

Nourishing People, Strengthening Teams: The Power of Servant Leadership

Gillian P. Leung, PharmD, BCCP

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RELEVANT FINANCIAL RELATIONSHIP DISCLOSURE

The presenter has no relevant financial relationship or conflict of interest to disclose.

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OBJECTIVES

Describe common leadership styles in healthcare

Illustrate the benefits of servant leadership for the development of clinical leaders

Discuss potential barriers to servant leadership and their solutions

Develop a blueprint for sustainable leadership excellence

3

Do you consider yourself a leader?



4

On the scale of 1-5, 5 being the most comfortable, how comfortable are you to lead?

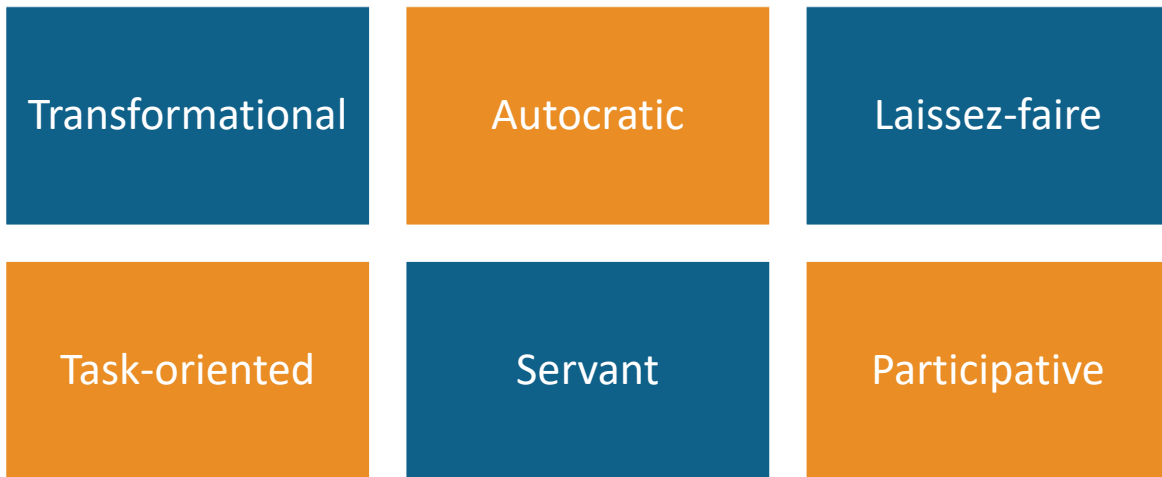


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Leadership in Healthcare

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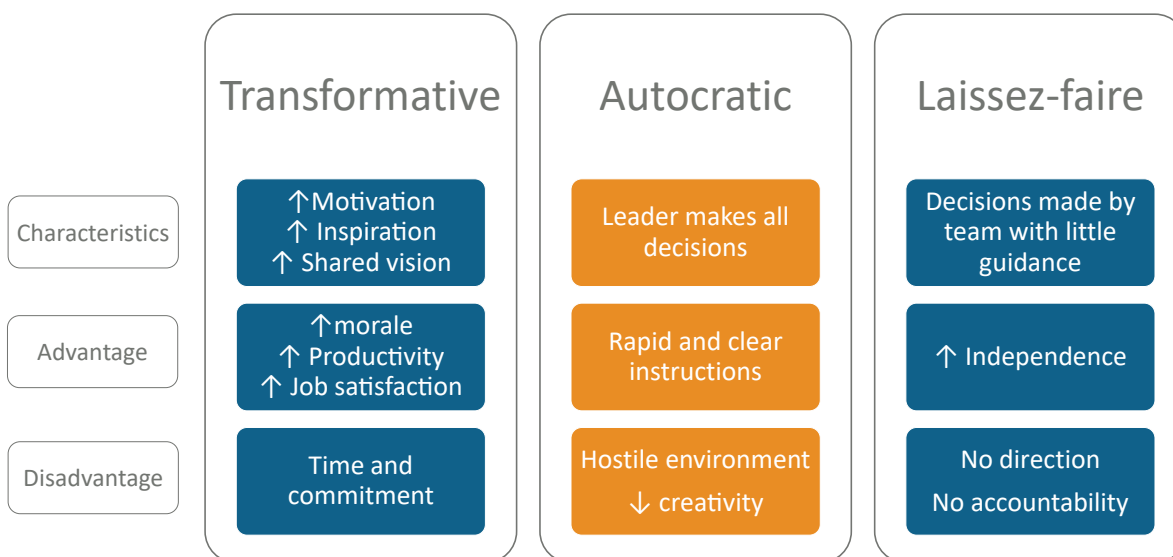
COMMON LEADERSHIP TYPES IN HEALTHCARE



Singh PK. *J Postgrad Med.* 2024;70(4):232-241.

