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Servant Leadership and Medical Missionaries

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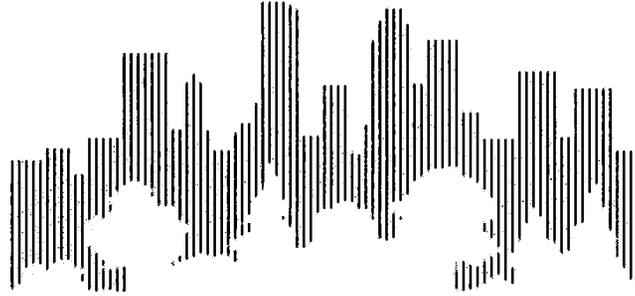
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MASTER OF ARTS IN LEADERSHIP

Jayne Arvold

Servant Leadership and Medical Missionaries

2006

SERVANT LEADERSHIP AND MEDICAL MISSIONARIES

JAYNE ARVOLD

Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Leadership

**AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA**

2006

MASTER OF ARTS IN LEADERSHIP
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

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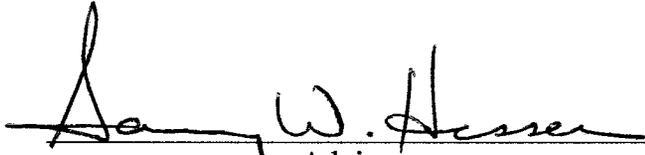
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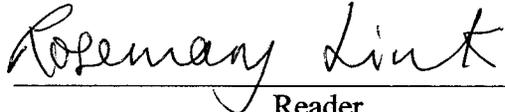
Jayne Arvold

has been approved by the Review Committee for the Non-Thesis Project requirement for the Master of Arts in Leadership degree

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Committee:


Adviser


Reader

DEDICATION

I believe the affirmation and unconditional love of a parent are the greatest gifts any person can receive. This paper is dedicated to my wonderful father, Linus Knobbe, and my extraordinary mother in law, Germaine Arvold, who died during the months while I was writing my Plan B paper. Their legacy of love continues to comfort, encourage, and inspire me. Their wisdom and wit will forever provide my entire family with joyful memories.

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Thank you to Dr. Garry Hesser for his advisement and encouragement throughout my studies in the Master of Arts in Leadership Program. His sincerity, example, passion for teaching and learning, ambition, hospitality, and zest for life, are the essence of an influential leader.

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Thank you to the students and faculty in the MAL program who take risks and make sacrifices to become better leaders in our communities and world. I will always treasure what I learned from each of their stories.

Thank you to my wonderful husband Mark, and our children, Franz, Sara, Andrea, and Maria. Achieving my graduate degree was possible because of their listening, loving, laughing, and encouraging support. To each of them I am forever grateful.

ABSTRACT

SERVANT LEADERSHIP AND MEDICAL MISSIONARIES

JAYNE ARVOLD

June 22, 2006

Non-thesis (ML597) Project

Medical missionaries provide benevolent medical services to underserved people internationally. This exploratory research was conducted to examine whether medical missionaries demonstrate the ten behavioral characteristics of servant leaders as outlined by Larry Spears, president and CEO of the Greenleaf Center for Servant Leadership. The characteristics are listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building communities. Qualitative data from interviews with four medical missionaries supported that Spear's ten characteristics are evident among this group of people. Analysis of these characteristics highlights their importance in the leadership of medical missionary work. This study provides valuable information for individuals who employ health care workers that serve as medical missionaries. Further research would be helpful to expand on this small study and to investigate what health care organizations can do to acknowledge, support, and encourage these servant leaders and to use the potentially significant contributions that medical missionaries bring back to their organizations.

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Thesis Problem Statement

Servant Leadership has been demonstrated to be an effective leadership approach in a variety of organizational settings. Larry Spears, President and CEO of the Greenleaf Center for Servant Leadership outlined ten specific behavioral characteristics that he feels are strongly evident among servant leaders. Those ten behavioral characteristics are listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. While a student in the master of leadership program and studying the theory of servant leadership, I participated on two medical missionary trips as a certified registered nurse anesthetist. During those trips, I observed a strong sense of servant leadership in many of the mission team participants. Realizing the significance of these successful medical missions, I chose to interview four individuals who had participated on two or more medical mission trips. Through extensive literature research and the interviews conducted, I examined the question, "Do medical missionaries demonstrate the ten behavioral characteristics of servant leadership as outlined by Larry Spears?" Evidence of the ten behavioral characteristics was supported in each of the four interviewees.

Servant Leadership Philosophy Defined

Robert Greenleaf first introduced the concept of servant leadership in 1970.

Greenleaf worked first as a lineman and later in the organizational management department at AT&T. He was a lifelong student of organization and retired as Director of Management Research at AT&T. He held a joint appointment as visiting lecturer at M.I.T's Sloan School of Management and at the Harvard Business School and held teaching positions at both Dartmouth College and the University of Virginia (Greenleaf, 2002).

Greenleaf developed the idea of servant leadership after reading Herman Hesses' book, Journey to the East (1956). The book tells the story of a group of men who set out on a long trip accompanied by a servant, Leo. The servant's job was to provide for the group's comfort by doing all of the menial tasks and by his positive and caring approach. The journey went well until Leo disappears, at which time the group falls into disarray. Years later, the narrator of the story meets Leo again only to discover that Leo was the head of the order that sponsored the journey. Although he was the leader, his nature was that of a servant. His desire to serve the group on the journey came from his heart. Greenleaf believed the message of the story was that one has to first serve society and, through one's service, a person will be recognized as a leader. Leadership must be about service (Spears, 1998). Greenleaf (1970) articulates his philosophy in the first essay he wrote:

The Servant-Leader is servant first. It begins with the natural feeling that one wants to serve. 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 not be further deprived? (Greenleaf 1977, p. 27)

Robert Greenleaf's model of servant leadership in organizations focuses on the employees' well being and incorporates the opinions and ideas of everyone. Unlike a traditional model of leadership where leaders are required to control their employees, servant leadership accomplishes goals through empowerment and personal growth of employees. This is achieved through demonstration of the ten behavioral characteristics of servant leadership.

Greenleaf was a Quaker by faith (Frick and Spears, 1996) which contributed to his belief that all human beings were equal. Although he worked with educational, business and industrial organizations, Greenleaf also worked with religious orders of nuns and with women in the healthcare profession (Spears, 1998). His goal was for the development of strong, effective, caring communities in all segments of our society (Greenleaf, 1976).

Greenleaf (2002) tells of the subtleness of the servant-leader in action and how others view them. "They do not see the servant-leadership in action as you saw it. That may be the fundamental key. Effective servant-leaders can be so subtle about it that all

anybody is likely to see is the result. They do not see the cause “(p.151). Servant leaders are often behind the scenes of successful teams.

Upon Greenleaf’s death in 1990, Larry Spears was selected to lead the Greenleaf Center as President and CEO. Today, the Center’s mission is to “fundamentally improve the caring and quality of all institutions through a serving approach to leadership, structure, and decision-making. The servant leader concept emphasizes increased service to others; a holistic approach to work; promoting a sense of community; and the sharing of power in decision-making” (www.greenleaf.org). Spears believes the essence of that concept is the demonstration of the ten behavioral characteristics that he has outlined from Robert Greenleaf’s work on servant leadership.

LITERATURE REVIEW

There is much written about servant leadership and its application to various organizational settings. This literature review includes both current and classic works relating to servant leadership demonstrating the significance of the ten behavioral characteristics of servant leadership.

