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SERVANT LEADERSHIP BEHAVIORS OF ATHLETIC TRAINERS IN CLINICAL ROLES

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Bowling Green State University

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## SERVANT LEADERSHIP IN ATHLETIC TRAINING

### Abstract

Servant leadership behaviors have shown to increase patient care in various health care professions (Garber, 2009). Currently there is no known research on servant leadership and related behaviors in athletic training. The purpose of this study was to explore the presence and prevalence of servant leadership practices by athletic trainers. A Cross-sectional study using web-based survey asked participants to rank their servant leadership practices and the servant leadership practices of athletic training colleagues. Data was collected through an online survey which was distributed through the National Athletic Trainers' Association (NATA). 65 athletic trainers responded (6.5% response rate). The majority of the respondents were female (56.9%), Caucasian (93.8%), between the ages of 30-39 years old (30.8%), and 30.8% worked in the high school setting. The highest represented district was the Eastern Athletic Trainers' Association (at 26.2%). Servant leadership behaviors were measured using the 28-item Servant Leadership Questionnaire developed by Liden et al. (2008). Items were based on a 7 point Likert scale (1=highly disagree, 7=highly agree). Servant leadership behaviors were sums of questions with the categories ranging from 1 (high range) to 4 (extremely low range). Data was analyzed using measures of central tendency, correlations, item analysis, t-tests and one-way ANOVA with Tukey Post Hoc to establish internal consistency, validity and to determine differences between demographics and servant leadership behaviors and specific questions. The survey instrument yielded an  $\alpha = .95$  with item analysis ranging from  $\alpha = .953$ -.956. In general, servant leadership behaviors ranked high for both self and co-worker ratings ( $1.28 \pm .451$ ;  $1.62 \pm .678$ , respectively). Participants perceived their servant leadership behaviors higher than co-workers in *Emotional Healing* and *Empowerment* ( $1.23 \pm .425$  vs  $1.68 \pm .731$ ;  $p = .05$ ;  $1.54 \pm .502$  vs  $1.74 \pm .668$ ;  $p \leq .001$ , respectively). Significant differences in servant leadership behaviors and specific questions were found between participants' gender, age, ethnicity, state, and athletic training setting and co-workers' ethnicity and job title. For example, Great Lakes Athletic Trainers' Association athletic trainers were higher in overall servant leadership than Far West Athletic Trainers' Association athletic trainers ( $1.13 \pm .352$  vs  $2.00 \pm .000$ ;  $p = .039$ ). No significant differences were found between servant leadership behaviors/questions and participants' years of experience, years at current position, or co-workers' gender and years working with participant. There were significant positive correlations with items between the self-scale and co-worker scale that ranged from 0.27 to 0.46 ( $p$  less than or equal to sign. of .001). Further research should continue looking into the application of servant leadership in the athletic training profession.

## Introduction

“In a servant leadership culture we learn by choice or example that if we want to be great, we have to serve others” (Dosch, 2015). Servant leadership was given its name and popularity by Robert K. Greenleaf in 1970. The “Robert K. Greenleaf Center for Servant Leadership” has published articles, books, and for 22 years has hosted an international servant leadership conference. Servant leadership has been a leadership reserve for the past 40 years, but has increased in popularity at the turn of the century and continues to grow. Greenleaf’s (1970) description of servant leadership has been widely used:

“The servant-leader is servant first... Becoming a servant-leader begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead... The difference manifests itself in the care taken by the servant – first to make sure that other people’s highest priority needs are being served. The best test... is: do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society; will they benefit, or, at least, will they not be further deprived?” (Greenleaf, 1970, p. 6).

It is a long description that can be split into different sections. First, Greenleaf (1970) suggests that servant leadership is the combination of having a servant heart and choosing to use it to better others through leadership. Servant hood alone does not make one a servant leader. Wong and Davey (2007) echoed the need for having a servant heart mixed with leadership skills (p. 8). The second part of the definition states that the servant heart and leadership actions combine to meet the legitimate needs people have. Meeting the legitimate need of others should be the “highest priority” in the servant leader. The final portion of the definition describes how to

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measure servant leadership. It answers the question: “When is someone considered a servant leader?” Greenleaf (1970) answers this by observing the outcomes in those being served. They are “healthier, wiser, freer, more autonomous, more likely themselves to become servants” (p. 6). The combination of all three aspects implies that servant leadership includes an inherent desire to serve and the choice to lead so that those being served can be the best and do the best they can. In short, servant leaders assist their followers in leading themselves.

### **Theoretical Introduction**

Greenleaf’s (1970) definition of servant leadership has been used in many research studies as a key to unfolding a more complete description. Early researchers attempted to define the key attributes and characteristics of servant leadership. Spears and Lawrence (2002) refined Greenleaf’s (1970) definition of servant leadership into ten tangible characteristics. The list included: listening, empathy, awareness, healing, foresight, stewardship, conceptualization, persuasion, commitment to the growth of people, and building a community (Spears & Lawrence, 2002). Russell and Stone (2002) widened the characteristics pool of servant leadership even wider. They suggested that servant leaders have nine functional attributes that can be seen and utilized readily (e.g. honesty, trust, service), but they also labeled eleven different accompanying attributes (Russell & Stone, 2002). Many researchers agree on various characteristics of servant leaders such as: vision, integrity, developing and empowering people, as well as the list of ten characteristics specified by Spears and Lawrence (2002). Table 1 is a list of key servant leadership characteristics.

**Table 1**

<b>Russell &amp; Stone (2002)</b>	<b>Laub (1999)</b>	<b>Spears &amp; Lawrence (2002)</b>	<b>Dennis &amp; Bocarnea (2005)</b>	<b>Barbuto &amp; Wheeler (2006)</b>
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<b>Functional:</b> <ul style="list-style-type: none"> <li>• Vision</li> <li>• Honesty</li> <li>• Integrity</li> <li>• Service</li> <li>• Modeling</li> <li>• Pioneering</li> <li>• Appreciation of Others</li> <li>• Empowerment</li> </ul> <b>Accompanying Attributes:</b> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Credibility</li> <li>• Competence</li> <li>• Stewardship</li> <li>• Visibility</li> <li>• Influence</li> <li>• Persuasion</li> <li>• Listening</li> <li>• Encouragement</li> <li>• Teaching</li> <li>• Delegation</li> </ul>	<ul style="list-style-type: none"> <li>• Developing People</li> <li>• Sharing Leadership</li> <li>• Displaying Authenticity</li> <li>• Valuing People</li> <li>• Providing Leadership</li> <li>• Building Community</li> </ul>	<ul style="list-style-type: none"> <li>• Listening</li> <li>• Empathy</li> <li>• Awareness</li> <li>• Healing</li> <li>• Foresight</li> <li>• Stewardship</li> <li>• Conceptualization</li> <li>• Persuasion</li> <li>• Commitment to growth of people</li> <li>• Building Community</li> </ul>	<ul style="list-style-type: none"> <li>• Agapao Love</li> <li>• Humanity</li> <li>• Vision</li> <li>• Trust</li> <li>• Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Altruistic Calling</li> <li>• Emotional Healing</li> <li>• Wisdom</li> <li>• Persuasive Mapping</li> <li>• Organizational Stewardship</li> </ul>
	<b>Wong &amp; Davey (2007)</b>	<b>Sendjaya et al. (2008)</b>	<b>Liden et al. (2008)</b>	<b>van Dierendonck &amp; Nuijten (2011)</b>
	<ul style="list-style-type: none"> <li>• Servant Heart</li> <li>• Serving and Developing Others</li> <li>• Consulting and Involving Others</li> <li>• Inspiring and Influencing Others</li> <li>• Modeling Integrity</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Subordination</li> <li>• Authentic Self</li> <li>• Covenantal Relationship</li> <li>• Responsible Morality</li> <li>• Transcendental Spirituality</li> <li>• Transforming Influence</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional Healing</li> <li>• Creating Value for Community</li> <li>• Conceptual Skills</li> <li>• Empowering</li> <li>• Helping Subordinates Grow and Succeed</li> <li>• Putting Subordinates First</li> <li>• Behaving Ethically</li> </ul>	<ul style="list-style-type: none"> <li>• Standing Back</li> <li>• Forgiveness</li> <li>• Courage</li> <li>• Authenticity</li> <li>• Accountability</li> <li>• Empowerment</li> <li>• Humility</li> <li>• Stewardship</li> </ul>

Researchers have not been able to consolidate the servant leadership characteristics. Most characteristics have been suggested and supported by more than one author, but other characteristics are unique to one author. Dennis and Bocarnea (2005) proposed that love is a significant distinguishing factor of servant leadership, specifically agapao love. This type of love calls for a leader to look at the ones being served as people who have cares, wants, needs, and desires (Dennis & Bocarnea, 2005). Agapao love, or agapé love, does not describe positive feelings one has for another person; it is a word that explains a behavior and choice (Hunter, 1998). When a leader is able to love the person he or she is serving, he or she will better understand how to meet the legitimate needs.

