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SERVANT LEADERSHIP AND PSYCHOLOGICAL WELL-BEING OF MEDICAL PRACTITIONERS: MEDIATING ROLE OF WORK ENGAGEMENT AND PSYCHOLOGICAL RESILIENCE

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Abstract
It is a known fact that the medical profession is demanding and doctors are exposed to workplace situations which can deter their Psychological Well-being. Based on conservation of resource theory, this study examines how servant leadership is linked with the psychological well-being of medical practitioners. The study also examined the mediating role of job engagement and psychological resilience as an underlying mechanism explaining the direct effect. Data were collected using a self-administered questionnaire from 364 doctors working in public and private hospitals of Punjab, Pakistan. PLS-SEM was used to analyze the measurement and structural model. The hypothesis testing results show all hypotheses were accepted. Servant leadership was positively related to psychological well-being, job engagement and resilience. Similarly, job engagement and resilience were positively related to psychological well-being. Mediation analysis results revealed significant mediation of job engagement and resilience. The findings suggest that servant leadership is a potent resource that can enhance other psychological and contextual resources leading to greater well-being among medical practitioners. The study highlights the need for leadership development initiatives in the health care setting, particularly in developing countries.
Keyword: *Servant Leadership; Psychological Well-being; Job Engagement; Psychological Resilience; Medical Practitioners*

INTRODUCTION

It is widely acknowledged that the medical profession is one of the most demanding and emotionally stressful jobs. Doctors have to work for long hours, have a high workload, pressure situations, and often have to make critical life and death decisions. Such job pressures lead medical practitioners to chronic stress, burnout and a wide range of psychological well-being issues, which can not only compromise their own personal well-being but also the quality and safety of service they provide (Panagioti et al., 2018; West et al., 2018; Haider & Khan, 2025). As health care systems around the world face critical challenges like budget cuts, increasing work pressures, and greater patient burden, particularly in developing countries, understanding the Psychological Well-being (PWB) of the medical practitioners has gained immense importance for organizations as well as society (Pinheiro et al., 2024; Rasheed, 2020). Therefore, enhancing PWB of doctors is not merely an individual's concern, but a fundamental requirement for sustainable health care systems.

PWB is more than the mere absence of distress and reflects more on positive functioning. It includes dimensions such as purpose, competence, life satisfaction, and ability to maintain positive social relationships (Richard & Diener, 2009; Quader, 2024). Scholars have increasingly called for research that identifies workplace conditions, especially leadership, that support or undermine medical practitioners' well-being(Shanafelt et al., 2015; Modupe, 2021). Previous research has shown that leadership is widely recognized as an antecedent of employee well-being. Servant leadership emphasizes humility, empathy, and empowerment, and puts follower needs over the leader's own interest (Ortiz-Gómez et al., 2022; Kabir & Rashid, 2019; Van Dierendonck, 2011). Despite this growing recognition, there is limited research that has explored the influence of Servant Leadership on PWB, especially in the Pakistani medical system.

In addition, this study also recognizes the importance of mediating pathways that link SL with PWB via job engagement and psychological resilience. Job engagement reflects a positive state of mind characterized by vigor, dedication, and absorption. These three states help employees stay mentally invested in their work and help to cope effectively with job demands (Schaufeli, 2013; Ismail & Ali, 2020). Psychological resilience is defined as an individual's state of mind characterized by the ability to strike back in the face of failures (Masten et al., 2009). It is especially crucial for doctors who face an emotional strain and uncertainty in their jobs. Although previous studies have linked SL with engagement and resilience separately, there is limited

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understanding of how these two personal resources operate simultaneously as mediating mechanisms between SL and PWB. The framework is based upon the Conservation of Resource (COR) theory (Hobfoll, 1989). The sample is collected from medical practitioners working in public and private hospitals of Punjab, Pakistan.

LITERATURE REVIEW AND FRAMEWORK

CONSERVATION OF RESOURCE THEORY

COR theory (Hobfoll, 1989) is used as a foundational lens that connects SL with PWB. According to COR theory, people strive to acquire and protect valued resources. These resources are of many types, such as psychological capacities, social support, material resources, motivational, and intellectual resources. A person feels stressed if they perceive a threat or an actual loss of resources. Within the organization, a leader plays an important role in creating an environment that ensures resources are available for the employees, and it influences their capacity to cope with demands (Hobfoll et al., 2018; Yinusa & Ogoun, 2024).