Servant Leadership in General

Robert Greenleaf’s classic book, Servant Leadership (1977) provides the fundamental ideas for the practical philosophy of servant leadership, replacing the more traditional autocratic leadership style familiar to most people in organizations. Greenleaf’s holistic and ethical approach to leadership is very controversial, requiring leaders to be servants, encouraging collaboration, trust, listening, and empowerment to those served. Its application to education, business, government, churches, and other

institutions is addressed throughout the various chapters in this book. Greenleaf suggests throughout his writings that being a servant leader requires one to be a seeker of new possibilities. This, he states, requires the leader to listen, be aware, have foresight, empathy, and other inner qualities.

Written in 1977, Greenleaf's message is applicable today. Because his ideas are relevant in almost any team setting, this book directly relates to the leadership in medical missionary work. Throughout the book, the application of the ten behavioral characteristics of servant leaders that Larry Spears developed from Greenleaf's work can be found.

Reflections on Leadership (1995), Insights on Leadership (1998), and The Power of Servant Leadership (1998), are three books edited by Larry Spears. The Power of Servant Leadership is a collection of essays written by Greenleaf throughout his life, examining the application of servant leadership. Arranged to stimulate and inspire others to develop a more caring leadership, one of the book's greatest contributions is Greenleaf's perspective as he approaches each of these great essays. Focusing on the development of spirit, commitment to vision, and the process of seeing things whole as a product of maturity, Greenleaf is able to draw on his personal experiences to provide examples of how this is accomplished. An important theme throughout the book is Greenleaf's reminder that service is the moral dimension of importance to the practice of leadership. Peter Vaill also emphasizes this point in his forward to the book when he states on behalf of Greenleaf, "Do not ask, What service can you render as a leader? rather, What leadership can you exercise as a servant?" (p.xii). Greenleaf designates

throughout the essays the significance of the ten behavioral characteristics to servant leadership that Spears outlined.

Both Reflections on Leadership (1995), and Insights on Leadership (1998), edited by Larry Spears, are collections of writings by an array of management thinkers, investigating the influence of servant leadership in a wide variety of settings. Addressing such topics as business ethics, spirit in the workplace, team building, chaos, and the future of leadership, Reflections on Leadership brings a different style and application of servant leadership to each author's unique situation. Two of Greenleaf's essays introduce this book. His sense of humor is demonstrated in the chapter he titled, "Power, Reflections from Experience". Greenleaf discusses the use and misuse of power by sharing his personal journey throughout organizational life. His ability to laugh at himself and at situations he has encountered displays a genuineness in him that makes me trust him. His bold but gentle discussions, based on knowledge and experience, reveal much about his intuition and intelligence.

Much like Reflections on Leadership, Insights on Leadership(1998) is a newer collection of essays by authors well known in the field of leadership. James Autry, Margaret Wheatley, Stephen Covey, and Peter Block are a few of those who contributed writings to the book. Applying various aspects of Greenleaf's servant leadership's ideas, the authors explore such topics as stewardship, spirit in the workplace, followership, passion, and the responsibilities of citizenship. Spears introduces the book by summarizing the concepts of servant leadership, outlining the ten behavioral characteristics of servant leadership and giving a thorough definition of each.

Together, Michele Lawrence and Larry Spears edited Practicing Servant

Leadership (2004), one of the newest books written on the subject of servant leadership. This book is contemporary because it presents both current writings and the applications of servant leadership to modern day situations, involving technology, environmental issues, organizational competitiveness, and ethics in business and personal situations. One of the chapters is titled “Servant Leadership Characteristics in Organizational Life”. It examines each of the ten behavioral characteristics of servant leadership that were outlined by Larry Spears and demonstrates how each can be applied to management and service delivery.

Don Frick and Larry Spears edited the book On Becoming A Servant Leader (1996). This collection of Robert Greenleaf’s writings spans fifty years of his life. A large section of this book outlines the ethics of leadership. Greenleaf conveys his Quaker philosophy of driving hard with a light hand through various stories. Through the essays in this book, Greenleaf both educates about servant leadership and provides a biography of his life. Once again, the application of influence, persuasion, foresight, awareness, and listening is easily made through Greenleaf’s powerful demonstration of his life of service.

S. Swearing and A. Liberman (2004) examine the feasibility of implementing a servant-leadership model for the profession of nursing. In “Nursing Leadership: Serving Those who Serve Others,” the authors candidly discuss the current and projected continuance of an acute nursing shortage. After a thorough examination of the servant leadership philosophy and a description of servant-led organizations, the authors recommend mentoring and administrative modeling of servant leadership characteristics to improve job satisfaction among nurses, a major force that they define as contributing to poor statistical job retention for nurses.

Swearing and Liberman wrote a comprehensive review of servant leadership and Larry Spear's 10 characteristics of servant leaders with application to the nursing profession. This can be adapted not only to nursing, but to other medical professions. This research is current which gives it strength. Further research examining the application of this paper's proposal would be valuable.

M. Farling, G. Stone and B. Winston address the relevant issue of lack of empirical research to support the theory of servant leadership in "Servant Leadership: Setting the Stage for Empirical Research" (1999). This research thoroughly documents the literature regarding servant leadership. It further introduces a theoretical servant leadership model that incorporates the ideas of vision, influence, credibility, trust, and service as main elements to servant leadership. Comparing and contrasting Greenleaf's servant leadership model to Burn's transformational leadership perspective, the authors outline strong similarities between the two leadership philosophies. It concludes that servant leaders find their values, such as justice, equality, and human rights, in a spiritual base and that empowerment of followers serves as the measure of those values.

The researchers include a comprehensive reference list for servant leadership and transformational leadership studies. A recommendation of this paper is to encourage others to undertake empirical research to test the concepts of servant leadership.

Susan J. Alexis's Caring Hands (2003), a conglomeration of stories told by the volunteer medical missionaries from Fairview Hospital in Minneapolis, Minnesota, relates many of the ten behavioral characteristics of servant leadership through the accounts of those who have served. It also recognizes the benefits received by the hospital when the volunteers return to their everyday lives in the Fairview organization.

Those individual and organizational benefits include increased cultural awareness and bringing new perspectives to jobs. The inspiration and purpose the missionaries acquired made them more appreciative of their facility and the opportunities they have. The knowledge gained through their exciting adventures encourages others to participate, adding meaning and value to their lives. These individuals reiterated through their various stories their belief that giving makes a difference.

This book is valuable to the study of servant leadership and medical missionaries because it delineates through individual stories the ten behavioral characteristics of servant leaders. In addition, it emphasizes the significant contribution volunteers bring back to their organization. It is rare to find a collection of medical missionary stories, and because of its Minnesota connection with Fairview hospital, it has greater personal significance.

M.Bantu-Gomez's "Great Leaders Teach Exemplary Followership and Serve as Servant Leaders," (2004) puts a valuable twist on servant leadership literature by focusing on follower development of servant leaders. Bantu-Gomez applies the ten behavioral characteristics to such things as recognition, the cause of alienated followers, the significance of a shared vision between leader and follower, and the ability of leaders to balance follower autonomy with directional requirements. Furthermore, the author discusses the need for servant leaders to develop learning organizations in order for followers to expand into their full potential. Bantu-Gomez defines the skills of admirable followers, and discusses the importance of a unified team and the servant leader's influence on effective team development. Borrowing metaphors such as basketball "assists" to explain the essential skills of team members, he outlines practical strategies to

improve ineffective teams and individual followers. The research concludes by evaluating organization and community strengths while warning against the limits modern Western society places on community involvement.

Bantu-Gomez writes in a concise and informative manner, using current research on leadership studies. This paper is clear with strong topic headings and thorough explanations of various leadership theories.