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LEARN ABOUT THE LEADERSHIP TYPES



Singh PK. *J Postgrad Med.* 2024;70(4):232-241.

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LEARN ABOUT THE LEADERSHIP TYPES (continued)

	Task-oriented	Servant	Participative
Characteristics	Clear roles and expectations	Prioritizes needs, vision, and growth of team	Values input while maintaining control
Advantage	Effective with routine tasks	↑ Teamwork ↑ Trust ↑ Collaboration	Diverse input Creative solutions
Disadvantage	Rigid and lacks creativity for change	Time-consuming	Time-consuming

Singh PK. J Postgrad Med. 2024;70(4):232-241.

Servant Leadership



Greenleaf, R. *Servant Leadership — A Journey into the Nature of Legitimate Power and Greatness*. Paulist Press, 1977.
Greenleaf, R. *What is Servant Leadership*. Center for Servant Leadership, 2021.

SERVANT LEADERSHIP

A term coined by Robert Greenleaf (1904-1990) in 1970

Concept of being a servant first

Focuses on others' priorities and needs

Shares power and has two-way conversations

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Abramowitz, P. *Truth in Transformation*. Episode 2. ASHP Podcasts.

THE OPPOSITE: LEADER FIRST

Making decisions without seeking team opinion

Focuses on accumulation of power

Spends time developing control

Examples: absolute monarchy, autocracy, dictatorship

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EXAMPLE OF SERVANT LEADERS

Abraham Lincoln

Martin Luther King Jr.

Mother Teresa

Nelson Mandela



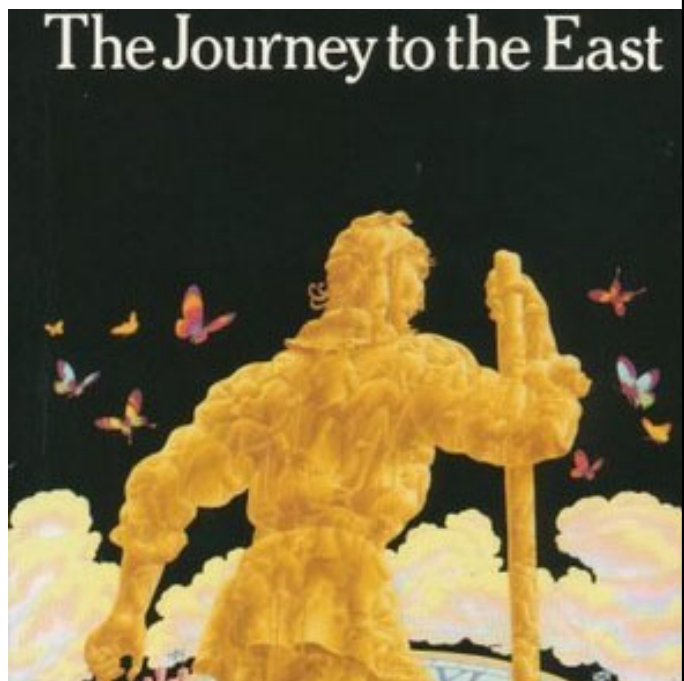
Greenleaf, R. What is Servant Leadership. Center for Servant Leadership, 2021.

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Greenleaf's Inspiration

Leo On a Mythical Journey

- Title: Servant
- Responsibilities: Menial chores and good spirits
- Work hours: Full-time



Greenleaf, R. Servant Leadership — A Journey into the Nature of Legitimate Power and Greatness. Paulist Press. 1977.

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Why did I go into
healthcare?

What brings me
joy at work?