The medical profession is highly demanding, and doctors often have to face emotionally intensive situations. COR theory provides a clear basis for understanding how supervisors as servant leaders, via their emphasis on support, humility, empowerment, and genuine care, provide their subordinates with psychological resources. Therefore, SL is itself a resource that helps to breed other resources (Ortiz-Gómez et al., 2022).

SERVANT LEADERSHIP AND PSYCHOLOGICAL WELL-BEING

SL is another-centered leadership style. It is expressed as leaders' attention to followers' desires and interests, and a deliberate shift from the self-focused concern towards caring for others in the organization and in the larger societal context (Eva et al., 2019; Idrees et al., 2025). The concept of servant leadership can be traced to the writing of Greenleaf (1977), as a way of living grounded in service to others, rather than a formal leadership model. The core premise is that a leader should be humble and adopt the identity of a server before assuming the responsibilities of a leader. Servant leaders achieve their goals through supportive communication, empowering employees, and a warm relationship. They cultivate a positive workplace environment that enables employees to feel valued, respected, and psychologically secure (Eva et al., 2019).

With the lens of COR theory, SL is a resource (Ortiz-Gómez et al., 2022; Zafar et al., 2025), providing a mechanism that enhances employees' other psychological and social resources. According to (Hobfoll et al., 2018), health, well-being, family, self-esteem, and sense of purpose are some of the most commonly valued resources. COR also proposes a gain spiral (Hobfoll, 2002) in which some contextual resources are important to replenish employees' psychological and social resources. When employees perceive that their leader is supportive and caring, they are likely to experience more emotional stability, reduced stress, and therefore an increased sense of psychological well-being. Employees would feel more capable of managing work challenges and maintaining a balanced emotional state (Jit et al., 2016). In high-demand work contexts such as healthcare, this service-first orientation of servant leaders provides an important psychological foundation for fostering well-being among medical practitioners. Previous research has also shown that positive leadership behavior like these are important predictors of well-being outcomes in high-demand professions (Rivkin et al., 2014; Van Dierendonck, 2011; Tansuchat & Thaicharo, 2025). Therefore, we propose the first hypothesis:

H1: Servant Leadership is positively related to Psychological Well-being.

JOB ENGAGEMENT AS A MEDIATOR

Schaufeli (2013) has defined the attitude of job engagement as a positive and fulfilling psychological state of mind which is characterized by absorption, dedication, and vigor in one's job. Based upon our underpinning theory of COR, engagement with the job is a personal resource that improves employees' capacity to perform effectively and maintain their psychological well-being. A study done in the medical sector has shown that job engagement are predictor of both intrinsic and extrinsic job satisfaction among medical doctors in public hospitals of Greece (Rivkin et al., 2014). Beyond doubt, when employees are highly engaged, they are more energized, more involved with their work, and show greater resilience when faced with high stress and job demands, leading to improved well-being

As discussed earlier, when employees have managers who are high in SL, they are expected to be high in job engagement because its follower-centered approach creates conditions that foster psychological investment in job tasks. Servant leaders cultivate an environment where employees feel valued and empowered. We can say that they provide emotional, motivational and relational resources which promote higher engagement among employees (Bakker et al., 2014; Van Dierendonck, 2011). Therefore, grounded in COR theory, SL is expected to enhance medical practitioners' psychological well-being by fostering higher levels of job engagement. In demanding professions like medicine, the engagement that is fostered by SL may play an even more pivotal role as it energizes practitioners to cope with intense job demands and experience higher well-being. Therefore, we propose the mediating role of job engagement between SL and PWB

H2: Job engagement has a positive relationship to Psychological Well-being

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H3: Servant Leadership is positively related to Job engagement
H4: Job engagement is proposed to be a mediator between servant leadership and Psychological Well-being

PSYCHOLOGICAL RESILIENCE AS A MEDIATOR

Psychological resilience can be defined as an individual's capacity to adapt, recover, and strike back when faced with failure or adversity (Masten et al., 2009). From the COR perspective, resilience represents a key personal resource that enables individuals to withstand resource loss and maintain well-being despite demanding work conditions. In high-pressure jobs such as medical field, resilience is very vital for sustaining psychological health. In this job, emotional strain, uncertainty, and workload intensity are routine matters and doctors need to be resilient to keep themselves out of stress.