Wong and Page (2003) claimed that a spiritual transformation was needed to be considered a true servant leader. For a servant to have a true and genuine servant-heart, a

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religious transformation needs to occur. A servant needs to intentionally surrender his or her ego and voluntarily insert vulnerability. The lack of this transformation from self to others is what makes servant leadership so rare (Wong & Page, 2003). Wisdom (Barbuto & Wheeler, 2006), covenantal relationship (Sendjaya, Sarros, & Santora, 2008) and accountability (van Dierendonck & Nuijten, 2011) are all individual characteristics of servant leadership supported by other research studies. As indicated by Table 1, researchers have not been able to come to a consensus on the core attributes of servant leadership. This is a problem because if researchers cannot consolidate core characteristics of servant leadership, a reliable and valid definition of servant leadership is difficult to create. Without a definition of servant leadership, it is difficult to accurately research servant leadership.

Liden, Wayne, Zhao, and Henderson (2008) put together a model for servant leadership that combines the aspects of the leader as well as the outcomes, similar to the original definition of servant leadership. In this Comprehensive Theoretical Model of Servant Leadership, Liden et al. (2008) looked at the development of servant leadership (antecedent conditions), the key leadership behaviors, and the outcomes of the previous two. The antecedent conditions are the stage setters. These include the context and culture of a certain scenario, the follower receptivity and the leader's attributes. When leadership behaviors are held constant, all three of the antecedent conditions can play a role in the outcomes. Liden et al. (2008) identified seven main behaviors which include conceptualizing, putting followers first, behaving ethically and creating value for the community. When antecedent conditions and servant leader behaviors combine, the model suggests that the outcomes will show an impact on follower performance and growth, organizational performance, and the society as a whole. The Comprehensive Theoretical Model of Servant Leadership reflects the ideas of Greenleaf (1970) by first looking at the servant as a

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person and the position they are in (antecedent conditions), then applying the voluntary behaviors of a leader, and assessing by looking at the impact it has on the followers, organization and society.

The wide inconsistencies in defining servant leadership have led to measuring servant leadership in multiple ways. Laub (1999) created and tested the validity of the Servant Organizational Leadership Assessment (SOLA). The questionnaire focused on developing people, displaying authenticity, sharing leadership, valuing people, providing leadership and building community. As the definition of servant leadership progressed, so did the assessment tools. Wong and Page (2003) created the Revised Servant Leadership Profile (RSLP), which looked at both the positive and negative components of servant leadership, as well as other characteristics. What really set this assessment aside from others of that time was that it had a strong religious aspect and assessed the leader's vulnerability and lack of ego compared to the leader's power and pride. Sendjaya (2008) created the Servant Leadership Behavior Survey (SLBS), which also focused on a sense of spirituality. It also assessed levels of morality, influence, authentic self, and voluntary subordination. Barbuto and Wheeler (2006) created the Servant Leadership Questionnaire (SLQ) which assessed five dimensions of servant leadership using a Likert scale.

Liden et al. (2008) designed a servant leadership questionnaire based on research performed on the RSLP and the SLQ. The new assessment tool was a "28-item scale that measures seven major dimensions of servant leadership: conceptualizing, emotional healing, putting followers first, helping followers grow and succeed, behaving ethically, empowering, and creating value for the community" (Northouse, 2013, p. 244). Liden et al. (2008) used exploratory and confirmatory factor analysis to establish the different dimensions and scales the

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questionnaire should focus on. The survey scores the individual dimensions as well as an overall servant leader range (i.e. high, moderate, low, extremely low). Liden et al. (2008) based this questionnaire on the Comprehensive Theoretical Model of Servant Leadership as well as previously designed servant leadership assessment tools.

In 2011, van Dierendonck and Nuijten created a self-assessment for servant leaders that is a valid and reliable measurement of servant leadership. The Servant Leadership Survey (SLS) narrowed down ninety-nine servant leadership attributes from previous research to the top eight through a series of panels and literature reviews. The SLS was then compared to other servant leadership measures including the multi-level assessment created by Liden et al. (2008). Van Dierendonck and Nuijten concluded, "...with data from 2 countries, 4 studies, 8 samples, 1571 participants, and a strong link towards servant leadership theory, we have presented an instrument that is a valuable addition to the current selection of servant leadership measures."(p. 265). Continued research will likely continue to strengthen both the definition of servant leadership and how it is measured.

As culture changes, leaders need to be able to adapt to the context around them. Many people are taught that while one kind of leader may work in one setting, another will be more effective in a different setting. Culture continues to change, work venues differ, and personal interactions vary, but it is crucial for a leader to understand that change is inevitable. Greenleaf (1970) explains that this is best done by a servant because, "...if one is servant, either leader or follower, one is always searching, listening, expecting that a better wheel for those times is in the making" (p. 3). When a person has a servant heart, he or she always wants to know how to serve in the best way, meaning the servant is always aware of the best "wheel" for the situation at hand.

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In addition to Greenleaf's (1970) suggestions, Wong and Davey (2007) boldly state that, "...there is sufficient evidence to suggest that servant leadership may indeed qualify as the best leadership style for all situations" (p. 6). Wong and Davey (2007) continues to list fourteen different reasons to support this statement (e.g. provide supportive and caring work environment, concerned with needs and sensitive to different personalities, brings out the best in workers, good stewards, etc.). As stated previously, leading is a way of managing and developing human resources, and servant leadership does so in a very effective and comprehensive manner.

The traditional hierarchy of leadership within a company is similar to a pyramid. The CEOs and owners of the companies were at the top, the hourly wage employees at the bottom, and the customer was rarely part of the equation (Hunter, 1998). Greenleaf's (1970) suggestion to have the leaders place the needs of their follows as highest priority means to flip the pyramid upside-down. Servant leadership creates a new leadership paradigm of importance where the customer is on the top as the most important and the CEOs, owners, and those at higher levels of leadership are at the bottom (Hunter, 1998; Spears & Lawrence, 2002). Servant leadership is not the same as "the customer is always right." The customer does not always know what he or she legitimately needs. Therefore, the customer is first priority, but he or she may not be right or understand what they need.

Servant leadership is distinct from other leadership styles. Servant leadership is similar to ethical, charismatic, leader-member exchange, and transformational leaders; however, according to van Dierendonck and Nuijten (2011), there are specific attributes that separate servant leadership into a class of its own. Accountability and forgiveness are not apparent in ethical, charismatic, and leader-member exchange. Forgiveness, service, and attending to the needs of followers differentiates servant leadership from transformational leaders (van Dierendonck &

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Nuijten, 2011). Stone, Russell, and Patterson (2004) suggested that the primary difference between transformational leadership and servant leadership is that transformational leadership focuses on organizational objectives while the servant leader focuses on their followers.

Although both forms of leadership place emphasis on individualizing interactions with their followers, the final focus is the difference (Stone et al., 2004). Because servant leadership is different from other forms of highly functional leadership styles, it allows quick adaptation to the context of any situation and focuses on effectively managing and developing human resources.

Servant leadership has been practiced around the world by well-known individuals and companies (Ferch, 2003; Hunter, 1998; Lichtenwalner, 2010). Mother Teresa, Mahatma Gandhi, and Jesus Christ have been considered servant leaders (Hunter, 1998). All three of these leaders promoted love, peace, and understanding. They served the population they wanted to influence even if it meant giving up their lives. During the civil rights movement, Martin Luther King, Jr. was a servant leader (Ferch, 2003). At a time of such oppression, King suggested his followers love their oppressors and not to fight or be silent (Ferch, 2003). Even though he gained a lot of attention, King always played the role that was necessary to fulfill the needs of his followers, even if it was not what was best for him. Nelson Mandela and Archbishop Desmond Tutu were examples of servant leadership in response to the apartheid in South Africa (Ferch, 2003). Both men put their lives in danger in order to bring peace to a country in civil war. They saw the legitimate needs of the people in South Africa and put themselves aside to restore hope. The following companies have identified themselves as servant leaders either by publishing works or have referenced servant leadership in regards to their company or organization: AFLAC, Chick-Fil-A, Southwest Airlines, Herman Miller, and the U.S. military groups (Lichtenwalner, 2010).

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This list of organizations is just a handful of groups that claim to practice servant leadership in the real world.