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SERVANT LEADERSHIP in our WORKPLACE

Putting patients first

Leading in nutrition management

Navigating supply chain issues

Adopting new responsibilities when
needed



Greenleaf, R. What is Servant Leadership. Center for Servant Leadership, 2021.

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How Do Our Professions View Leadership?

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“Leadership is not limited to the few registered dietitian nutritionists (RDNs) holding formal leadership positions, but rather it is a responsibility for each RDN. [It] is “the ability to inspire and guide others toward building and achieving a shared vision.”

— Emily Vaterlaus Patten, PhD, RDN; Kevin Sauer, PhD, RDN, LD

Patten EV, Sauer K. *J Acad Nutr Diet*. 2018;118(11):2017-2023.

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“The focus of leadership has changed from being the responsibility of one individual to a shared responsibility of groups and organizations. Each of us, therefore, has within us the power and responsibility of leadership.

— Sylvia A. Escott-Stump, MA, RD, LDM

Escott-Stump SA. J Acad Nutr Diet. 2014;114(5 Suppl):S6.

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"Every pharmacist is a leader. Leaders must operate not for themselves but for the profession; they 'take pay for their work, but they do not work for pay.' Leaders place purpose above personal interest or purity of purpose."

— Sara J, White, MS, FASHP

White SJ. Am J Health-Syst Pharm. 2006; 63: 1497-1503.

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Some nurses have the goal to **lead others and to be in charge** of patient groups and groups of staff... Many others, however, really desire to be a bed-side nurse **giving excellent patient care**.

...whether the nurse leads through a management position or practices leadership techniques in bedside nursing, **all nurses are leaders** and need to demonstrate expertise in the use of leadership techniques.

Fisher L, Davidhizar R. *J Pract Nurs*. 1998 Jun;48(2):16-9.

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In a very real sense, **all physicians are leaders**... Through their knowledge and experience, doctors improve the health of their patients and serve as role models in delivering quality patient care.

— American Board of Physician Specialties

Quoted from <https://www.abpsus.org/physician-leaders-future-medicine/>

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**Mission**

To optimize patient care by advancing the science and practice of comprehensive nutrition support through interprofessional collaboration.

**Vision**

ASPEN envisions a world in which every patient has access to safe and effective nutrition care.



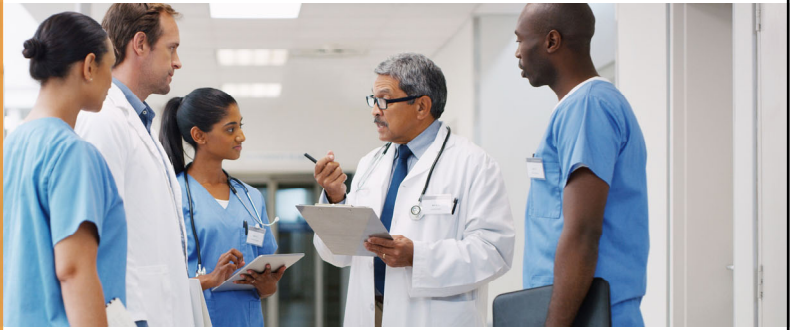
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A Leadership Case at the Workplace

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**Case:
DRUG
SHORTAGE**

Dietitian



You work at a hospital as a dietitian. You found out there is a national shortage of lipid injectable emulsions.

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**Case
(continued):
The Patient**



58-year-old male, AB, with extensive bowel ischemia requiring multiple resections

- Admitted with septic shock after critical limb ischemia requiring amputation, and now resuscitated and hemodynamically stable
- Unable to meet nutrition needs enterally due to severe short bowel syndrome
- Displaying signs of severe malnutrition with dry, scaly rash, alopecia, hair depigmentation, ongoing muscle wasting, and poor wound healing
- Inadequate nutrition for more than 2 weeks

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**Case
(continued):
The
Pharmacist
and Dietitian**



- You approach your pharmacist colleague after performing a comprehensive nutrition assessments
- Seek to understand inventory limitations and competing patient needs
- Surround discussions around the needs of the high-risk patient
- Discuss recommendations collaboratively with physicians on the team

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**Case
(continued):
The Patient**



- Team agreed to provide intermittent lipid administrations while implementing conservation strategies
- AB's wounds begin to improve
- Nutrition status stabilizes
- Avoids further signs of essential fatty acid deficiency
- Return home on parenteral nutrition

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**Case
(continued):
The
Pharmacist
and Dietitian**



- Develop objective criteria for lipid allocation
- Provide in-service for medical teams to promote responsible use

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**Case:
DRUG
SHORTAGE

Dietitian**



This dietitian is a servant leader.