SL is well-positioned to enhance followers' resilience because it provides the supportive, empowering, and resource-rich environment necessary for resilience development (Eva et al., 2019). Through behaviors such as empathy, humility and individualized support, servant leaders create those empowering conditions which strengthen employees' beliefs in their ability to cope with challenges (Ortiz-Gómez et al., 2022).

Resilience, in turn, has been linked to enhanced psychological well-being. Research has shown that resilient individuals are better equipped to manage stress, regulate their emotional responses, and adapt constructively to adversity and maintain optimism. This contributes to lower burnout and higher overall mental health (Cooper et al., 2019; Robertson et al., 2015). In line with the COR theory, resilience is a personal resource (Avey et al., 2009; Xanthopoulou et al., 2007) which is expected to be enhanced by SL, an enabling resource while resilience enhance doctors PWB. Therefore, resilience is a key mediating mechanism through which SL exerts its positive effect on PWB. The following three hypotheses are therefore proposed

H5: Psychological Resilience has a positive relationship with Psychological Well-being
H6: Servant Leadership is positively related to Psychological Resilience
H7: Psychological Resilience act as a mediator between Servant Leadership and Psychological Well-being

Following is the diagram showing the framework

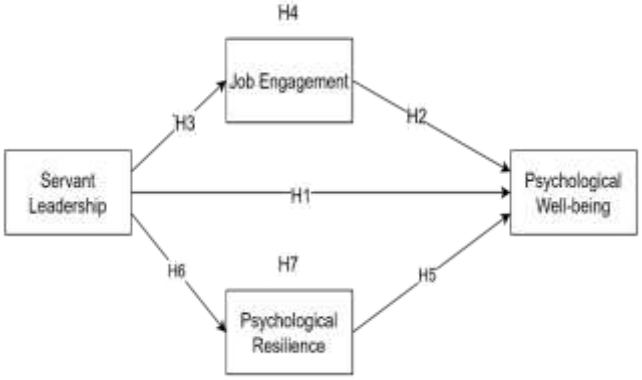

Figure 1: Framework

METHODOLOGY

SAMPLE AND DATA COLLECTION

The target population was medical doctors working in both public and private hospitals across Punjab, Pakistan. Data were collected through a combination of online and paper-based surveys. The questionnaire link (Google Form) and paper packets were distributed to doctors through hospital administration, departmental focal person and professional networks using a snowball sampling approach. Participation was entirely voluntary. Respondents were to agree with informed consent before proceeding. They were assured that their data will be kept secure and anonymous and will be used in aggregate. Moreover, no identification data was collected. Data collection spanned about one month. A total of 385 questions were received. After data cleaning and screening, 364 usable questionnaires were retained.

Table 1 shows the demographic breakdown of the sample. There were 33.3% males and 66.5% females. Slightly more than half of the participants were unmarried (51.1%). The age distribution shows that a large number of respondents were between 26 and 29 years old (62.6%) , followed by aged 20–25 19.5% , with smaller proportions in the older age groups. Almost equal respondents were from public (51.1%) and private (48.4%) healthcare sectors. A small proportion of respondents did not report their demographic information, but these cases were retained and coded as "did not respond" for transparency.

MEASURES

We adopted established scales from the literature to measure the study constructs. Respondents rated all items on five-point Likert Scale: Strongly Disagree (1) to Strongly agree (5).

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Psychological well-being was assessed using the Psychological Well-Being Scale which is developed by Richard and Diener (2009). The scale captures key aspects of positive human functioning, including positive relationships, competence, engagement, and purpose in life. SL was assessed using the 7-item short version of the Scale developed by (Liden et al., 2008). The scale measures leaders' emphasis on serving others, demonstrating humility, and prioritizing follower needs. Psychological resilience was measured using the Brief Resilience Scale (BRS), a six-item measure developed by Smith et al. (2008). The BRS assesses an individual's ability to "bounce back" or recover from stress. Finally, job engagement was measured using the 17-item Utrecht Work Engagement Scale (UWES-17), developed by Schaufeli (2007). The scale captures three core dimensions: six items of vigor, five items of dedication, and six items of absorption.