Servant leadership has been theoretically applied to healthcare professions. Nursing and physical therapy are two professions where servant leadership is believed to benefit their profession. Gersh (2006) suggests that servant leadership is a powerful philosophical foundation for the current profession of physical therapy. Gersh (2006) suggested that it could apply to any job that consider professionalism a standard: “Central to the development of professionalism is leadership that instructs, empowers, and nurtures; in a word, serves” (p. 15). Howatson-Jones (2004) compared various leadership styles within the profession of nursing. Servant leadership incorporated emotional empathy for worldviews and the outlook of others. It was unique because the high levels of trust and empathy in servant leadership brought clarity to expectations amongst the nurses, sustained change and growth within the individual, increased effectiveness of treatments given, and it was likely to improve communication and cooperation across boundaries (Howatson-Jones, 2004), and concluded that servant leadership is highly effective within the service profession of nursing.

Jackson (2007); Neill and Saunders (2008); and Waterman (2011) proposed further support of the enhancement of efficiency in nursing due to servant leadership. Jackson (2007) suggested that servant leadership in the nursing profession would increase collaboration and cooperation with coworkers and superiors. This, in turn, increased research performance, another important role of nurses (Jackson, 2007). There is a large connection between the way employees are treated and the way they, in turn, treat their patients (Swearingen & Liberman, 2004). If servant leadership could increase cooperation and collaboration between nurses and their superiors, there could be an increase in the treatment of patients as well. Neill and Saunders

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(2008) observed a group of nurses who had received servant leadership training. After the training, researchers saw overall improvement amongst the nurses in this unit such as increased employees' feeling of acceptance, value, and celebrated; improved understanding and team spirit; and increased sense of authority to make decisions (Neil & Saunders 2008). Nurses had an increase in authority to make the best-interest decisions and it improved understanding among coworkers and the patients. Membership to this particular unit was a highly coveted thing to the nurses in other units. Because servant leadership focuses on serving others to help them lead themselves, the nurses were able to make the employees feel like their unique skills were acknowledged, accepted, valued, and celebrated. All of these aspects combined made team spirit and organizational unity increase (Neill & Saunders, 2008). Waterman (2011), suggests that servant leadership can improve the overall practice of nursing: "A broader awareness of the servant aspect of health care and adherence to servant leadership principles, can realign nursing leadership to show more compassion and understanding to those we serve, ensure that we provide better care, and that we are part of a more caring workforce" (p. 3). Servant leadership has to potential to increase patient care, job satisfaction, cooperation and collaboration within the healthcare profession.

Servant leadership could be taught within the educational system of higher learning. Although Greenleaf (1970) suggested that leaders need to have a servant heart, Swearingen and Liberman (2004) propose that a servant heart can be a learned attribute: "The spirit of servant leadership will teach everyone to be kind, caring, and respectful, even if people are not naturally that way" (p. 106). The importance of servant leadership education has been suggested by many researchers in the field of servant leadership (Huckabee & Wheeler, 2011; Neill & Saunders, 2008; Rivkin, Diestel, & Schmidt, 2014).

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Educating professionals to be leaders in athletic training is also important (Laurent & Bradney, 2007; Kutz, 2012). Laurent and Bradney (2007) state, “To some extent, all athletic trainers, regardless of position responsibilities, influence the people with whom they work. For these reasons, leadership is an important area of study for athletic trainers” (p. 3). Laurent et al. (2007) also suggest that the athletic training profession has a high need for a transformational type leader combined with empathy due to the fact that athletic training is a people’s profession. Kutz (2012) took this proposal and did research to see if leadership played a role in clinical behaviors. Kutz (2012) observed that leadership has a positive relationship with the clinical behaviors performed by athletic training students. Because of this relationship, Kutz suggested that leadership, in general, should be a part of education for clinical preparation for student athletic trainers. Laurent et al. (2007) and Kutz (2012) agree that leadership is an important area of study and should be taught to future professionals, but the influence of servant leadership, specifically, has yet to be observed in athletic training.

### **Criticisms**

A criticism of servant leadership include the continued discussion to determine a common definition or theoretical framework, as seen in Table 1. A larger body of research is needed to support servant leadership in order for any theoretical or empirical findings to be as full as it could be. Another common criticism of servant leadership is the paradoxical title. Because leaders are supposed to lead and servants are only led, the term seems to contradict itself and almost seem whimsical (Northouse, 2013). Servant leadership attributes crossover into ethical behavior and moral integrity. It can be difficult to separate a servant leader from someone being a good person. Also, the practicality of servant leadership has been questioned. Servant leadership is others focused and not company or organization focused (Stone et al., 2004). If this

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is true, it is difficult to say that the servant leader can achieve the goals of the organization while only focusing on the followers.

### **Empirical Introduction**

Dannhauser and Boshoff (2006) conducted a study to investigate the relationship between the levels of servant leadership of managers perceived by subordinates and the amount of trust in the organization, management, and colleagues as well as team commitment. Dannhauser and Boshoff (2006) used sales-persons from an automobile retail organization located in South Africa as their sample and found that there was a very strong positive relationship between servant leadership exhibited by the manager and the sales-persons' sense of trust in the organization, manager and overall level of trust. There was a medium relationship (r values between 0.41-0.5 and coefficient of determination between 16.8-25%) between servant leadership, trust in colleagues, emotional team commitment and total team commitment. There was a weak relationship (r values below 0.3 and coefficient of determination below 9%) between servant leadership and rational team commitment. The major strength of their study was that they had subordinates rank their managers on servant leadership, and also looked at how the subordinates' trust and commitment was effected by their managers' actions. It indicates that when servant leadership is used, those being led may have a high sense of trust in colleagues, managers and organization as a whole. The major weaknesses were issues with the technology, the organizations had to have a chief executive who exhibited a listen and learn approach and an expressed preference for a "people oriented" leadership style, and the non-generalizability of the study. This study leaves many questions unanswered such as: Will servant leadership provide the same results in an environment that does not express a "people oriented" leadership style? Will

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similar results be seen in other populations or different businesses? Servant leadership effects coworkers, but is that seen by the consumers or customers?

Rivkin, Diestel, and Schmidt (2014) performed two studies to determine the relationship between servant leadership and employees' psychological health. The first study looked at the relationship between servant leadership and long-term indicators of job strain (emotional exhaustion and depersonalization) in workers of a major bank in Germany. In this self-reported, correlational study, a negative relationship was found between servant leadership and emotional exhaustion and depersonalization over and above job ambiguity. The second study explored the relationship between servant leadership and the short-term indicators of job strain (ego depletion and the need for recovery) in participants that were recruited through announcements, contacts of undergraduate management students and individual contacts. After filling out a general and servant leadership questionnaire, the participants were asked to fill out the ego depletion and need for recovery questionnaires every day after work for ten work days, which showed a negative relationship between servant leadership and job strain indicators.

The strengths of the two studies performed by Rivkin et al. (2014) were the dual study approach and the generalizability of the study. The dual study approach attempted to help indicate the role of servant leadership and short-term and long-term indicators of psychological health. In the second study, participants filled out the servant leadership survey before having to fill out the diary. Rivkin et al. (2014) suggest the results indicate a close to causal relationship between servant leadership and the day-level indicators of strain. Their research described different careers to assess the psychological health and servant leadership relationship. This allows the results to be more generalizable. The two main weaknesses of this study are the correlational research approach and the self-reporting or employee-reporting style. The

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correlational approach does not allow the study to state that having a servant leader as an employer will decrease job strain and increase psychological health. The negative relationship calls for further research that can indicate a causal relationship instead of correlation. The problem with a self-reported or employee-reported measurement is the tendency for individuals to want to sound acceptable. Along with the possible biased responses, participants filled out the questionnaires during their work day which could have an effect of the state of mind the participant was currently in. The participants in the second study completed their questionnaires after work. The timing and location of where the questionnaire was filled out could have played a role in the responses.

Liden, Wayne, Liao, and Meuser (2014b) investigated the underlying relationships between servant leadership and work outcomes at the unit-level. The proposed contributor to the underlying relationship was the concept of servant culture which was operationally defined as “a work environment in which participants share the understand that the behavioral norms and expectations are to prioritize the needs of others above and beyond their own and to provide help and support to others” (p1437). Liden et al. (2014b) performed this study with store general managers and hourly employees at large restaurant chains. They investigated eight hypotheses which can be summarized as the following: Store manager servant leadership is positively related to serving culture which is positively related to store performance; employee identification with the store; and employee performance, creativity, customer service, and negatively related to turnover intentions.