An important question is asked in E.Hyett's "What blocks health visitors from taking on a leadership role?" (2003). Although written and contextualized in the United Kingdom, the author's message is applicable to United States health care institutions and to medical missionaries. After outlining the challenges visiting nurses have in demonstrating the leadership skills needed to explore creative measures in improving health standards, Hyett promotes developing the servant leadership behavioral characteristics to encourage the empowerment of nursing staff. The proposed result is a sharing of innovative ideas among both permanent and visiting nurses.

This author understands two critical factors in effective health care management. First, she understands the creative abilities that visiting nurses have based on their wide scope of practice. Second, she uses foresight to imagine what the capabilities of the entire staff would be if servant leadership management skills were demonstrated. In particular, Hyett emphasizes the use of empowerment to provide a more productive work environment and to create a nursing staff that feels validated by their contributions.

Through much study of Robert Greenleaf's works, Larry Spears outlined a list of ten behavioral characteristics of servant leadership that he feels are central to the development of servant leaders. Spears acknowledges that these ten characteristics are

not completely comprehensive. He believes that the ten characteristics he delineates are instrumental in defining the influence that servant leadership holds for those who demonstrate it. Many authors of servant leadership, including those listed above, have defined and applied the ten behavioral characteristics of servant leadership in their writings. The following section summarizes the significance of each of the behavioral characteristics as supported in the literature.

Listening

Hunter (2004) defines listening as “an attitude toward people” (p. 115). He believes that people can develop better listening ability by choosing to hear people out and willingly trying to understand and learn something new from them. This intense process requires discipline and a sincere commitment to listen to others. Autry (2001); Frick and Spears, (1996); Greenleaf (1991); and Palmer (2000) emphasize the need for silence, reflection, mediation and active listening and actually “hearing” what is said and unsaid. Effective leaders must be great communicators and are obligated to listen to themselves as well as to others.

Banutu-Gomez (2004) delineates the importance of listening when he states, “Great leaders lead best by becoming exemplary followers of great leaders before them; by listening and heeding the same still voice of conscience that spoke to their hearts” (p.151). Hunter (2004), Palmer (2000), Spears and Lawrence (2004), Alexis (2003), and Greenleaf (1977) all refer to the significance of listening to an inner voice. Palmer (2000) states, “Vocation does not come from willfulness. It comes from listening. Vocation does not mean a goal that I pursue. It means a calling that I hear” (p.4). Being able to listen to

others and to listen to what your own body, mind, and soul are saying are necessary tools for the servant leader.

Empathy

Empathy requires respecting an individual's unique qualities. It demands that leaders reject behaviors or performances, but not the individual. Greenleaf highlighted this by stating, "All people are seen as beings to be trusted, believed in, and loved, and less as objects to be used, competed with, or judged" (Spears & Lawrence, 2004. p. 77).

Block (1996) supports Greenleaf when he addressed the importance of empathy by stating, "It is a misuse of our power as leaders to take responsibility for solving problems that belong to others" (p. 72). Block reiterates the necessity of servant leaders to support followers in problem solving, therefore providing an educational opportunity resulting in personal growth.

In an essay, Dennis L. Tarr points out the fact that "there is risk in demonstrating vulnerability as a leader who provides empathy" (Spears, 1995 p.80). Spears and Lawrence (2004) suggest that empathy goes beyond listening: "Empathy is the ability to share in another person's feelings or ideas" (p.13). "Sharing your stories is necessary to be empathetic, and when you take that risk, the rewards are great. You become trustworthy" (Spears, 1995). Block (1996), Spears and Lawrence (2004), and Tarr (Spears, 1995) all point out the vulnerability that servant leaders have when they display genuine empathy. Both Palmer (2000) and Autry (2001) connect the expression of empathy with trust.

Healing

Servant leaders have the capabilities to heal others as well as themselves. Judith Sturnick (Spears, 1998) outlines two levels of meaning for healing leadership. The first involves the restoration of leaders who are emotionally, spiritually, intellectually and physically strong and healthy (p. 186). Sturnick believes, on a second level, leaders who have gained wisdom and insight through the healing process help to improve the quality of work and life within organizations. Greenleaf also felt that the sharing of power and service are healing, thereby providing hope for people and organizations (Greenleaf 1996). Just as Sturnick maintains the importance of restoration, Greenleaf too demonstrated this as a lifelong meditator. He felt strongly that meditation acted as a healing service to individuals. Swearing and Liberman (2004) explain that healing occurs when someone serving another is “totally present” and approachable. Therefore, the customer senses they are cared for, they matter, and they are worthy.

Awareness

Greenleaf (1977) believed that awareness has its risks. He stated, “Awareness gives one the ability to stand aside and see oneself in perspective in the context of one’s own experience, amid the ever present dangers, threats, and alarms” (p. 41). This perspective allows one to prioritize what is and is not important. Inner serenity, he believed, is a product of keen awareness.

In a unique comparison to the Hippocratic Oath in medicine, Greenleaf commanded that, as servant leaders, it is crucial to “do no harm” (1977 p.56). In an interview with Larry Spears, Margaret Wheatley states she was struck by Greenleaf’s statement regarding “do no harm”. She continued by explaining it is not enough that we

do good, but we must avoid harm. Wheatley (2002) summarizes that we must be aware of the consequences of our actions as individuals, as members of our organizations, and as stewards of our world. “First do no harm”, as part of the Hippocratic Oath, is an often spoken rule amongst medical workers.

Greenleaf stated, “Awareness is not a giver of solace – it is just the opposite. It is a disturber and an awakener. Able leaders are usually sharply aware and reasonable disturbed. They are not seekers after solace. They have their own inner serenity” (Greenleaf, 1977, p.41). The restlessness that Greenleaf defined is commonly witnessed in servant leaders.

Persuasion

Spears (1998) discusses the ability of the servant leader to develop consensus within the group as a productive development of effective change (p. 5). He acknowledges the strong influence a leader has who can establish a productive work environment. Wheatley refers to organizational space and the determination of what fills that space. She explains how a strong leader, “by word and deed,” delivers a clear and consistent message about how others are to be treated and that example fills the space (1999, p.55). Her assumption is that space is never empty and the power of influence is the key to what is present in that space. She eloquently states, “Space is never empty. If it is filled with harmonious voices, a song arises that is strong and potent. If it is filled with conflict, the dissonance drives us away and we don’t want to be there. When we pretend that it doesn’t matter whether there is harmony, when we believe we don’t have to ‘walk the talk,’ we lose far more than personal integrity. We lose the partnership of a field-rich space that can help bring order to our lives” (Wheatley 1999, p. 57). This partnership of

idea sharing is what makes persuasive leaders effective. A sense of trust and collaboration fills the “space” referred to by Wheatley, and creativity is supported.

Conceptualization

Greenleaf described conceptual talent in Frick and Spears (1998) as “The ability to see the whole in the perspective of history – past and future- to state and adjust goals, to evaluate, to analyze, and to foresee contingencies a long way ahead. Leadership, in the sense of going out ahead to show the way, is more conceptual than operating. The conceptualizer, at his or her best, is a persuader and a relation builder” (p.217).

Continual learning is critical to conceptualization. “Individuals with this characteristic move fluidly in the process of seeing the whole to seeing the parts” (Spears, 1998 p.5). New ideas develop because of their ability to envision possibilities. Palmer (2001) and Wheatley (1999) describe conceptualization as creativity arising from chaos.

James Adams states in his book Conceptual Blockbusting (2001) that “effective conceptualizing requires the problem-solver to be able to incorporate characteristics of reason and logic as well as intuition and feeling” (p. 63).