Table 1: Sample Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Gender	Males (1)	122	33.50%
	Females (2)	242	66.50%
Marital Status	Unmarried (1)	186	51.10%
	Married (2)	177	48.60%
	Did not respond	1	0.30%
Age Group	20–25 (1)	71	19.50%
	26–29 (2)	228	62.60%
	30–39 (3)	40	11.00%
	40–49 (4)	11	3.00%
	50–59 (5)	13	3.60%
	60+ (6)	0	0%
	Did not respond	1	0.30%
Sector	Public (1)	186	51.10%
	Private (2)	176	48.40%
	Did not respond	2	0.50%

HIERARCHICAL COMPONENT MODELLING

Before proceeding with the measurement model assessment, a hierarchical component modelling (HCM) procedure was carried out to generate the higher-order construct of Job Engagement. As Job Engagement is theoretically conceptualized as a multidimensional construct consisting of vigor, dedication, and absorption, the two-step (sequential latent variable score) approach was adopted following the recommendations of Becker et al. (2012) and Sarstedt et al. (2017). In the first stage, each of the three lower-order components (LOCs) was estimated as an independent reflective construct, and their latent variable scores were obtained from the repeated-indicator procedure. These LOC scores were then exported to the dataset and used as indicators of the higher-order Job Engagement construct in the second stage. The reflective–reflective specification of Job Engagement was appropriate because each LOC (vigor, dedication, absorption) is measured with reflective items and collectively reflects the overarching abstract construct. After confirming that all LOCs demonstrated strong and significant loadings (>0.70) and adequate explained variance, the higher-order Job Engagement construct was generated and used for the subsequent measurement and structural model analyses.

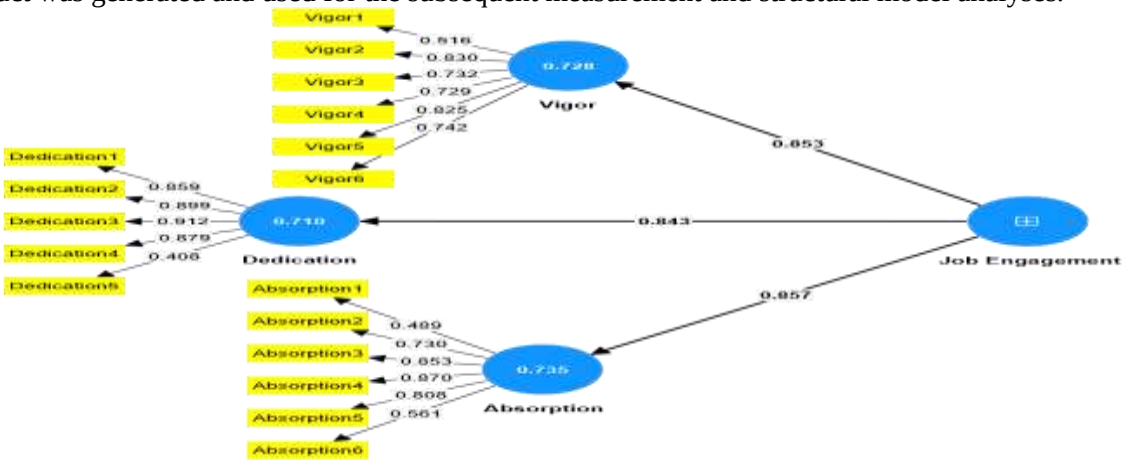

Figure 2: Latent Scores for Job Engagement

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MEASUREMENT MODEL ANALYSIS

All the constructs were reflective in nature. Cronbach's Alpha(α) and Composite Reliability (CR) were used to measure reliability (Hair Jr et al., 2021). Both statistics should be greater than 0.7 so that reliability (internal consistency) is established. As shown in Table 2, in both cases the statistics for all the constructs is greater than 0.70. Convergent validity was evaluated through the average variance extracted (AVE). The benchmark is such that AVE should be greater than 0.5 which indicates that all items account for more than 50% variance in the target construct. If we look at Table 1, it is evident that the AVE range from 0.623 to 0.722 which is above 0.5 benchmark.