- Advocated for the patient
- Collaborated with the pharmacist
- Developed guidance to encourage responsible use
- Led the team to meet the needs of the patient

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MANAGEMENT vs. LEADERSHIP in the WORKPLACE

MANAGEMENT

- Budget resources
- Manage staffing
- Enforce rules
- Identify & solve problems for system

LEADERSHIP

- Create goals & vision
- Team-building
- Inspire & motivate
- Identify & address gap in practice

Swanwick T, McKimm J. *Clin Teach*. 2011;8(1):22-26.
 van Diggele C, et al. *BMC Med Educ*. 2020;20(Suppl 2):456.
 White SJ. *Am J Health-Syst Pharm*. 2006; 63: 1497-1503.

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BIG L vs. SMALL L

BIG L

- Elected or appointed title
- Manage direction of projects/ entity
- Update mission & vision
- Create systemic changes

SMALL L

- Informal leadership
- Contribute expertise via daily tasks
- Committed to the work & improvement

White SJ. *Am J Health-Syst Pharm*. 2006; 63: 1497-1503.

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Professional Organizations

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SERVANT LEADERSHIP in PROFESSIONAL ORGANIZATIONS

Connect with local, state, national organizations

Discuss and establish priorities of nutrition support

Create clinical practice resources

Advocate for patients and the profession(s)

Support a cause and volunteer



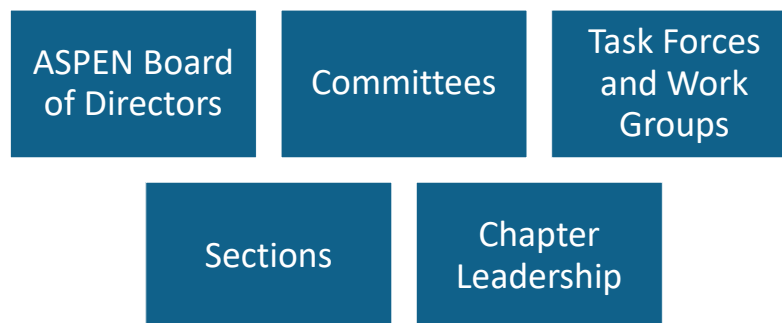
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Short-Term Volunteer Opportunities at ASPEN



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Leadership Opportunities at ASPEN



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FIVE KEY LESSIONS OF SMALL L LEADERSHIP

Leaders do not require formal titles

Leadership is a choice

Success is a mindset

Leaders prioritize personal development

Leaders have a strong sense of purpose

Sharma, RS. *The Leader Who Had No Title: A Modern Fable on Real Success in Business and in Life*. Free Press, 2010.

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Barriers of Servant Leadership

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POTENTIAL OBSTACLES IN SERVANT LEADERSHIP



Alignment of Goals



Ambiguity of Objectives



Compilation and Strength of Team



Level of Trust



Nature of the issue



Time sensitivity

Feussner JR, et al. *Am J Med Sci*. 2016;351(1):3-10.
Trastek VF, et al. *Mayo Clin Proc*. 2014;89(3):374-381.

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OBSTACLES AND POTENTIAL SOLUTIONS

Alignment of Goals

- Communicate openly

Ambiguity of Objectives

- Communicate transparently

Keyton J. *Communication and Organizational Culture: A Key to Understanding Work Experience*. Sage Publications; 2011.
Radley, B. 10 Straightforward Ways to Improve Workplace Communication. *Work Day Blog*. 2021.
Importances of Communication in the Healthcare Industry. *Creative Healthcare Management*. 2023.

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OBSTACLES AND POTENTIAL SOLUTIONS (continued)

Compilation and Strength of Team

- Communicate Strategically
- Communicate Expectations

Level of Trust

- Self-reflection
- Establish mutually agreeable boundaries
- Compassion and humility

Radley, B. 10 Straightforward Ways to Improve Workplace Communication. *Work Day Blog*. 2021.

Smith K, Bhavsar M. Health Manage Forum. 2021;34(6):332-335.