Foresight

Greenleaf believed that foresight was the greatest of the creative skills. It is the ability to anticipate what is likely to happen and then take precautionary steps. Greenleaf (1977) writes, “Leaders know some things and foresee some things that those they are presuming to lead do not know or foresee as clearly. That is partly what gives leaders their “lead”, what puts them out ahead and qualifies them to show the way” (p. 35).

Foresight requires the ability to adapt what the past has taught and apply it to the present

reality. That information, processed with a keen sense of intuition, can then be applied to future decisions.

“Foresight is seen as a wholly rational process, the product of a constantly running internal computer that deals with intersecting series and random inputs and is vastly more complicated than anything technology has yet produced” (Greenleaf 1977, p.39). The ability to see a situation as alive, connected, and as a human experience, supports the presence of foresight. Senge (1990) connects his description of personal mastery to possessing foresight. He describes personal mastery as the ability to combine rich intuitions with knowledge, thus resulting in a creative ability to predict outcomes.

Stewardship

Peter Block (1996) suggests that stewardship is “accountability without control or compliance” (p.6). DePree (1989) emphasizes the need for us to contribute to society. He states, “The art of leadership requires us to think about the leader-as-steward in terms of relationships: of assets and legacy, of momentum and effectiveness, of civility and values” (p. 92). Peter Senge (1990) concludes that stewardship brings a unique depth to an individual’s vision. “Stewardship constructs a larger journey, one that produces humility and an ability to keep things in perspective, allowing people not to take their own successes and failures too seriously” (p.346). Servant leaders demonstrate the essence of their ability by naturally wanting to be helpful, never possessive of leadership. They see leadership as an act of stewardship, rather than ownership (Swearingen and Liberman, 2004). Farling, Stone, and Winston (1999) concluded that servant leaders find their motivation in a spiritual base.

Commitment to the Growth of People

This behavioral characteristic includes acting as a teacher, a mentor, a listener, and a motivator. Hunter (2004) states, “Commitment is about being loyal to the others on the team and being there for others when they fail or when they need your help” (p.110). Peter Koestenbaum (2002) suggests empowering others to reach their full capacity as a leadership role. He believes in mentoring, modeling, and encouraging others to greatness. Greenleaf taught that valuing the personal, professional, and spiritual growth of the people in an organization is central to acting as a servant leader (Greenleaf, 1977). Hyett (2003) discovered in her nursing research that greater satisfaction and increased innovation occurred when applying a servant leadership philosophy of empowerment to visiting nurses in the United Kingdom. Empowering others is what Swearingen and Liberman (2004) identify as one of the most important characteristics of leaders among nurses. Banutu-Gomez (2004) states that a servant leader “becomes less of a hero and more of a hero maker” when empowering others (p.146). Hyett’s (2003) research found that it is naturally comfortable for servant leaders to recognize each individual’s ability to lead.

Building Community

Nearly thirty years ago, Greenleaf (1977) expressed concern that the sense of community was being lost in modern times. He stated, “Where community doesn’t exist, trust, respect, and ethical behavior are difficult for the young to learn and for the old to maintain. Any human service where the one who is served should be loved in the process requires community, a face-to-face group in which the liability of each for the other and all for one is unlimited. Trust and respect are highest in this circumstance, and an

accepted ethic that gives strength to all is reinforced” (Greenleaf 1977, p.52). Greenleaf addressed the significance of positive community support when he said, “The servant as leader always accepts and empathizes, never rejects, submitting to a higher perspective, one that can be pivotal to the development of the self in relation to others” (Spears & Lawrence 2004, p.235). Greenleaf also acknowledged the value of having fun in the process of building community when he said, “Purpose and laughter are the twins that must not separate. Each is empty without the other. Together, they are the impregnable fortress of strength” (Spears, 1995, p. 44). Goleman (2002) agrees. He considers that even when a situation is stressful, an effective leader will have a positive, fun approach. This helps provide creative problem solving and stronger team relationships.

Summary

The literature regarding servant leadership demonstrates the strengths of applying this leadership model to a variety of organizational settings. Throughout the literature on servant leadership there are examples of how the ten major behavioral characteristics of servant leaders apply to effective leading. The literature search assisted me in exploring my research question, “Do medical missionaries demonstrate the ten behavioral characteristics of servant leaders as outlined by Larry Spears?” This question was investigated using the following research method.

RESEARCH DESIGN

This qualitative research is an exploratory study utilizing a small sample to determine if the ten behavioral characteristics that Spears outlined from Greenleaf's work are measurable and relevant to the sample. In addition, it explores whether the research might be worth expanding in the future. The ten behavioral characteristics of servant leadership were chosen because they demonstrate the influence and promise that servant leadership puts forward to the individuals who are willing to accept the challenging call of such service. The literature review supports the connection between strong servant leadership and the ten behavioral characteristics of servant leaders that Larry Spears developed through his study of the works of Robert Greenleaf.

Questionnaire/Instrument

The items on the questionnaire were constructed using the definitions of the ten behavioral characteristics and the supporting literature. The qualitative approach allowed discussion of the various behavioral characteristics with application to medical missionaries, without expecting the interviewees to articulate the ten characteristics instinctively. The semi-structured type of interview allowed room for discussion and explanations of the information given by the interviewees. This was helpful in obtaining perceptions, attitudes and values from the interviewees, which are generally difficult to obtain by other methods.

Question #13 and #14 defined the ten behavioral characteristics and provided a chance for the interviewees to either select or reject any of the characteristics and rank order the ones selected as to the chosen degree of importance. This also provided clearer discussion regarding characteristics of medical missionaries by specific examples and

stories that were shared by the interviewees regarding their medical missionary experiences.

In this qualitative study, I interviewed four individuals who were required by the criteria of the study to have had participated on two or more medical mission trips. The minimum number of mission trips taken per individual was three. Although only four individuals were interviewed, common themes emerged and were apparent. Gender balance was obtained by selecting two women and two men from the pool of eight women and ten men.

For this research, a medical mission trip was defined as a week or longer voluntary trip to an underserved or third world country for purposes of providing free medical care. Although participants were randomly selected from a group of individuals identified through the investigator's workplace, there remained an element of bias. This bias developed because there is no documentation kept at the workplace of all individuals who have participated in medical mission trips, thus providing a pool of candidates that was small. Following is a description of the interviewees who signed consent forms before their audio-taped, one-hour long interview. (See Appendix A) Names have been changed to assure anonymity.

Sample

Rick is an anesthesiologist who has participated on five medical mission trips. His most recent trip was ten months ago. Rick is planning to take his next mission trip in three months, returning to a South American hospital he was at one year ago. He was eager to share his stories with me. Rick does not hold an official position of authority in

his organization. He has chaired several committees over the past several years and considers himself a creative thinker and problem solver.

Joe is a surgeon, who grew up with his missionary family in China. He lived for two years in Ecuador as a young medical missionary physician. When he returned to the United States to study and practice plastic surgery he continued to make medical missionary trips. He estimates he has been on 20-30 such trips. Although Joe was willing to be interviewed, he did not want to be thought of as anyone special for what he has contributed to medical missionary work. Joe has served in many leadership positions both in his local organization and nationally. He commented that he did not seek out leadership positions, rather, he was asked to take on the various leadership roles he has held.

Jan is a certified registered nurse anesthetist (CRNA) who has been on three medical mission trips. She also expressed humility regarding her experiences. Jan had participated in two trips in the past year. She is planning to take her next trip in seven months. Jan serves as a staff CRNA working often in pediatric surgery. In addition, Jan occasionally takes on the supervisor CRNA role in her organization when she works the evening shift.