Table 2: Measurement Model Results

Constructs	A	CR	AVE	1	2	3	4
Job Engagement	0.81	0.886	0.722	0.85	0.205	0.136	0.192
PWB	0.899	0.92	0.623	0.181	0.789	0.36	0.272
Resilience	0.89	0.916	0.647	0.119	0.333	0.804	0.309
SL	0.91	0.928	0.648	0.17	0.245	0.272	0.805

We also checked for discriminant validity using Hetero-trait Mono-trait correlations (HTMT) (Henseler et al., 2015) and Fornell Larcker (FL) (Fornell & Larcker, 1981) criteria. In the HTMT criteria, discriminant validity is established when HTMT correlation between the constructs is less then 0.85. As shown in the upper quadrant of Table 2, the values were well below 0.85 depicting sufficient discriminance between the constructs. Moreover, the FL criteria is established when the square root of AVE (Bold-Diagonal) is greater then correlation between the constructs (lower quadrant). The results in the Table 1 are again indicative of discriminant validity using FL criteria.

STRUCTURAL MODEL ANALYSIS

CONTROL VARIABLE ANALYSIS

Before testing the main structural relationships, we examined the effect of the control variables (age, gender, marital status, and sector) on Psychological Well-Being (PWB). As shown in Figure 2, none of the control variables demonstrated a significant association with PWB. This indicates that demographic characteristics did not meaningfully contribute to variations in well-being among medical practitioners in our sample. In line with the recommendations of Hair et al. (2021), when control variables do not exhibit significant effects, they can be removed to avoid unnecessary model complexity and to improve parsimony. Therefore, all control variables were excluded from the subsequent structural model analysis.

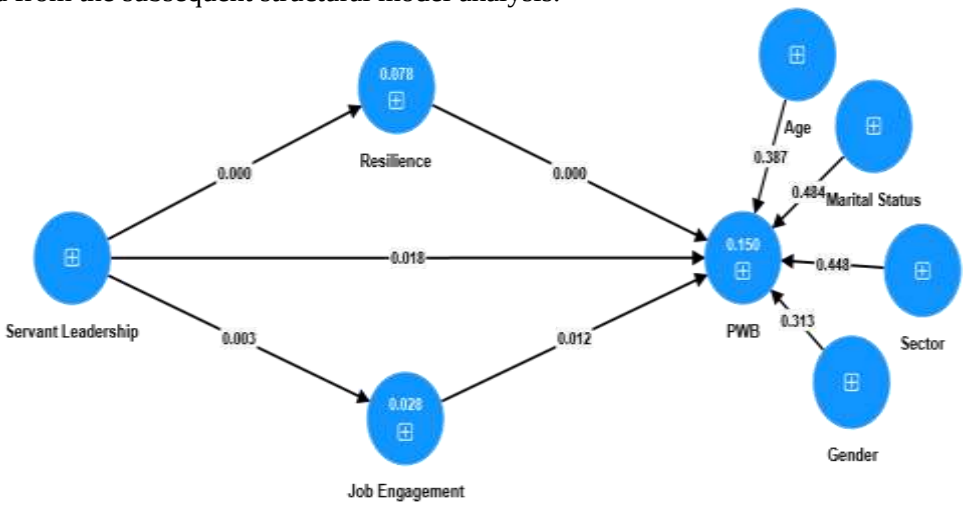

Figure 3: Control variable analysis

DIRECT PATH ANALYSIS

Table 3 presents the results of the direct structural relationships among the study variables. The significance of each hypothesized path was assessed through bootstrapping with 5,000 resamples. The criteria for acceptance of hypothesis is that the path coefficient be statistically significant ($p < 0.05$ and the confidence interval (CI) should not include zero). The results show that Job Engagement has a positive and significant impact on PWB ($\beta = 0.126$, $p = 0.011$). Hence, H2 is accepted. Similarly, Resilience demonstrated a strong positive effect on Psychological Well-being ($\beta = 0.278$, $p < 0.001$) and H5 is accepted. SL significantly predicts Job Engagement ($\beta = 0.167$, $p = 0.003$) leading to acceptance of H3. Furthermore, SL shows a significant

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positive direct effect on Psychological Well-being (β = 0.142, p = 0.015) which shows that H1 is accepted. Finally, SL significantly predicts Resilience (β = 0.279, p < 0.001), showing that H6 is accepted.