Importances of Communication in the Healthcare Industry. *Creative Healthcare Management*. 2023.

Enhancing Well-being and Resilience Among the Pharmacist Workforce: A National Consensus Conference. *American Pharmacists Association*. 2019.

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OBSTACLES AND POTENTIAL SOLUTIONS (continued)

Nature of the issue

- Evaluate issue and identify stakeholders
- Decide on problem-solving approach
- Communicate strategically

Time sensitivity

- Adapt leadership style as needed

Price-Dowd CFJ. *BMJ Leader* 2020;4:165-167.

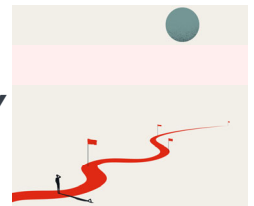
Singh PK, et al. *J Postgrad Med*. 2024;70(4):232-241.

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Developing Your Professional Journey

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DEVELOPING YOUR PROFESSIONAL JOURNEY



Design

Design a life that integrates personal and professional priorities

Adapt

Adapt your involvement with life changes and events

Weigh

Weigh your priorities and understand they may be different at times

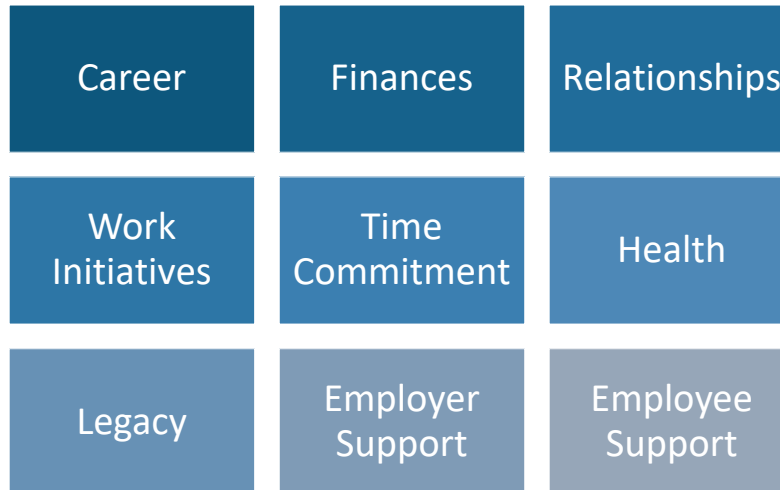
Intention

Being intentional can lead to increased fulfillment and reduced burnout

Zilz DA, Weber RJ. Hosp Pharm. 2015;50(4):333-337.

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PROFESSIONAL AND PERSONAL LIFE INTEGRATION

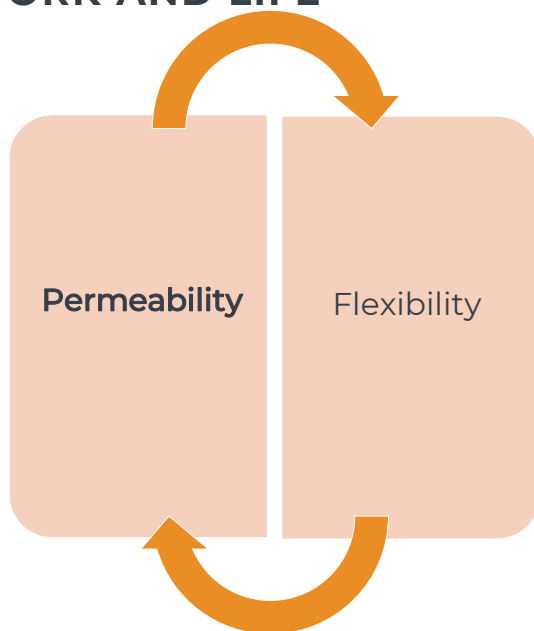


Shay B, Weber RJ. *Hosp Pharm.* 2015;50(11):1051-1056.

Zilz DA, Weber RJ. *Hosp Pharm.* 2015;50(4):333-337.