Liden et al. (2014b) found direct and indirect support for all eight hypotheses; all statistics obtained p-values below 0.01 or 0.05. These results suggest that servant leadership is positively related to store and unit performances through serving culture and supports the theory

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that servant leadership encourages their followers to themselves become servant leaders. The most important strength of this study was the use of data from five different sources. This helped control individual bias. Another strength was the mode of data collection. The investigators visited the participants onsite, and participants filled out questionnaires during their normal work hours which increased response rate. Another strength is the use of established restaurant chains. Employees are only in contact with personnel within a single store, thus increasing the validity of a constant culture measurement. An identified weakness in the study was the cross sectional approach which did not allow for a causal relationship to be determined. Another weakness was the operational definitions and measurements of servant leadership and serving culture. The study took a 28-item servant leadership assessment developed by Liden et al. 2008 and modified it to be a 7-item questionnaire. It was modified again to assess for serving culture. Because of the simple alteration to the servant leadership questionnaire, there was possible crossover between servant leadership of store managers and serving culture. Another weakness to the serving culture operational definition was focusing on behavioral norms, but no other aspects of culture such as values or artifacts. Liden et al. (2014b) suggested that more research could be done to determine direct relationships on the indirect results of their study. They also suggested research to add to the generalizability of the study by looking at different industries or at an industry that had female leaders.

Joseph and Winston (2005) performed research to determine the relationship between servant leadership and trust in leaders and trust in the organization. All participants were part of the same religious organization, but were different positions (i.e. top leadership, management/supervision, members of work force) at various organizations (i.e. for-profit businesses, religious organizations, government, medical services, education).The authors

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hypothesized there will be a positive correlation between employee perceptions of organizational servant leadership and organizational and leader trust. They also hypothesized that servant-led organizations will have higher levels of organizational and leader trust than non-servant led organizations.

Joseph and Winston's (2005) results supported their hypotheses. The findings indicate that servant leadership can help establish interpersonal and organizational trust. The significance of this research is the empirical support of the theoretical perspective that servant leadership elicits trust. A strength of the study is the follow-up of the authors to have a high return rate of the participants. Two weaknesses were identified in the study. The first weakness was the sample. The narrowness of the persons included in this study may have influenced the levels of trust. All members were a part of the Pentecostal religion and citizens of the same country. It is possible that the Pentecostal members have a higher level of trust than other populations. The same question could be asked of the country the sample was taken from. The other weakness of the study was not assessing other factors that could influence trust in leaders and organizations such as communication and organizational context. Further research could be done to look at different populations, other factors and other theoretical, but not empirically-based implications of servant leadership.

Jaramillo, Grisaffe, Chonko, and Roberts (2009a) proposed that servant leadership could lead to higher levels of customer orientation and have an indirect effect to higher levels of critical sales force performance. Ten hypotheses were formed by the researchers to determine the relationship between various aspects that could play a role in customer orientation and performance (i.e. servant leadership, customer orientation, customer-directed extra-role performance, outcome performance, experience [in years] in sales, adaptive selling). The sample

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was selected by a “market research supplier company specializing in the fielding of online quantitative studies and the execution of an online focus group.” (p. 263). The results of the study performed by Jaramillo et al. (2009a) provided evidence that salespeople exhibit higher levels of customer orientation and other contributing factors such as adaptive selling behaviors and customer-directed extra-role performance when they viewed their managers as servant leaders. They also found that the servant leadership impact on customer orientation was greater for the less-experienced salespeople compared to that of the more-experienced. A strength of the study was the fullness of their relationship analysis. To determine the relationship between servant leadership and, ultimately, performance, the Jaramillo et al. (2009a) looked at relationship between multiple factors that effected final performance, as listed above. Another strength of the study was the use of statistics to control for the common method factor, necessary due to the self-rating nature of the questionnaires. The study was the first empirical study to connect servant leadership and critical sales force outcomes. Some limitations of the study did exist. One being the sampling. The database in which the sampling was chosen did a good job of selecting salespeople from different organizations, but it was not generalizable to salespeople outside the database. Another limitation indicated was the unidimensional aspect of servant leadership. Literature has stated that servant leadership contains many sub-dimensions that need to be assessed as well (Liden et al. 2008).

Jaramillo, Grisaffe, Chonko, and Roberts (2009b) continued their research of servant leadership and sales by looking into the relationship between servant leadership and turnover intention. The authors predicted that “servant leadership affects salesperson’s turnover intention through a complex mediated and moderated chain-of-effects that involves perceived ethical levels of organization, person-organization fit, and organizational commitment.” (p. 352). This

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predication was detailed through eight hypotheses. The sample was the same as Jaramillo et al.'s previously described study (2009a). The authors found support for all eight hypotheses thus providing empirical evidence that servant leadership can have an effect on shared organizational values, commitment to organization, ethical organizational climate all in respect to sales force turnover intention. The authors also indicated that servant leadership had more effect when salespeople believed their organization had a low ethical level. A strength of this article was the use of questionnaires that have been proved to be valid and reliable by previous literature. The questionnaires were slightly altered in order to better fit sales. Another strength in the study was when controlling for common method variance, the results did not change, which means the self-assessment did not greatly alter the results. A limitation, in addition to those described in the previously article by Jaramillo et al. (2009a), of the research was studying the turnover intention and not actual turnover. Turnover intention is an easier outcome to measure than turnover, but does not provide the ideal conclusions about turnover. Another limitation of this study was the incomplete assessment of servant leadership's influence. The authors suggest that servant leadership could have influenced different aspects of sales, beyond those found in the study.

Shaw and Newton (2014) looked at the relationship between the perceived level of a principal's servant leadership and teacher's job satisfaction, intention to stay in education and intention to stay in their current position. The surveyed teachers were from fifteen of the sixty-three largest high schools in Alabama. They found that there was a significantly positive correlation between the teachers' perceived level of the principals' servant leadership and job satisfaction, intended retention in education, and intended retention at their current school. The main strength of this study was the authors' use of questionnaires and surveys that were proven valid and reliable by previous studies to measure both servant leadership and job satisfaction. A

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main weakness in the study was the member selection process. After receiving contact information for 50 of the 63 largest schools in Alabama (randomly chosen by the State Department of Education), only 15 of the 50 schools chose to participate. The purpose of this study may have deterred principals that did not follow servant leadership behaviors to decline participation. Another weakness was the correlational method. Servant leadership is correlated with teacher job satisfaction and retention, but the authors cannot say that servant leadership is the cause of these aspects. Shaw and Newton (2014) leave the door open for more research to be done at different schools, different states, and different professions. Further research could allow a larger ability to generalize the findings of this study. Another future research topic is any effect or relationship between the servant leader principal and student outcomes.

Garber, Madigan, Click and Fitzpatrick (2009) performed a study to “describe and compare nurses’, physicians’ and residents’ attitudes towards collaboration and servant leadership.” (p. 331). The authors looked at the relationship between collaboration and servant leadership perceived by nurses, physicians and residents in mid-Atlantic region of the southeastern United States. The authors found that the registered nurses (RN’s) reported a significantly higher positive attitude toward collaboration and servant leadership compared to physicians and residents. RN’s also reported a positive significant relationship between servant leadership and collaboration when there was no difference for physicians and residents. Even though the difference of attitude toward collaboration and servant leadership between nurses and physicians were significant, both groups reported high levels of each (i.e. both mean scores were above 50 out of 60 for collaboration and above 65 out of 90 for servant leadership). A strength of their study was that it was the first empirical study conducted that explores servant leadership in the healthcare environment. Another strength was the fact that the authors looked at the

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participants' attitudes towards collaboration and servant leadership as well as a self-assessment of their personal collaboration and servant leadership. A limitation to the study was low generalizability. Because the study was performed within a single organization, results are not able to be generalized outside the specific organization. Another limitation of the study was the self-rating measures. This self-rating could have caused a response bias to have participants rate themselves higher due to the desirable nature of collaboration.