Carol is a nurse anesthetist who has served on three mission trips. She returned from a mission trip to Guatemala one month before the interview. Eager to share her stories with me, Carol expressed sincere enthusiasm regarding her voluntary mission work. She performs a versatile role in her CRNA job, working three days each week, rotating to a variety of surgical areas providing cardiac, neurological, general, and

orthopedic anesthesia. She enjoys the challenge the assortment of work locations provides to her.

Measures to minimize bias

It was crucial as the interviewer to limit bias while conducting the interviews. My personal experiences as a medical missionary were not shared with the interviewees. I had never been on a mission trip with any of the four individuals interviewed. However, the four individuals had prior knowledge that I had participated on medical mission trips. Although it was necessary for me to be open to the subject's perceptions and experiences, I had to remain cautious not to attach my own experiences and their meanings to the data. My ability to demonstrate empathy and knowledge during these interviews was present because of my understanding of medical missionary work. I therefore explained to each of them before the interview that I was only interested in their responses and would be facilitating their discussion while remaining neutral and not contributing to the discussion.

Data Analysis

A four-step data analysis spiral as described by Leedy (2001) was utilized to help analyze the raw data. The following steps were involved:

1. Organizing the data using index cards, the data was broken down into phrases, quotes, sentences or words.
2. Re-reading the entire data and reviewing the audio tapes in order to become more familiar for what it contained as a whole assisted in thinking of categorization of information.
3. Identification of general categories or themes was made to outline patterns.

4. Summarizing the data and identifying whether the data helped to define the hypothesis. This process allowed application of the data to the defined ten behavioral characteristics of servant leadership.

FINDINGS

Results of Question # 13

Please rank order the behavioral characteristics you have checked, with #1 being what you feel is the most important behavioral characteristic for medical missionaries to have.

	Rick	Jan	Carol	Joe
Listening	4	2	1	11
Empathy	2	1	5	2
Healing	5	4	3	4
Awareness	1	3	4	5
Persuasion	10	8	10	3
Conceptualization	6	5	6	9
Foresight	3	6	2	8
Stewardship	7	9	9	10
Commitment to the Growth of People	8	7	8	6
Building Community	9	10	7	7

Results from Interviews

Each of the behavioral characteristics is listed below with the interview data describing the relationship of the findings to each of the behavioral characteristics.

Listening

Listening was defined to the interviewees as the ability to identify and clarify the will of the group. Listening involves acknowledging what is and is not said. In addition, listening requires being attentive to one's inner voice and developing an understanding of one's body, spirit, and mind.

When the interviewees were asked to circle the behavioral characteristics that each had seen in most, if not all of the volunteers they had worked with, they all circled listening as an observed characteristic. When rank ordering the characteristics from most important to least important, Carol and Joe ranked listening first, Jan ranked it second, and Rick ranked it fourth.

Rick stated that his mission work has helped him to listen closer to his patients and to better attempt to see and treat the whole patient. When asked what other abilities, skills, or gifts were used on the trips, Carol and Jan stated communications skills while Carol clarified her answer by stating, "I listened a lot." She identified as a personal strength her ability to enjoy listening to others without needing to "add her own agenda". Furthermore, she recognized the importance of listening to the needs of her physical and emotional self when taking these trips. She discussed listening to her body's need to keep up her daily running routine and to focus on the need to remain calm throughout stressful situations that arose.

Joe discussed the influence a medical missionary physician had upon him when he was a young medical resident. Listening to and observing this missionary, Joe contributed their relationship as instrumental to his pursuit of a career in plastic surgery and medical missionary work. He stated with a smile, "I realized how much good I could

do in this world with a small bag of surgical tools.” The profound inspiration that a single physician mentor had on Joe’s life was still evident in his voice and words many years later.

Rick discussed the critical need to listen and observe your surroundings when working in a foreign environment. He referred to the need to focus on the non verbal language of those patients who do not speak English. He also stated that it was crucial to listen to the needs of the other members of the surgical team in order to collaborate and assist each other fully.

Jan chuckled at the problems that sometimes arose when the foreign host interpreters could speak English but knew little about medicine, surgery, and anesthesia. Many of these people were high school students excited to help out their foreign English visitors. She found it critical to listen carefully to the interpreters, and to observe how they were doing in the surgical arena which was new and strange to them.

Each of the four missionaries stated they felt a call to perform missionary work that was evident after a period of reflection and invitations by others for them to participate.

Empathy

A good servant-leader strives to understand and empathize with others. This understanding, however, should be supportive as opposed to patronizing. Empathy requires respecting an individual’s unique qualities. It demands that leaders reject behaviors or performances, but not the individual

Each of the four interviewees felt that it was important as a medical missionary to demonstrate empathy. All four chose empathy on the list of behavioral characteristics

they had seen demonstrated in the volunteers they had worked with. Jan ranked empathy as the most important characteristic for medical missionaries to possess. Rick and Joe ranked it second. Carol ranked it fifth. Rick stated he felt more vulnerable because of his medical missionary experiences. He felt he has learned to appreciate people “where they are” and to have a greater respect for differences and similarities among individuals.

A repeated theme of empathy emerged when asked what contributions were made to those they served on the mission trips. Discussing the significance of having a cleft palate or lip repaired, Joe stated, “You have to understand that for the people we served, this is their only hope of having a normal life. They are often made to feel as outcasts in their culture.” Rick repeated this general theme by stating, “In some of the cultures facial disfigurements can signify evil spirits. They may be feared and shunned. What we do is more than cosmetic surgery. It is life changing.” Jan referred to the patients’ nutritional status as being compromised when faced with the duo problem of poverty and poor nutritional status because of the facial deformities. Carol expressed joy in observing the wonderful spirit of the poor people she served, despite the overwhelming obstacles of their physical disabilities. She further connected to her colleagues when she stated, “Each of us comes with a desire to do good. What we selfishly realize is that despite our hard work and effort to take these trips, we receive much more than we give.”

Healing

Someone who demonstrates healing is approachable when something traumatic happens. Such individuals are able to help facilitate the healing process.

Each of the four missionaries stated that it was obvious that healing was an observed behavioral characteristic among those they worked with on their trips. They

initially defined the word literally as physical healing and related it to the corrective nature of the surgeries. Jan and Joe ranked healing as the fourth most important characteristic. Carol ranked it third and Rick, fifth. When reading the definition of healing, Joe discussed the importance of the key word “approachable”. He stated that being approachable was as critical a skill as listening. He felt that in order for productivity, learning, and healing to occur, the team members must remain approachable. This ability to be approachable, as Joe described it, allows the relationship to be respected.

Awareness

Awareness is the ability to stand back and perceive the experience in a detached manner. This talent allows an individual to be objective and insightful

Although each interviewee assigned awareness a different ranking in behavioral characteristic importance, they all felt it was a critical characteristic for medical missionaries to have. Awareness was ranked first, third, fourth, and fifth by the interviewees. Each individual emphasized the importance of being aware of the surroundings on mission trips. Rick ranked it first and was adamant that in order to step into a foreign situation and deliver safe anesthesia there must be heightened awareness and constant vigilance for a safe environment of care. He stated, “No matter where we are providing anesthesia services, we must always remember to do no harm.”

Carol discussed awareness further. She stated that it is critical to be aware of your own prejudices and beliefs when working in a foreign country and not to impose them upon others. She felt that having awareness means having respect for other cultures. She admitted that the awareness she obtained from mission trips resulted in a “restless,

uncomfortable” feeling upon returning home to her safe, comfortable, and affluent life. Carol emotionally described a disturbed feeling she developed upon returning to a wasteful environment both in the operating room and in her personal life. She commented on not even knowing the cost of the supplies and drugs that she administers daily at work, while being frugal with even such small items as tape when serving on mission trips.

