyright statement listed below.
Sample Items:

Self-Rater Form :

    I feel confident analyzing a long-term problem to find a solution.

    If I should find myself in a jam at work, I could think of many ways to get out of it.

    When I have a setback at work, I have trouble recovering from it, moving on.

Other Rater Form:

    This person feels confident analyzing a long-term problem to find a solution.

    If this person should find him/herself in a jam at work, he/she could think of many ways to get out of it.

    When this person has a setback at work, he/she has trouble recovering from it, moving on.

Sincerely,