Huckabee and Wheeler (2011) performed a study that looked at five servant leadership characteristics (i.e. altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship) in physician assistants (PAs), specifically those employed in underserved populations compared to other populations. The authors also looked at the difference between self-rated servant leadership characteristics and others ratings of the PAs. The majority of the physician assistant sample were employed in the Midwest, all graduated from one of 2 PA programs and members of state professional academy. Huckabee and Wheeler (2011) found minimal or no significant difference between the servant leadership characteristics and the served population of the PAs. The authors found that wisdom was ranked significantly higher by the other rater pairs when compared to the self-raters. Finally, the authors used the information from their study to compare to other professions previously studied using the same servant leadership questionnaire. They found that PAs tended to report higher levels of all servant leadership characteristics except for one characteristic (organizational stewardship) in one other profession (higher learning institution). Another strength of this study was using the Servant Leadership Questionnaire created by Barbuto and Wheeler (2006) which allowed the authors to accurately compare their results with other studies using the same questionnaire. The last strength of this study was having a multi-rater assessment. This allowed for assessment of

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the self-rating bias. A limitation of the study is the lack of generalizability. Because the PAs were mostly from Nebraska, from similar schools and similar ethnicity, the results are not generalizable to population beyond the studied demographics. Another limitation of the study was the voluntary and snow-ball effect of data collection. This could have accidentally biased the study to have highly involved participants to begin with. The third limitation of this study was that many underserved populations do not meet formal designations and were thus not included in this study.

### **Conceptual Framework**

The limitations and weaknesses of servant leadership can be summed up by saying there is still limited research on the topic. Because there are many different theoretical models of servant leadership being used and there is a lack of consensus on a single definition, more research is needed in various professions and organizations to support servant leadership as a viable and effective leadership style. Servant leadership research has been done in the U.S. military and other organizations, but not athletic training (Earnhardt, 2008). This study would provide a base for servant leadership research within the athletic training profession.

The purpose of the athletic trainer is to help his or her patients to perform at their full capacity. Therefore, servant leadership should be researched because servant leaders focus on the legitimate needs of their followers. Can servant leadership increase patient care through increased trust, engagement, cooperation, and collaboration of athletic trainers compared to not practicing servant leadership?

Patient care for athletic trainers includes preventing, assessing, and rehabilitating injuries to help patients to return to full health. In order to provide the best care, a relationship between the athletic trainer and the patient needs to happen (Tresolini, 1994). A big factor in that

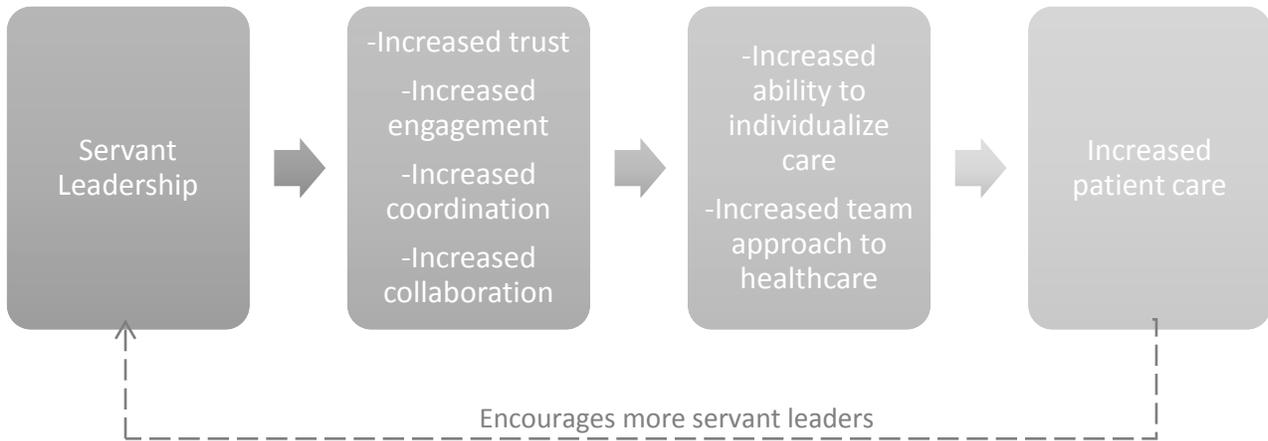
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relationship is trust. If the athletic trainer does not have a patient's trust, nothing the athletic trainer says will be helpful. When an athletic trainer achieves a relationship with a patient and understands their legitimate needs, he or she is more likely to provide the best rehabilitation, assessment, and injury prevention for the patient.

Patient care is also affected by an athletic trainer's engagement in the job. Job satisfaction, collaboration abilities, and providing the best patient care can all be aspects that effect a person's engagement in athletic training. Servant leadership has the ability to increase job satisfaction (Shaw & Newton, 2014), psychological health (Rivkin et al., 2014), and company commitment (Jaramillo et al., 2009b; Liden et al., 2014). All three outcomes listed above are contributing factors to turnover intention. Even though the athletic training profession is growing, it also struggles with turnover intention and low job satisfaction (Brumels & Beach, 2008; Mazerolle, Bruening, Casa, & Burton, 2008). If the athletic trainer is engaged in his or her position, he or she may provide better patient care.

Cooperation and collaboration between coworkers and other healthcare professionals is important in athletic training patient care because athletic trainers are in communication with physicians, patients, and coworkers on a regular basis due to a team approach to healthcare. Servant leadership is shown to have a positive relationship with cooperation and collaboration within nursing (Garber, 2009; Jackson, 2007; Neill & Saunders, 2008). With increased cooperation and collaboration from servant leadership, the athletic trainer's patient care may increase.

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The purpose of this study is to start research done on servant leadership in athletic training. The study will aim to answer the following questions: Are servant leadership behaviors practiced by athletic trainers and athletic training colleagues? Are servant leadership behaviors practiced at different levels between athletic training positions, years of experience, gender, state, and other demographics? Are servant leadership behaviors practiced at different levels between athletic trainers and how they view a co-worker? Because athletic training is a service-based profession, it is hypothesized that servant leadership will be practiced by athletic trainers. Another hypothesis is there will be a difference in levels of servant leadership between athletic training positions, years of experience and other demographics as well as between athletic trainers and their coworkers. Because this is the first empirical study performed on this topic, the study will provide a framework for further research to look into the possible benefits it can have in the athletic training profession.

### Methods

#### Participants

A double-blind sampling technique was used to recruit participants from the National Athletic Trainers' Association (NATA). All participants were certified athletic trainers and

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members of the NATA. Recruitment was conducted through an e-mail that was sent out to 1,000 randomly selected certified athletic trainers by the NATA. The survey instrument was distributed to certified athletic trainers via e-mail link to a Qualtrics generated survey. The study was approved through the university Human Subjects Review Board.

Assumptions can be made about the development of the study and that because the questionnaires are being sent to athletic trainers' it can be assumed that these individuals will respond truthfully, and that the participants understood the directions (Appendix A).

### **Instrument**

A multidimensional assessment of servant leadership (Servant Leadership Questionnaire) was developed by Liden et al. (2008) based on characteristics suggested by Ehrhart (2004), Barbuto & Wheeler (2006), and Page & Wong (2000). The instrument contains 28 items. The instrument was altered by the authors of the current study to make it a self-assessment tool that was athletic training specific. It was then adjusted to make it an assessment of a co-worker. The participants were instructed to select the statement that accurately describes them. For each statement, the scale range was, 1=strongly disagree to 7=strongly agree. The participants were also asked to fill out the same survey for a co-worker. The servant leadership behaviors were defined and calculated as follows:

*Emotional healing* – The act of showing sensitivity to others' personal concerns. Question responses 1, 8, 15, and 22 are summed together.

*Creating value for the community* – A conscious, genuine concern for helping the community. Question responses 2, 9, 16, and 23 were summed together.

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*Conceptual skills* – Possessing the knowledge of the organization and tasks at hand so as to be in a position to effectively support and assist others, especially immediate followers.

Question responses 3, 10, 17, and 24 were summed together.

*Empowering* – Encouraging and facilitating others, especially immediate followers, in identifying and solving problems, as well as determining when and how to complete work tasks. Question responses 4, 11, 18, and 25 were summed together.

*Helping subordinates grow and succeed* – demonstrating genuine concern for others' career growth and development by providing support and mentoring. Question responses 5, 12, 19, and 26 were summed together.

*Putting subordinates first* – Using actions and words to make it clear to others (especially immediate followers) that satisfying their work needs is a priority (supervisors who practice this principle will often break from their own work to assist subordinates with problems they are facing with their assigned duties.) Question responses 6, 13, 20, and 27 were summed together.

*Behaving ethically* – Interacting openly, fairly, and honestly with others. Question responses 7, 14, 21, and 28 were summed together.

*Servant Leadership* – The total combination of the above behaviors.

The sum of the behaviors were then divided into different ranges. A score between 23 and 28 was given a 1 and indicated a high range and a strong exhibit of the servant leadership behavior. A score between 14 and 22 was given a 2 and indicated a moderate range and an average exhibit of the servant leadership behavior. A score between 8 and 13 was given a 3 and indicated a low range and a below average exhibit of the servant leadership behavior. A score between 0 and 7 was given a 4 and indicated an extremely low range and not inclined to exhibit the servant

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leadership behavior at all. Servant leadership scores were placed in similar 4 categories (1= 155-196, 2 = 92-154, 3 = 50-91, 4 = 0-49). If the servant leadership score was in category 1, the participant had a high level of servant leadership and a 4 was an extremely low level of servant leadership.