MEDIATION ANALYSIS

Mediation was assessed using a bootstrapping procedure with 5000 resamples. The results (Table 4) indicate that Resilience significantly mediates the relationship between SL and PWB (β = 0.078, 95%CI [0.041;0.127]). Hence, H7 is accepted. Similarly, Job Engagement was found to play a mediating role between SL and Psychological Well-Being (β = 0.021, 95%CI [0.004;0.050]). Therefore, H4 was accepted. However, the mediation effect was relatively smaller in this case.

Table 3: Direct Effect Results

Hypothesis	Direct Path	β	p-value	95% CI	Decision
H1	SL → PWB	0.142	0.015	[0.026; 0.247]	Accepted
H2	Job Engagement → PWB	0.126	0.011	[0.041; 0.221]	Accepted
H3	SL → Job Engagement	0.167	0.003	[0.069; 0.267]	Accepted
H5	Resilience → PWB	0.278	0.000	[0.178; 0.389]	Accepted
H6	SL → Resilience	0.279	0.000	[0.193; 0.369]	Accepted

Note. SL = Servant Leadership; PWB = Psychological Well-being.

Table 4: Mediation Analysis Results

Hypothesis	Indirect Path	β	p-value	95% CI	Decision
H4	SL → Job Engagement → PWB	0.021	0.079	[0.004; 0.050]	Accepted
H7	SL → Resilience → PWB	0.078	0.001	[0.041; 0.127]	Accepted

Note. SL = Servant Leadership; PWB = Psychological Well-being.

PREDICTIVE AND EXPLANATORY POWER

We used the PLS-Predict procedure to evaluate the models' predictive power of the model (Shmueli et al., 2019). A model demonstrates meaningful predictive power when the PLS loss values are lower than the IA loss values. As shown in Table 5 for all three endogenous constructs, Job Engagement, PWB, and Resilience, the PLS loss values are slightly lower than the IA loss values.

The R-square Adjusted (R^2_{adj}) values were assessed to determine the proportion of variance explained by the exogenous variables for each endogenous construct. According to Hair et al. (2021), R^2 values of 0.25, 0.50, and 0.75 can be interpreted as weak, moderate, and substantial explanatory power, respectively. The findings as shown in Table 5 reveal that the model explains 14.9% variance in PWB, which is relatively low. However, this is consistent with leadership and psychological model in which we see modest R^2 values when predictors are personal and contextual variables and data is collected from single source.

Table 5: Predictive Relevance and Explanatory Power

	PLS loss	IA loss	Average loss difference	t value	p value	R-square	R-square adjusted
Job Engagement	0.308	0.312	-0.004	0.812	0.417	0.028	0.025
PWB	1.027	1.06	-0.033	1.602	0.11	0.149	0.142
Resilience	0.789	0.826	-0.037	2.158	0.032	0.078	0.075
Overall	0.803	0.832	-0.029	2.313	0.021		

DISCUSSION

The objective of our research paper was to examine how SL influences the PWB of doctors in Punjab, Pakistan. Moreover, the study aimed to test the mediating roles of job engagement and psychological resilience between SL and PWB. The framework was grounded in COR theory (Hobfoll et al., 2018). Our findings confirm that SL functions as an important contextual resource that enhances followers' job engagement, resilience, and psychological well-being. Overall, we found support for our direct and indirect hypothesized relationship. Many practical and theoretical insights can be derived from this study.

Consistent with COR, SL is closely related to PWB. Leaders who are humble and have humility in their nature they support their subordinates and have a genuine concern for their subordinates creating an emotionally safe and resource-rich workplace environment (Eva et al., 2019; Ortiz-Gómez et al., 2022). This is especially useful in stressful careers like medicine. Feeling that their leaders are caring and empowering, the doctors will be more emotionally stable and able to cope with stressful situations in the hospital, which will automatically result in improved well-being. It was also demonstrated that servant leaders contribute to well-being through

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improving socio-emotional resources and lessening the potential of burnout(Rivkin et al., 2014) in the previous research.