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WORK AND LIFE



Permeability

- When elements of one domain exist in another

Flexibility

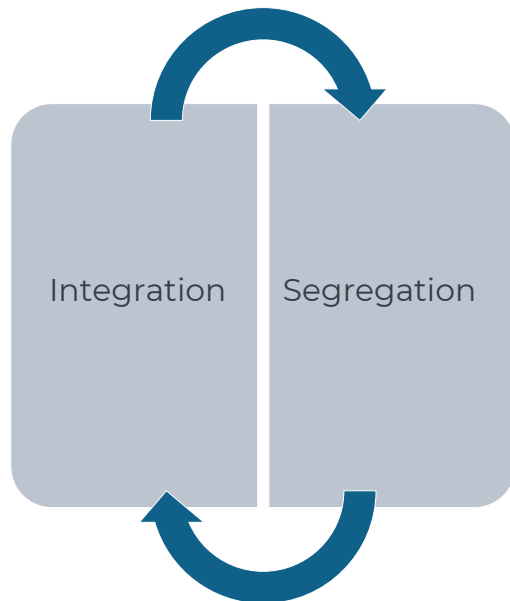
- The ability to hypothetically relax the boundary of a domain to meet the demands of another

Bulger CA, et al. *J Occup Health Psychol.* 2007;12(4):365-375.

Mellner C et al. *Front Psychol.* 2021;12:772537.

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WORK AND LIFE (continued)



Integration

- The blending of boundaries between professional and personal life

Segregation

- The separation between professional and personal life

Bulger CA, et al. *J Occup Health Psychol.* 2007;12(4):365-375.

Mellner C et al. *Front Psychol.* 2021;12:772537.

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REVISIT: PROFESSIONAL AND PERSONAL LIFE INTEGRATION



Shay B, Weber RJ. *Hosp Pharm.* 2015;50(11):1051-1056.

Zilz DA, Weber RJ. *Hosp Pharm.* 2015;50(4):333-337.

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A Leadership Case on Professional Organization

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ABIGAIL
Student pharmacist

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STARTING PHARMACY SCHOOL

Abigail was not very involved in professional organization during her undergraduate studies.

As she starts pharmacy school, she feels inspired by and connected to a professional organization and would like to serve the community with her chapter.

She wants to step out of her comfort zone.

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CONSIDER: DEVELOPING YOUR PROFESSIONAL JOURNEY

Design

Design a life that integrates personal and professional priorities

Adapt

Adapt your involvement with life changes and events

Weigh

Weigh your priorities and understand they may be different at times

Intention

Being intentional can lead to increased fulfillment and reduced burnout

Zilz DA, Weber RJ. Hosp Pharm. 2015;50(4):333-337.

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STARTING PHARMACY SCHOOL



DESIGNING THE JOURNEY:

Goals = learning, feeling belonged, and helping others.

WEIGHING PRIORITIES: Good grades and building a network.

ADAPTING TO CHANGE: New environment.

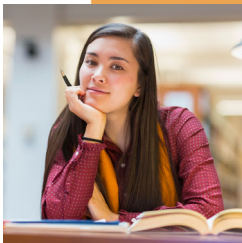
INTENTIONS: Abigail wants to be involved, serve, and feel helpful to others.

OBSTACLES:

- o Not sure how to get involved
- o Uncertain if she can balance school & activities
- o Inexperience

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STARTING PHARMACY SCHOOL



After speaking with her more senior students,

Abigail stepped out of her comfort zone and organized the Relay for Life 5K for breast cancer.

She continued her involvement

- ✓ Served at the Ronald McDonald House
- ✓ Helped senior citizens organize medications
- ✓ Organized letter writing campaign for ovarian cancer survivors
- ✓ Became vice president of her chapter

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STARTING PHARMACY RESIDENCY



After 4 years, she cannot see herself not being involved somehow.

However, she is worried that she will be starting her residency and the time commitment.

2

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STARTING COMMUNITY PHARMACY RESIDENCY



Abigail wants to continue being.

DESIGNING THE JOURNEY:

Goals = residency, continuing involvement, and helping others

WEIGHING PRIORITIES: Doing a good job at residency, start handling her "adult" responsibilities, and continuing service.

ADAPTING TO CHANGE: She is about to start residency.

INTENTIONS: Abigail wants to be involved, serve, and feel helpful to others.

OBSTACLES:

- o Not sure how to get involved
- o Time constraints
- o Work responsibilities

2

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STARTING COMMUNITY PHARMACY RESIDENCY



Abigail reached out to her mentors and program director for advice.