### **Procedure**

An informational email was sent to all participants explaining the importance and purpose of the study. The subjects were assured that the study will only be used for research purposes and that their results will be confidential. The email included a link to the demographic questionnaire and servant leadership assessments on Qualtrics where participants were informed that by filling out the survey, they were consenting to participate in the study (Appendix A). The subjects were also informed that they can withdraw from the study at any point. If they chose not to participate, the subjects could leave the survey website. Once the survey was completed, the subject was asked to submit their completed survey for data analysis.

### **Data Analysis**

The participants' responses were saved on Qualtrics. Only the researcher had access to the participants' responses. At this time, the subcategories (emotional healing, creating community, conceptual skills, empowerment, subordinate growth, subordinate first, empowerment, and servant leadership) totals were calculated. The quantitative data was analyzed using Statistical Package for the Social Science (SPSS 22.0). The SPSS outputs were saved to a USB flash drive that was being kept in the researcher's office at all times. Only the researchers and the advisor to the researcher had access to these documents.

Descriptive statistics and frequency distributions were used to report certified athletic trainers' demographic and servant leadership profiles. To determine the relationship between

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servant leadership behaviors and different demographic characteristics, independent samples t-tests and ANOVA with Tukey Post Hoc were used. Similarly, to determine the relationship between servant leadership behaviors of coworkers and coworker demographic characteristics, independent samples t-tests and ANOVA with Tukey Post Hoc were used.

### Results

Cronbach's alpha and scale mean if item deleted were calculated. Servant leadership questions had an alpha of  $\alpha = 0.95$  with individual scores ranging from  $\alpha = .953$ -.956 indicating strong internal constancy and reliability. Criterion validity is supported by differences found across demographic characteristics. Construct validity is shown by Pearson *r* correlations between two scales. There were significant positive correlations with items between the self-scale and co-worker scale that ranged from 0.27 to 0.46 ( $p \leq .001$ ). Further correlation results can be seen in Appendices 2.

There were 96 respondents to the e-mail invitation. Only 65 questionnaires were used for data analysis because 31 participants did not complete the questionnaire.

Demographics of the participants are represented in Table 1. The demographics include gender, age, ethnicity, state (district participant holds license), ATExperience (years of being an athletic trainer), ATSetting (current setting the athletic trainer is employed at), PosExperience (years the participant has been at current position), CoGender (gender of coworker participant rated), CoExperience (years working with coworker), CoEthnicity (ethnicity of coworker), and CoTitle (job title of coworker).

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Table 1

*Demographics*

Participant	Category	Number of Participants	Coworker	Category	Number of Participants
Gender	Male	28	CoGender	Male	30
	Female	37		Female	35
Age	23-29	15			
	30-39	20			
	40-49	15			
	>50	14			
ATExperience	1-9	20	CoExperience	1-2	22
	10-19	21		3-5	18
	20-29	15		6-10	12
	>30	9		>10	12
Ethnicity	White	61	CoEthnicity	White	60
	Asian	3		Black or African American	4
State (District)	1	7			
	2	17			
	3	8			
	4	15			
	5	3			
	6	3			
	8	3			
	9	6			
ATSetting	Clinical	8	CoTitle	Athletic Trainer	26
	Clinical Coordinator	2		Head Athletic Trainer	8
	DI College	10		Physical Therapist	5
	DII College	4		Director	10
	DIII College	11		Athletic Director	4
	Other College	2		Coach	7
	High School	20		Teacher	2
	Other	8		Other	3
PosExperience	1-5	34			
	6-10	11			
	>10	20			

**Servant Leadership Behaviors of Athletic Trainers.** Table 2 shows means and standard deviations for the participants perceived servant leadership behaviors. All servant leadership behaviors, as perceived by participants, are generally in the high to moderate range, indicating servant leadership is being practiced by athletic trainers.

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**Differences among Demographics.** No significant differences were found between participants' servant leadership behaviors and ATEperience and PosExperience and participants' perceptions of coworkers' servant leadership behaviors and CoGender and CoExperience. As indicated in Table 2, significant differences are found between some servant leadership behaviors and participant demographics. In regards to gender, males believe they practice focusing on the growth of subordinates more than females believe that of themselves ( $1.18 \pm 0.39$  vs  $1.41 \pm 0.50$ ;  $t_{65} = -2.060$ ;  $p=0.044$ ).

In regards to ethnicity, white participants believe they practice putting subordinates first more than Asian participants ( $1.43 \pm 0.499$  vs  $2.00 \pm 0.00$ ;  $t_{65} = -9.99$ ;  $p<0.001$ ). When the data was broken down into the specific questions, there was a significant effect of ethnicity on patient care as a priority ( $6.56 \pm 0.592$  vs  $6.00 \pm 0.00$ ,  $t_{65} = 7.35$ ,  $p < 0.001$ ), placing other's best interest before their own ( $5.44 \pm 1.12$  vs  $5.00 \pm 0.00$ ,  $t_{65} = 2.046$ ,  $p = 0.045$ ), volunteering in the community ( $5.21 \pm 1.43$  vs  $3.00 \pm 1.00$ ,  $t_{65} = 2.644$ ,  $p = 0.010$ ), having subordinates not needing to consult them to make decisions ( $5.31 \pm 1.13$  vs  $3.67 \pm 1.53$ ,  $t_{65} = 2.422$ ,  $p = 0.018$ ), and valuing honesty over success ( $6.43 \pm 0.741$  vs  $5.33 \pm 1.16$ ,  $t_{65} = 2.439$ ,  $p = 0.018$ ). White participants rated performing these specific behaviors significantly more than Asian participants.

In regards to state, athletic trainers in district 4 believe they practice servant leadership more often than athletic trainers in district 8 ( $1.13 \pm 0.499$  vs  $2.00 \pm 0.00$ ;  $F_{8,56} = 2.311$ ;  $p=0.039$ ). When the data was broken down into the specific questions, there was a significant effect of state on others seeking help from the participant if they had a personal problem ( $F_{8,56} = 2.965$ ,  $p = 0.011$ ) and making sure patients reach their rehabilitation goals ( $F_{8,56} = 2.823$ ,  $p = 0.014$ ). Tukey post-hoc measures revealed that participants from district 6 rated others seeking help from the participant if they had a personal problem significantly less than participants from

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district 1 ( $p=0.041$ ), district 2 ( $p=0.009$ ), district 4 ( $p=0.035$ ), and district 5 ( $p=0.046$ ). Post-hoc revealed participants from district 8 rated making sure patients reach their rehabilitation goals significantly less than participants from district 2 ( $p=0.003$ ), district 3 ( $p=0.035$ ), district 4 ( $p=0.003$ ), and district 9 ( $p=0.040$ ).

In regards to ATSetting, there was a significant difference amongst groups in focusing on subordinate growth ( $F_{7,57} = 2.17$ ;  $p=0.050$ ). When the data was broken down into the specific questions, there was a significant effect of state on emphasizing giving back to the community ( $F_{7,57} = 2.572$ ,  $p = 0.022$ ) and helping people in the community ( $F_{7,57} = 2.66$ ,  $p = 0.022$ ). Tukey post-hoc measures revealed that DII collegiate athletic training participants rated these specific behaviors significantly less than high school athletic training participants ( $p=0.004$ ;  $p=0.007$  respectfully).

There was a significant effect of age on understanding the organization and its goals ( $F_{3,59} = 2.870$ ,  $p = 0.044$ ). Tukey post-hoc measures revealed that participants aged 30-39 rated performing this behavior less than participants with the age of  $>50$  ( $p=0.039$   $d = 0.85$ ).