Persuasion

Persuasion was chosen by all four interviewees as a behavioral characteristic that was observed. However, it was ranked eighth by Jan and tenth by Rick and Carol. Joe ranked it third and discussed at length why he felt it was important. He stated that, as a surgeon, it was critical to have a cooperative team. To him that meant genuinely respecting each member as an equal and valuable member of the team. He said, “I have learned much from my team members both on mission trips and in my daily job. I believe that is because I established a horizontal relationship with everyone on the team. The only person above any of the team members is the patient. That has been my philosophy. I know that the team members feel comfortable sharing ideas with me because of the respect we give each other. We have fun and we all feel privileged to serve our patients.” Joe was proud of the teams he has worked with and the friendships that have developed because of the esteemed nature of those teams.

Conceptualization

The person who can conceptualize encourages creativity and thinking out of the box. Being able to think beyond the day to day realities helps the conceptualizer to dream great dreams.

Carol ranked conceptualization as sixth on the scale of importance. She made the following comment: “In order to participate in medical missionary work, you have to be able to go with the unexpected and be creative without getting frustrated!” The other participants ranked it fifth (Jan), sixth (Carol and Rick), and ninth (Joe). Three of them commented that the definition of conceptualization that stated “thinking out of the box” helped them to understand it. Each was able to reflect and tell a story regarding a situation that occurred forcing them to be inventive while maintaining their sense of humor.

Rick discussed the importance of proper scheduling of surgical cases on a mission trip, understanding they had limited hospital services to support the patients after the mission group left. The schedule was adapted to provide care to the most critical patients early in the week in order to follow up on postoperative care. They all referred to the fact that the mission environments were usually unpredictable and each of the team members had to share creative ideas to problem solve and deal with numerous challenges.

Jan told how she learned to realize that refusing to do some of the surgical cases was necessary because of limitations they had with medical technology and supplies in the mission environment. She learned to problem solve more effectively on the trips and to more accurately assess if risks were worth taking.

Foresight

Foresight is the ability to foresee or know the likely outcome of a situation. Each of the four interviewees stated that foresight was a characteristic they had observed in missionaries. It was ranked second (Carol), third (Rick), sixth (Jan), and eighth (Joe). Jan and Rick referred to logistical information and stated that information gained from

earlier trips helped to prioritize what was needed for future trips. Specifically they referred to foresight as a tool for planning how many patients the team could manage, what supplies and equipment were needed, anticipating what the personnel needs were for the trip, and selecting locations for the missions.

Each of the individuals connected to the word “adaptable” in the definition given to them. Rick stated that awareness was needed to have foresight and felt a connection between the two words. Jan and Carol discussed the physical and emotional preparedness that was necessary for the trips. They referred to understanding the realities of fatigue and cultural differences such as food, language, accommodations, sense of time, and climate on past trips and used that acquired information to better plan future trips, both physically and emotionally.

Joe stated that as he grew older he had learned to be more productive by selecting the teams he would operate with, rather than adapting to strangers that volunteered with him. Jan stated that because there were so many things on these trips that were out of her control, it helped if she could learn as much from her prior experiences and the experiences of others when planning a trip. She stated that she gained knowledge from asking questions to those who had done mission work and found much of the obtained information helpful to her planning.

Jan, Carol, and Rick stated that the early trips had encouraged them to learn some Spanish in order to avoid the language barriers that were difficult. Joe stated he was fluent in Spanish and other languages, and had decided on recent trips to only go where he was able to speak the language. He also stated that he had learned from early trips to encourage and motivate the group routinely during the trip, as fatigue and stress could be

debilitating factors hindering the success of the mission. He stated he did that in simple ways, such as eating together in the evening and mornings to allow discussion about how people were doing. Joe felt that doing so encouraged an atmosphere of fun and camaraderie.

Rick and Carol stated they learned that sharing their sense of humor and providing praise helped give a sense of endurance, fun, and motivation to the team.

Stewardship

The definition of stewardship given to the interviewees stated, "Preparing an organization and the people within to believe in the greater good of society". Rick ranked stewardship seventh, Jan and Carol ranked it ninth, and Joe ranked it tenth.

Although they ranked stewardship lower on the list of behavioral characteristics, they each spoke about a sense of obligation and call to serve. When asked why he participated on medical mission trips, Joe spoke about his ability to offer "tangible help" to others. He reiterated throughout his interview that he was a "man of faith" and this commitment to others was a demonstration of his faith. He feels God has given him a gift (surgical talent) and he is privileged and obligated to share it with those that cannot afford it.

Rick repeated this philosophy by stating that he has received a God given talent and he is therefore called to share his talent and trade with people who need his help.

Carol stated her service has given her a strong sense of purpose and adventure. She feels fortunate that she can offer her help and knows that her experiences have given her a sense of pride in her vocation. Carol also stated that her involvement on the mission trips has increased her sense of obligation to the world and has provided a peaceful

feeling to her life. Like the others, Carol spoke of a spiritual dimension to her medical missionary experiences.

Jan chose to volunteer as a medical missionary because of a strong desire to help kids with birth defects whose families cannot afford surgery. Spiritually called, she feels her skills provide a need to extend her knowledge as a nurse anesthetist. Jan stated she feels a deep sense of obligation to participate and receives many personal rewards from her involvement. What she gives and receives inspires her to continue her dedication to medical missionary work. Jan states because of her mission work, her personal awareness has increased and she has gained a sense of purpose to her life.

Commitment to the Growth of People

Nurturing and assisting others to reach their potential is a skill servant leaders have when committed to the growth of people. Joe ranked commitment to the growth of people sixth on the behavioral scale. Jan ranked it seventh and Carol and Rick ranked it eighth. Rick commented that the definition of commitment to the growth of people given in the survey was too brief.

Joe described a commitment to encouraging a team effort where “great ideas are shared horizontally”. He feels strongly that his personal faith calls him to witness Christ in everyone. He repeatedly expressed a sense of “privilege” to be able to serve others and to help make them whole, physically and emotionally, by his surgical skills. Joe realizes he has served as a facilitator and an inspiration for many other medical people to do medical missionary work. He states he has taught surgery both in the clinical and didactic settings. He feels his example is the best influence and motivator for others. He

said, "I feel it is just as important to encourage others to become medical missionaries as it is to be one myself."

Joe frequently pointed out in the interview that he is no greater than anyone is, but that he has been "supremely privileged" to serve as a medical missionary. Joe has written articles for medical journals about his experiences, and shared his stories to many groups of people, hoping to motivate others to volunteer. Joe expressed that he feels an obligation to empower others to reach their full potential.

Jan proudly stated that her father, a surgeon, began to take medical missionary trips because of her participation. She said, "I never told him to go, but he could see my excitement after I had gone." Jan stated her father was "spiritually inspired" to participate. She has spoken to others who are interested and feels she can help encourage others to "sign up". Her own motivation to do medical mission work came from a friend who has taken numerous trips. Jan stated she appreciated the mentoring she received from that friend.

Carol discussed the importance of supporting and encouraging others on these medical mission trips. She feels that by sincerely expressing gratitude to the team members she motivates them to do their best.

Carol also spoke about the effects the trips have on her husband and two young children. She stated, "My husband supports me and is proud of me. He recognizes that going (on mission trips) has allowed personal growth in me. My self-esteem has improved. I feel a great sense of purpose and satisfaction that I didn't have before." She continued to discuss how she, in turn, recognizes the different ways her husband and

children need to explore their lives for personal growth. She encourages an adventurous spirit in them and realizes how doing so becomes a “win-win situation” for everyone.