They discussed reducing involvement while being uncertain of responsibilities, evaluating projects before accepting, and setting up a timeline to balance work and life.

She continued her involvement

- ✓ Precepted brown bag medication review event
- ✓ Participated in immunization clinic
- ✓ Went to local high school to promote STEM

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LIFE EVENT



3

After she was done with residency, she stayed involved at the state level.

She is about to get married and is about to be promoted as a pharmacy manager.

Abigail wants to explore ways to stay involved.

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LIFE EVENT



Abigail wants to shift her priorities based on her life change.

DESIGNING THE JOURNEY:

Goal = Serve her rural community at her job, continuing involvement, and starting a family.

WEIGHING PRIORITIES: continuing her professional life and starting family life.

ADAPTING TO CHANGE: She is about to get married and get promoted.

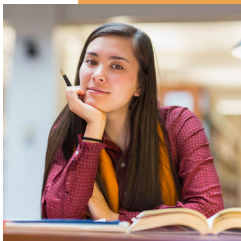
INTENTIONS: Abigail wants to be involved while putting time into her new obligations and priority..

OBSTACLES:

- o Life change
- o New responsibilities

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LIFE EVENT



Abigail reflected on her employer support and time commitment now as a manager.

She talked with her supervisor and determined that their common goals (promote public health and support student pharmacists).

She decided to stay involved in her organizations, but focusing on doing CV reviews for learners and precepting 2 vaccine clinics a year.

She continued her involvement

- ✓ Stepped down from Big L position
- ✓ Took on Small L position

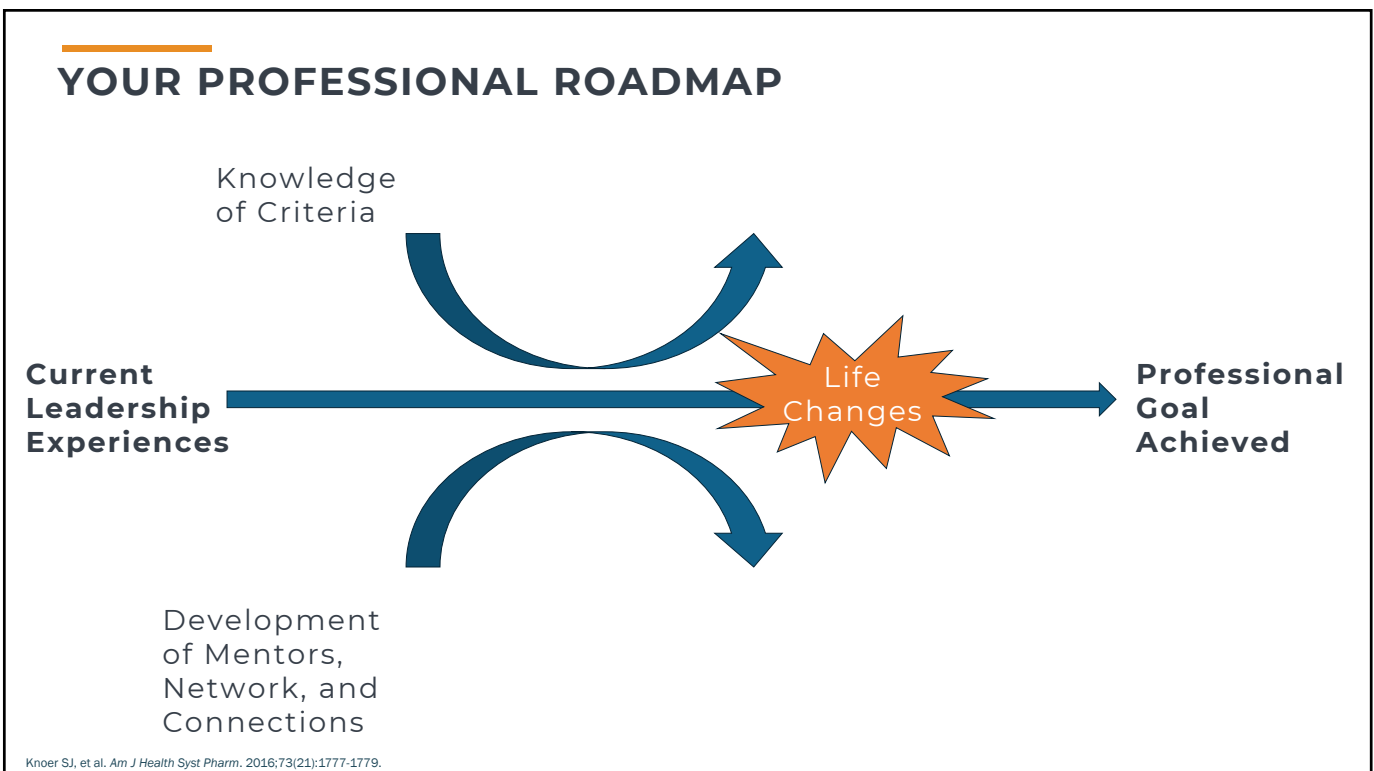
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Have your “end goal” in mind