None of the coworker demographics had significant effects on the large servant leadership behaviors. CoEthnicity had a significant effect on the participants' ratings of having others seek the coworker's help on personal problems with participants rating their white coworkers significantly higher than black or African American coworkers ( $5.20 \pm 1.31$  vs  $3.75 \pm 1.89$ ;  $t_{65} = 2.086$ ;  $p=0.041$ ). CoEthnicity had a significant effect on the participants' ratings of

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Results for Participant

	Emotional Healing	Create Community	Conceptual Skills	Empowerment	Subordinate Growth	Subordinate First	Ethical	Servant Leadership
Gender: Male	1.32 ± .476	1.50 ± .577	1.29 ± .460	1.57 ± .504	1.18 ± .390*	1.54 ± .508	1.04 ± .189	1.29 ± .460*
Female	1.16 ± .374	1.68 ± .475	1.43 ± .555	1.51 ± .507	1.41 ± .498*	1.41 ± .498	1.11 ± .315	1.27 ± .450*
Age: 23-29	1.20 ± .414	1.73 ± .458	1.53 ± .640	1.73 ± .458	1.33 ± .488	1.53 ± .516	1.13 ± .352	1.33 ± .488
30-39	1.10 ± .308	1.60 ± .503	1.45 ± .510	1.45 ± .510	1.40 ± .503	1.40 ± .503	1.10 ± .308	1.25 ± .444
40-49	1.20 ± .414	1.60 ± .632	1.27 ± .458	1.53 ± .516	1.27 ± .458	1.60 ± .507	1.07 ± .258	1.33 ± .488
>50	1.43 ± .514	1.43 ± .514	1.21 ± .426	1.50 ± .519	1.21 ± .426	1.36 ± .497	1.00 ± .000	1.21 ± .426
ATEXperience: 1-9	1.15 ± .366	1.65 ± .489	1.45 ± .605	1.60 ± .503	1.40 ± .503	1.45 ± .510	1.10 ± .308	1.30 ± .470
10-19	1.19 ± .402	1.67 ± .577	1.43 ± .507	1.62 ± .498	1.33 ± .483	1.62 ± .498	1.10 ± .301	1.33 ± .483
20-29	1.27 ± .458	1.53 ± .516	1.13 ± .352	1.47 ± .516	1.27 ± .458	1.27 ± .458	1.07 ± .258	1.20 ± .414
>30	1.44 ± .527	1.44 ± .527	1.44 ± .527	1.33 ± .500	1.11 ± .333	1.44 ± .527	1.00 ± .000	1.22 ± .441
Ethnicity: White	1.23 ± .424	1.57 ± .499*	1.36 ± .517	1.54 ± .502	1.30 ± .460	1.43 ± .499*	1.08 ± .277	1.26 ± .444
Asian	1.33 ± .577	2.00 ± 1.00*	1.67 ± .577	1.67 ± .577	1.33 ± .577	2.00 ± .000*	1.00 ± .000	1.67 ± .577
State (District): 1	1.43 ± .535	1.43 ± .535	1.29 ± .488	1.71 ± .488	1.14 ± .378	1.57 ± .535	1.14 ± .378	1.14 ± .378
2	1.18 ± .393	1.47 ± .514	1.41 ± .507	1.53 ± .514	1.29 ± .470	1.47 ± .514	1.06 ± .243	1.29 ± .470
3	1.13 ± .354	1.75 ± .463	1.75 ± .707	1.50 ± .535	1.38 ± .518	1.38 ± .518	1.25 ± .463	1.38 ± .518
4	1.20 ± .414	1.60 ± .507	1.33 ± .488	1.53 ± .516	1.40 ± .507	1.47 ± .516	1.07 ± .258	1.13 ± .352*
5	1.00 ± .000	1.33 ± .577	1.00 ± .000	1.33 ± .577	1.00 ± .000	1.00 ± .000	1.00 ± .000	1.00 ± .000
6	1.67 ± .577	1.67 ± .577	1.67 ± .577	1.67 ± .577	1.00 ± .000	1.67 ± .577	1.00 ± .000	1.67 ± .577
8	1.67 ± .577	1.67 ± .577	1.33 ± .577	1.67 ± .577	1.67 ± .577	1.33 ± .577	1.00 ± .000	2.00 ± .000*
9	1.00 ± .000	1.83 ± .408	1.17 ± .408	1.50 ± .548	1.17 ± .408	1.50 ± .548	1.00 ± .000	1.17 ± .408
ATSetting: Clinical	1.25 ± .463	1.63 ± .518	1.25 ± .463	1.38 ± .518	1.50 ± .535	1.63 ± .518	1.00 ± .000	1.38 ± .518
Clinical Coordinator	1.00 ± .00	1.50 ± .707	1.50 ± .707	1.50 ± .707	1.00 ± .000	1.50 ± .707	1.00 ± .000	1.50 ± .707
DI College	1.10 ± .316	1.50 ± .527	1.40 ± .699	1.70 ± .483	1.00 ± .000	1.20 ± .422	1.10 ± .316	1.10 ± .316
DII College	1.50 ± .577	2.00 ± .000	1.75 ± .500	1.75 ± .500	1.50 ± .577*	1.25 ± .500	1.25 ± .500	1.75 ± .500
DIII College	1.36 ± .505	1.64 ± .674	1.45 ± .522	1.55 ± .522	1.27 ± .467	1.82 ± .405	1.09 ± .302	1.36 ± .505
Other College	1.00 ± .000	1.50 ± .707	1.00 ± .000	1.50 ± .707	2.00 ± .000	1.50 ± .707	1.00 ± .000	1.00 ± .000
High School	1.2 ± .410	1.45 ± .510	1.25 ± .444	1.40 ± .503	1.25 ± .444*	1.45 ± .510	1.05 ± .224	1.20 ± .410
Other	1.25 ± .463	1.88 ± .354	1.50 ± .535	1.75 ± .463	1.50 ± .535	1.25 ± .463	1.13 ± .354	1.25 ± .463
PostExperience: 1-5	1.15 ± .359	1.65 ± .544	1.44 ± .561	1.53 ± .507	1.32 ± .475	1.47 ± .507	1.09 ± .288	1.26 ± .448
6-10	1.27 ± .467	1.73 ± .467	1.45 ± .522	1.55 ± .522	1.45 ± .522	1.64 ± .505	1.00 ± .000	1.27 ± .467
>10	1.35 ± .489	1.45 ± .510	1.20 ± .410	1.55 ± .510	1.20 ± .410	1.35 ± .489	1.10 ± .308	1.30 ± .470

1 = High Range of behavior activity 2 = Medium range of behavior activity 3 = Low range of behavior activity 4 = Extremely low range of behavior activity

\*p-value ≤ .05 - Significant difference between categories in identified group.

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significantly higher than black or African American coworkers ( $4.93 \pm 1.436$  vs  $3.25 \pm 1.71$ ;  $t_{65} = 2.247$ ;  $p=0.028$ ). CoTitle had a significant effect on the participants' ratings of their coworkers noticing if people are feeling down without asking ( $F_{8,56} = 2.29$ ;  $p=0.40$ ). CoTitle also had a significant effect on the participants' ratings of people not needing to consult their coworker for a difficult decision with co-workers with a director title perceived as lower behavior practice than co-workers who were athletic trainers ( $p=0.014$ ). There was no significant effect of CoGender or CoExperience. The full table of question results for participants and co-workers can be found in Appendix 6 and 7, respectfully.

**Differences between Participant and Co-Worker.** Servant leadership behaviors were perceived fairly high for both participants and co-workers. Even though these numbers were high, significant differences were found. Table 3 shows the paired t-test results for participants and co-workers on the servant leadership behaviors. Table 4 shows the paired t-test results for participants and co-workers on the individual questions.

Table 3  
*Participant Compared to Coworker Servant Leadership Behaviors*

		Mean	Standard Deviation	P-Value
Emotional Healing	Participant	1.23	.425	.050*
	Coworker	1.68	.731	
Creating Community	Participant	1.60	.524	.708
	Coworker	1.80	.754	
Conceptual Skills	Participant	1.37	.517	.477
	Coworker	1.63	.720	
Empowerment	Participant	1.54	.502	.000*
	Coworker	1.74	.668	
Focus on Subordinate Growth	Participant	1.31	.465	.646
	Coworker	1.74	.713	
Focus on Subordinate First	Participant	1.46	.502	.142
	Coworker	1.68	.793	
Ethical Standards	Participant	1.08	.269	.255
	Coworker	1.32	.562	
Servant Leadership	Participant	1.28	.451	.109
	Coworker	1.62	.678	

1 = High Range of behavior activity 2 = Medium range of behavior activity 3 = Low range of behavior activity 4 = Extremely low range of behavior activity