The findings also indicate the mediating effect of job engagement. SL was discovered to tremendously boost the practitioners' engagement, which consequently enhanced their psychological well-being. This can be aligned with the theoretical perspective that engagement is an individual resource with vigour, commitment, and absorption to make employees better cope with job requirements (Bakker & Demerouti, 2014; Schaufeli, 2013). The results support the assertion that servant leaders create significant working experiences through empowering employees and encouraging them to feel intrinsically motivated. Though the mediation effect of engagement was somewhat less, it is still statistically significant, which implies that even a slight increase in engagement can lead to higher well-being, especially in a professionally challenging field of healthcare.

The mediating role of psychological resilience was also found to be important. SL enhanced resilience, which then translated into improved well-being. This goes hand in hand with the studies that indicate that resilient employees are more adequately placed to overcome adversity, control their emotions, and remain optimistic amidst stressful work events (Cooper et al., 2020; Robertson et al., 2015). In line with COR theory, resilience serves as a psychological resource that buffers practitioners against the emotional strain and unpredictability inherent in clinical environments (Avey et al., 2009). The strong mediation effect suggests that resilience is a key psychological mechanism through which SL exerts influence on well-being.

The overall pattern of findings underscores the importance of resource gain processes. COR theory suggests that the contextual resources provided by the leadership has the ability to initiate gains spirals where by the employees are able to acquire more personal resources in the long run (Hobfoll, 2002). In this study, SL acted as a foundational resource that stimulated the development of engagement and resilience, two personal resources that significantly enhanced psychological well-being. This demonstrates how contextual leadership behaviors interact with personal psychological factors to shape well-being outcomes.

Despite the relatively modest R^2 value for psychological well-being, the findings seems to be consistent with leadership and psychological research, where well-being is typically influenced by a broad set of personal, organizational, and contextual variables. The predictive relevance results also indicate that the model possesses acceptable predictive strength, confirming the theoretical robustness of the model.

THEORETICAL IMPLICATIONS

The study has made various implications related to literature on leadership and well-being within high-demand healthcare contexts. This study extends the COR theory (Hobfoll et al., 2018) and leadership theory to include servant leadership as a resource. Servant leadership is deemed as a contextual resource that enhance well-being simultaneously through motivational and personal resource pathway. The mediating role of job engagement and resilience helps us to understand how leadership behavior translates into improved psychological outcomes. The present findings also demonstrate that PWB represents a distinct and meaningful psychological state that is shaped by leadership-driven job resources. Finally, by focusing on medical practitioners in a developing country context, this study contributes to the cross-contextual validity of leadership and well-being theories.

PRACTICAL IMPLICATIONS

The findings highlight several practical relevance for the healthcare organizations. First, we suggest that hospitals should invest in SL development programs that promote humility, empathy, and endorse follower-centered practices. Prior research has consistently shown that servant leaders enhance employee well-being by creating a supportive and resource-intensive environment (Eva et al., 2019). Second, the mediating role of job engagement reveals that SL orientation should create conditions that increase employees vigor, dedication and absorption in doctors job leading to improved well-being and performance (Schaufeli, 2013). Third, the strong mediating effect of psychological resilience also suggests that resilience-building initiatives such as mindfulness training, peer support and stress management interventions. Resilience is an important resource which buffer against burnout and enhance mental health in high-demanding professions such as medical (Cooper et al., 2020).

LIMITATIONS

There are always some limitations in a study. Although this research provides important insights into the role of SL in enhancing the psychological well-being of medical practitioners, several limitations needs to be acknowledged. First, the research relied on cross-sectional design. The limitations of a cross-sectional design is its limited ability to infer causality among the variables. However, a logical causal relationship is already established in earlier literature which deem leadership as antecedent to various behavioral and well-being outcomes. Nevertheless, longitudinal designs can further study whether psychological resources of the

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followers influence leadership? Future longitudinal and multi-level studies can capture these dynamic relationships more accurately.

Second, limitation of the study is generalizability. The date was collected from doctors in Punjab, Pakistan using snowball and convenient sampling. This data set can limit the generalizability to various other regions, culture or health care systems. However, our study has an adequate representation of public and private sector. Interestingly the female respondents were more in number, which contradicts the actual proportion of the medical field, in which despite greater number of females in medical education, males are actually around three times more when it comes to the practice.

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