Rick also has successfully invited others to participate in medical missionary work. His son, a college student, accompanied him on an early trip. Rick acknowledged that the shared experience was wonderful for both of them. He spoke proudly that his son now volunteers more in his community. This change in his son occurred, Rick feels, because of what he witnessed on the mission trips, the patients and families that he met, and the team he worked with on the trip. Rick talked about a “trickle down effect” with his other three children as they observe the satisfaction their oldest brother demonstrates when he volunteers.

Building Community

Defined as a belief that organizations need to have a spirit of community, all four interviewees selected building community as a behavior they have seen demonstrated. It was ranked seventh by Carol and Joe, ninth by Rick, and tenth by Jan, in order of importance.

Rick stated that it was important on the mission trips to do things together as a team in order to be more effective. Carol discussed her ability to listen and to support others, even with her sense of humor, in order to feel like a cohesive group. She stated, “I like to get to know the others on the mission teams. I enjoy listening to the stories about their lives and families. I felt like they were also genuinely interested in getting to know about me.”

Carol told a story about her first trip when a patient had a near bad anesthetic outcome. She felt very responsible for the incident and refused to leave the patient

during the night after the cases were finished. She realized from that experience that her team was there to support and encourage her. Carol does not know if she would have gone on another trip if she had not received the love, respect, and support of the team during that incident. She said she would never forget the compassion they demonstrated to her.

Joe stated that it was important on the trips to discuss problems as a team when they occurred in order to remain productive. He feels a sense of obligation that learning takes place amongst the group and that everyone is respected and encouraged. He focuses on the patient and knows that without trust amongst team members, the patient might suffer.

Joe wanted to be very clear about the connection between doing missionary work and working at a place of employment. He stated, "The real question becomes, how do we incorporate a sense of community and our wonderful approach that is used on these missions and apply it when we get home?" He further discussed how easy it is to do great mission work and be the "heroes," but to be great, he feels, there should be a display of the same sense of community in the routine of our daily lives. Although there may be a disconnect between the two settings, Joe feels that individuals who do mission work are affected and changed and this is reflected even in small ways in their every day situations.

Rick emphasized that a good sense of humor is necessary to survive on a mission trip. He feels he has an ability to help the team by not taking anything too seriously and by being patient and capable of laughing at the situations that occur. He jokes that he has a skill to laugh at himself and he feels very strongly that creating a fun, cheerful, and

positive atmosphere is important within the groups. He likes to joke and smile with patients and said, “You don’t have to speak the language to make someone smile and set them at ease.” Rick is proud of his light spirited gift to the mission teams.

Jan stated that she liked the sense of collaboration that quickly developed in her mission groups. She talked about the disconnect she felt when she returned to her regular job and how she missed the group support. She believes the strong collaboration exists because of the small size of the mission teams in comparison to her regular job. She feels attitudes amongst the mission teams were more positive than the teams at home.

When asked if participating in medical mission work had any effect on their community involvement, Joe said he does hospice care, but the involvement is not directly due to his mission work. Rick, Jan, and Carol all responded that they do not actively and regularly volunteer in their communities.

DISCUSSION & CONCLUSION

A strong connection exists between the literature on the behavioral characteristics of servant leaders and the findings in this exploratory research of medical missionaries.

Each of the interviewees stated that listening was a necessary skill for medical missionaries. In agreement with authors Frick and Spears (1996), Palmer (2000), and Greenleaf (1991), the four individuals felt that deep listening was required to be a medical missionary. One interviewee stated that listening is not “adding my own agenda” to what is being said. Several individuals discussed that it is also important to listen to the needs of their bodies and to reflect on the situations that arose. In addition, as Palmer (2000), Autry (2001) and Greenleaf (1977) confirmed, the interviewees all responded to a

“call” from within to begin their service as medical missionaries. This call to vocation, as Palmer (2000) acknowledges, is only heard by those who reflect and listen to their inner voice.

Empathy and healing were both identified as strong requirements for medical missionaries to possess. Spears and Lawrence (2004), Block (1996), and Swearing and Liberman (2004) make the interconnection between servant leaders and the ability to demonstrate these two behaviors. Understanding the societal implications of having a severe facial birth defect, the missionaries each realized the significance of providing empathetic and healing work. Alexis (2003) validates this by suggesting that providing trusting care involves vulnerability on behalf of a leader, but the results are rewarding.

Each of the missionaries stated as a direct result of their missionary work they gained an ability to prioritize their lives, internalizing the greater sense of awareness they observed and practiced. Greenleaf (1977) described awareness as a disturber and an awakener. Several of the interviewees expressed a sense of restlessness and an uncomfortable feeling that resulted from providing missionary service. This awareness helped them achieve a sense of inner serenity, as Greenleaf (1977) defined, by changing their attitudes toward the conservation of resources and attempting to live more simple lives. Wheatley (2002) supports the missionaries’ statements by advocating the need for leaders to be good stewards of our world.

The necessity to develop strong missionary teams was emphasized by the interviewees. Demonstrating positive and constructive respect for team members and patients was a primary belief expressed when discussing persuasion. Wheatley (2002) connected to that idea when she stated that trust and collaboration are positive attributes

to fill organizational space. Each of the four individuals had influenced others to be involved in medical missionary work. Spears and Lawrence (2004), Swearingen and Liberman (2004), and Greenleaf (1977) express a strong belief that service to others results in positive influence.

Greenleaf (1977), Senge (1990), Frick and Spears (1998), and Adams (2001) defined foresight and conceptualization in terms of creative thinking, seeing the whole in perspective of the past, and using intuition with knowledge. The interviewees stated specifically how they used information from past trips to better plan future ones. They all gave examples of using creative problem solving measures to be inventive with challenges that arose on the trips. Spears (1998) affirmed the missionaries' abilities by implying that conceptualizers make things happen by being able to move freely back and forth from seeing the big picture to seeing the parts.

Each of the missionaries felt a strong sense of obligation to help humankind through their missionary work. All four interviewees described a spiritual motivation in providing missionary work. Swearingen and Liberman (2004), Farling, Stone, and Winston (1999) along with Greenleaf (1977) concluded that servant leaders find their motivation in a spiritual base. Each missionary expressed a vow to continue their service and to motivate others to begin acting as medical missionaries. This strong sense of stewardship and commitment to the growth of people was very evident in the interviews with the missionaries. Koestenbaum (2002) and Hyett (2003) describe their beliefs that empowering, modeling, mentoring, and encouraging others are necessary requirements of strong leaders.

The four medical missionaries each expressed that the highest priority of their work was focused on giving safe, vigilant, and excellent care to the patients they served. Swearingen and Liberman (2004) recognize that same outcome as a goal of servant leadership driven health care organizations. The interviewees affirmed Swearingen and Liberman's ideas (2004) that mentoring and modeling servant leadership help nurture others to become servant leaders. This was evident in the fact that each missionary felt empowered and encouraged by others on their teams. In addition, each missionary mentored others to become medical missionaries.

All four interviewees stated that possessing a good sense of humor and the ability to adjust to unpredictable challenges were necessary to build a community among the medical missionary teams. Greenleaf (1977) Wheatley (2002), and Goleman (2002) agree by recognizing that creative problem solving cannot develop in an unfriendly and critical environment. Each of the missionaries used the words trust, respect, and collaboration to depict the behaviors they observed and felt necessary among medical missionaries. These were the key points made by the authors cited above when illustrating the significance of building communities.

Adopting a leadership style of encouragement, listening, empathy, and empowerment was suggested by Hyett (2003) as a productive approach for effective change to occur in the nursing health visitor role. Making a direct connection to the ten behavioral characteristics outlined by Spears (1998), the medical missionaries supported this cooperative idea. By providing an interactive mission team approach, where each member was valued, increased productivity and a stronger sense of community development occurred.