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\*Significant

Table 4

		Mean	Standard Deviation	P-Value
Others would seek help from me (him/her) if they had a personal problem.	Participant	5.80	.987	.127
	Coworker	5.12	1.375	
I (He/She) emphasize(s) the importance of giving back to the community.	Participant	5.45	1.225	.957
	Coworker	4.80	1.502	
I (He/She) can tell if something work-related is going wrong.	Participant	5.97	.796	.650
	Coworker	5.23	1.540	
I (He/She) give(s) others the responsibility to make decisions throughout their injury and recovery.	Participant	5.35	1.304	.208
	Coworker	5.14	1.424	
I (He/She) make(s) patient care a priority.	Participant	6.54	.588	.013*
	Coworker	5.65	1.328	
I (He/She) care(s) more about others' success than my (his/her) own.	Participant	5.57	1.334	.026*
	Coworker	4.92	1.604	
I (He/She) hold(s) high ethical standards.	Participant	6.58	.659	.062
	Coworker	5.98	1.281	
I (He/She) care(s) about others' personal well-being.	Participant	6.58	.610	.004*
	Coworker	5.86	1.321	
I (He/She) help(s) people in the community.	Participant	5.86	.982	.177
	Coworker	5.09	1.487	
I (He/She) think(s) through complex problems.	Participant	6.34	.691	.795
	Coworker	5.49	1.491	
I (He/She) encourage(s) patients to make decisions on their own after being fully educated.	Participant	5.85	1.034	.008*
	Coworker	5.37	1.232	
I (He/She) make(s) sure patients reach their rehabilitation goals.	Participant	6.18	.705	.215
	Coworker	5.65	1.316	
I (He/She) put(s) others' best interests above my (his/her) own.	Participant	5.69	1.211	.001*
	Coworker	5.03	1.591	
I am (He/She is) honest.	Participant	6.46	.588	.284
	Coworker	5.89	1.226	
I (He/She) take(s) time to talk to others on a personal level.	Participant	6.23	.915	.667
	Coworker	5.57	1.403	
I am (He/She is) involved in community activities.	Participant	5.23	1.308	.800
	Coworker	4.83	1.664	
I have (He/She has) a thorough understanding of the organization and its goals.	Participant	5.91	1.003	.029*
	Coworker	5.55	1.522	
I (He/She) give(s) others the freedom to handle difficult situations in the way they feel is best.	Participant	5.54	.985	.002*
	Coworker	5.22	1.463	
I (He/She) provide(s) others with work experiences that enable them to develop new skills.	Participant	5.75	.943	.702
	Coworker	5.30	1.466	
I (He/She) sacrifice(s) my (his/her) own interests to meet others' needs.	Participant	5.38	1.128	.000*
	Coworker	4.83	1.737	
I do (He/She does) not compromise ethical principles in order to meet success.	Participant	6.38	.963	.037*
	Coworker	6.06	1.158	
I (He/She) recognize(s) when others are feeling down without asking them.	Participant	5.92	1.005	.048*
	Coworker	5.00	1.392	
I (He/She) encourage(s) others to volunteer in the community.	Participant	5.06	1.468	.624
	Coworker	4.42	1.612	
I (He/She) solve(s) work problems with new or creative ideas.	Participant	5.38	.974	.460
	Coworker	4.98	1.465	
	Participant	5.25	1.186	

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If others need to make important decisions at work, they do not need to consult me (him/her).	Coworker	4.51	1.760	
I (He/She) know(s) about others' career goals.	Participant	5.28	1.206	.001*
	Coworker	4.83	1.496	
I (He/She) help(s) to make others' jobs easier.	Participant	6.06	.682	.818
	Coworker	5.00	1.571	
I (He/She) value(s) honesty more than success.	Participant	6.37	.782	.007*
	Coworker	5.57	1.346	

1 = Strongly disagree 2 = Disagree 3 = Disagree somewhat 4 = Undecided 5 = Agree somewhat 6 = Agree 7 = Strongly agree  
\*Significance

## Discussion

### Servant Leadership Behaviors of Athletic Trainers

The results of the self-rating scales and co-worker scales of servant leadership behaviors show that athletic trainers and co-workers practice these behaviors at a high or medium range. Servant leadership behaviors are practiced by athletic trainers across all observed demographics. Similar results were found by Huckabee & Wheeler (2011) when they did a similar servant leadership questionnaire method with physician assistants. They found that physician assistants reported in the prominent range of servant leadership characteristics. Because athletic training is a health care profession, it places a high focus on patients and patient care.

Even though both participants and co-worker ratings were generally high, significant differences were found between certain demographics.

**Gender.** Males were found to rate themselves higher than females in focusing on subordinate growth and overall servant leadership; however, there was no difference between servant leadership behaviors in co-worker ratings. This discrepancy may suggest that the gender differences arise from self-rating. Men tend to be overconfident in their behavior, and thus rating themselves higher on items that seem appealing (Gervais & Odean, 2001).

**AT Setting.** Division II collegiate athletic trainers rated two questions pertaining to furthering community significantly lower than high school athletic trainers. In regards to

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community involvement, high school athletic trainers are automatically highly engaged.

Communities are created by kids, parents, grandparents, family and friends. Athletic trainers at high schools come in contact with many of these individuals because the community kids are the athletic trainers' patients. Division II collegiate athletic trainers work with athletes that are not always part of the surrounding community. Division II athletes can be from all over the country and community involvement is low.

**State (District).** The differences between servant leadership behaviors and items and state of athletic training license are interesting. These differences may signify that there are regional cultural differences across the United States. Further investigation is needed in order to explain these differences.

**Ethnicity.** The various significant differences between ethnicities and servant leadership behaviors and items can be attributed to the sample sizes. Caucasian participants outnumbered the Asian participants by a large margin (N= 62, N=3; respectively). A similar skewness of ethnicity was found in the co-workers (Caucasian = 64, Black or African American = 4). Statistically, any significant differences may be attributed to the sample sizes, but further research could help identify any difference.

The study also found that participants rated their athletic training co-workers higher than director co-workers in both items of noticing someone is feeling down without asking about it and the subordinate does not need to consult with the co-worker to make decisions. Athletic trainers try to create autonomy for their patients or subordinate/co-workers. Most appreciate when a patient understands their injury assessment, rehabilitation process, or injury prevention protocols enough for the patient to be able to make a decision for him or herself. Directors, which includes clinical coordinators and program directors, are in a position where their

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subordinates need to ask them questions about important things like clinical hours, classes, etc..

Athletic trainers also work with athletes on a daily basis where directors seldom see their subordinates on such a regular basis. Because of this difference, it is inferred that athletic trainers would notice their patients feeling down without having to ask about it.

Even though there was a significant difference between participants and coworkers, both participants and co-workers' means were high to medium across the servant leadership behaviors. The higher participants' ratings could be attributed to self-reporting bias. Also, some participants chose co-workers they did not view in a positive light.

### **Limitations of the Study**

There were a few limitations of the current study. The study included participants who were primarily Caucasian with a few participants from other ethnicities. The ethnicity of the participants and co-workers was highly homogenous, which makes the results of this study difficult to generalize to other cultures and ethnicities.

The study had a low response rate (6.5%). There may be a couple of reasons for this. The first reason for the low response rate may be the length of the questionnaire. The questionnaire contained 56 servant leadership items (self-rating and co-worker combined). A handful of participants performed the self-rating items, but did not finish the co-worker rating. The second possible reason for the low response rate could be due to the time the questionnaire was sent out. The questionnaire was sent out at the beginning of January which is a busy time for all athletic trainers. The beginning of January marks the beginning of a heavy basketball season and new semester. It is possible the work load of athletic trainers at the time the questionnaire was sent may have contributed to the low response rate.

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Another observed limitation to the study is the self-reporting nature of the questionnaire. Any self-reporting leadership questionnaire can produce self-rating bias. The authors had participants rate a co-worker to add validity to the questionnaire; however, subordinates are able to accurately assess leadership behaviors better than self-rating or co-worker rating.

### **Future Research**

Based on the results of the current study, future research should focus on patient's perceptions of athletic trainers. This can decrease and self-rating bias and help identify possible connections between servant leadership behaviors and perceived patient care. Being able to find a connection between servant leadership behaviors and patient care may have implications for education of servant leadership in athletic training programs.

Further research should also be done to determine the reasons behind the differences of servant leadership behaviors between states, athletic training settings/job titles, and ethnicity. In general, research should continue to observe servant leadership behaviors and athletic trainers. It is possible that servant leadership could enhance the athletic training profession.

### **Conclusion**

The purpose of this study was to determine if servant leadership behaviors were practiced by athletic trainers and athletic training co-workers. Differences among demographics were also calculated. Using the 28-item adapted Servant Leadership Questionnaire, with athletic trainers' self-ratings compared to their ratings of co-workers, the 28 items and specific servant leadership behaviors were measured. The results found that athletic trainers and their co-workers often perform servant leadership behaviors. Differences did amount between gender, experience, job setting, ethnicity, and co-worker ethnicity and job title. The prominent levels of servant leadership behaviors supports that servant leadership may have value in the athletic training

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profession. Further research will help further understanding on servant leadership's effect on patient care and possibly other health care professionals similar to athletic training.

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