“Do medical missionaries demonstrate the ten behavioral characteristics of servant leadership as outlined by Larry Spears?” Among the four medical missionaries interviewed, the answer is yes. Each demonstrated all of the ten behavioral characteristics of servant leaders. Some of the characteristics appeared more apparent in some of the medical missionaries than in others, but each characteristic was evident to a degree in each medical missionary.

This research provided a powerful observation to me of the remarkable demonstration of the ten behavioral characteristics of servant leaders as medical missionaries. The willingness of each of the interviewees to share stories of how they became immersed in the passion of medical mission work humbled and inspired me. The effects of their work are not only apparent to those who received medical care, but also to those who are connected to each of these individuals, whether at home, work, or in their social settings. The sacrifices they made and the risks they took were sometimes great, and yet each individual stated the rewards of being a medical missionary were always greater.

This exploratory study was small, and although patterns emerged, because of the small size of the study, generalizations cannot be made. A larger pool of interviewees would have helped to substantiate the results. Providing a more thorough definition of the behavioral characteristics to the interviewees would have been beneficial to the survey. However, the information obtained did demonstrate strong patterns and underscored the hypothesis that medical missionaries do demonstrate the ten behavioral characteristics of servant leaders.

Further research using a larger pool of interviewees would be beneficial to further examine the connection between the behavioral characteristics of servant leaders and medical missionaries. That information could provide valuable information for individuals who employ health care workers who serve as medical missionaries. In addition, research would be helpful to investigate what health care organizations can do to acknowledge, support, and encourage these servant leaders and to use the potentially significant contributions medical missionaries bring back to their organizations. Through better understanding and appreciation of the power of servant leaders and servant led organizations, an increase in both personal and organizational growth could occur.

References

- Adams, J. (2001). Conceptual Blockbusting. Cambridge: Perseus.
- Alexis, S. (2003). Caring Hands. Minneapolis: Fairview Press.
- Autry, J. (1991). Love and Profit: The Art of Caring Leadership. New York: Avon Books.
- Banutu-Gomez, M. Great Leaders Teach Exemplary Followership and Serve as Servant Leaders. (2004). Journal of American Academy of Business, Cambridge. 3. 143-151.
- Barbuto, J.E., & Wheeler, D.W. (2002). Becoming a servant leader: Do you have what it takes? Leadership and Policy Issues. Retrieved February 2, 2006 from <http://ianrpubs.unl.edu/misc/g1481.htm>.
- Bennis, W., Cummings, T., Spreitzer, G. (2001). The Future of Leadership. San Francisco: Jossey-Bass.
- Block, P. (1993). Stewardship. San Francisco: Berrett-Koehler.
- Covey, S. (1989). The Seven Habits of Highly Effective People. New York: Simon & Schuster.
- Farling, M. (1999). "Servant Leadership: Setting the Stage for Empirical Research". Leadership Studies. (Winter-Spring). 1-13.
- Greenleaf, R.K. (1977). Servant Leadership. New Jersey: Paulist Press.
- Greenleaf, R.K. (1979). The servant teacher: A parable. New York: Paulist Press.
- Howatson-Jones, I. (2004). The Servant Leader. Nursing management – UK. 11 (3) 20-24.

- Hunter, J. (2004). The World's Most Powerful Leadership Principle. New York: Crown Publishing.
- Hunter, J. (1998). The Servant. California: Prima Publishing.
- Hyett, E. (2003). What blocks health visitors from taking on a leadership role? Journal of Nursing Management, 11, 229-233.
- Koestenbaum, P. (1991). Leadership: The Inner Side of Greatness. San Francisco: Jossey-Bass.
- McGee-Cooper, A., Looper, G. (2000). The Essentials of Servant-Leadership. Waltham: Pegasus .
- Moxley, R. (2000). Leadership and Spirit. San Fransisco: Jossey-Bass.
- Palmer, P. (2001). Let Your Life Speak. New York: Jossey-Bass.
- Peete, D. (2005). Needed: Servant-leaders. Nursing Homes: Long Term Care Management. 54 (7). 8-12.
- Porter-O'Grady, T. (2003). A different age for leadership. Journal of Nursing Administration. 33, 105-110.
- Senge, P. (1990). The Fifth Discipline. New York: Doubleday.
- Smith, B.N., Montagno, R.V., Kuzmenko, T.N., (2004). Transformational and servant leadership: content and contextual comparisons. The Journal of Leadership and Organizational Studies, 10, No. 4
- Spears, L.C. (1995) Reflections on Leadership. New York: John Wiley.
- Spears, L.C. (1996) Insights on Leadership. New York: John Wiley.
- Spears, L. C. "10 Principles of Servant Leadership" Retrieved on January 20, 2006
From <http://www.butler.edu/studentlife/hampton/principles.htm>.

Spears, L.C. (2004). *Practicing Servant-Leadership*. Indianapolis: Jossey-Bass.

Swearingen, S., Liberman, A. (2004) *Nursing Leadership: Serving those who serve others*.

Health Care Management. 23(2), 100-109.

Wheatley, M. (1999) Keynote Address, Servant-Leadership and Community Leadership in the 21st Century. The Robert K. Greenleaf Center for Servant Leadership.

Wheatley, M. (1999) Leadership and the New Science. San Francisco: Berrett-Koehler

Appendix A

Interview Questions

1. How many medical mission trips have you participated on?
2. When and where did you go?
3. What are some of the most important reasons that you volunteered?
4. Were you involved in any type of volunteer activities while growing up? If so, what were they?
5. Why do you feel you are eager to participate in medical missionary work and others with your same skills do not choose to do this work?
6. What do you think you have contributed to these missions and the people you assisted?
7. What did you obtain from participating?
8. What are some of the greatest challenges and frustrations of participating on these trips?
9. What type of behavioral characteristics have you observed in those who have volunteered and worked with you in medical missionary work?
10. What type of behavioral characteristics do you feel are necessary for individuals to have in order to participate in medical missionary work?
11. Other than your technical medical skills, what other abilities/skills/gifts/ have you utilized on these trips?
12. The following is a list of behavioral characteristics with brief definitions. Please check those that you have seen in most, if not all, of the volunteers that you have worked with.

Listening – identify and clarify the will of the group. Listen receptively to what is and is not said. Listening to one's inner voice and developing an understanding on one's body, spirit, and mind

Empathy – accepting and recognizing individual's uniqueness . rejecting behaviors or performances, not individuals

Healing – approachable when something traumatic happens. Facilitate the healing process

Awareness – self-awareness and awareness of surroundings

Persuasion – convince rather than coerce compliance. Build consensus within groups

Conceptualization – dream great dreams. Thinking beyond day to day realities. Encourages creativity and thinking out of the box

Foresight – intuitiveness, understanding the past lessons, the present realities and applying it to future decisions. Adaptability

Stewardship – preparing an organization and the people within to believe in the greater good of society

Commitment to the Growth of People – value the personal, professional, and spiritual growth of every individual in the organization

Building Community – believing that organizations need to have a spirit of community.

13. Now, please rank order the behavioral characteristics you have checked, with #1 being what you feel is the most important behavioral characteristic for medical missionaries to have.

14. What effect, if any, has your medical mission work had on:

Your personal identity?

Your family relationships?

Your community involvement?

Your profession and sense of vocation?

Your approach to your job and work organization?

15. What are some of the things you have learned from participating in medical missionary work?

16. Did your earlier mission trips influence later trips that you were involved in? If so, how?

17. Have you influenced others to participate in medical missionary work? If

18. What other things would you like to share about your experiences as a medical missionary?