- What do you want your legacy to be?
- What is your calling?
- How would you like your work and life be integrated?
- Does your personal life allow for flexibility?
- Using Fellowship checklist as roadmap.
- Seek advice from mentors.

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Leadership in Advocacy

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The Clinician Perspectives on Current Issues Related to Parenteral Nutrition

Highlight of 2024 ASPEN Survey

Product shortages

- Macronutrient shortage in last 6 months (72%) [lipid 61%, amino acids 27%]
- Frequency: monthly (67%), weekly (18%), daily (15%)
- PN devices (53%)
- Modification due to shortage: daily (27-42%), weekly (17-38%), monthly (24-52%)

Transitions of Care (TOC)

- 1/3 reported having PN access issues during TOC
- Issues finding home infusion providers (40%)
- Issues finding facilities that provide PN (45%)
- Issues finding trained staff (61%)

Mirtallo JM, et al. *Nutr Clin Pract.* 2024;39(2):396-408.

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The Clinician Perspectives on Current Issues Related to Parenteral Nutrition

Highlight of 2024 ASPEN Survey

Increase in Acquisition Costs

- Lack of redundancy in market (94%)
- Monopolization in market (89%)
- Use of noncontract products due to shortages (80%)

PN Reimbursements

- At least 75% reimbursement – private insurance (28%), Medicare and Medicaid (38%), Tricare (25%)
- Less than 25% reimbursement – private insurance (25%), Medicare and Medicaid (23%), Tricare (44%)

Clinician Reimbursement

- None to minimal - dietitians (91%), pharmacists (77%), nurses (68%), physicians and advanced practice practitioners (17-18%)

Mirtallo JM, et al. *Nutr Clin Pract.* 2024;39(2):396-408.

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The Patient Perspectives

Highlight of 2024 ASPEN Survey

Product shortages

- 80% of patients experienced or were aware
- Patients were taught and learn new products and/or procedures
- Ration supplies (48%), Change methods of tubing connections (23%), unplanned change in schedule (18%), missed doses (15%)

Transitions of Care (TOC)

- PN not ordered on time, missed doses, or received IV fluids instead (75%)
- Facility did not provide PN (26%)
- PN not provided due to shortage (39%)
- Staff not adequately trained (68%)

Mirtallo JM, et al. *Nutr Clin Pract.* 2024;39(5):1164-1181.

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The Patient Perspectives

Highlight of 2024 ASPEN Survey

PN Reimbursements

- Fear of losing insurance (32%), changing insurance (18%), having lost insurance (1%)
- Annual cost – Less than \$2500 or \$2500-5000 (65%), greater than \$10,000 (15%)
- No access to case manager (72%)

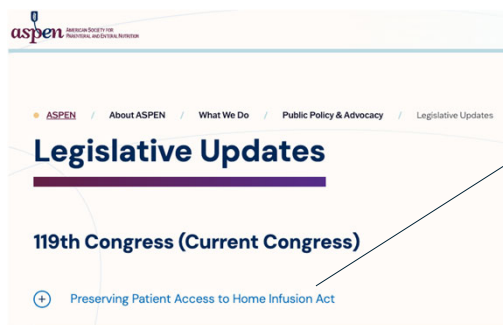
Access to Home Infusion Companies and Services

- Switched home infusion providers within 2 years (31%) – of this, 29% due to provider leaving market or closing, infusion company did not have necessary supplies (15%)
- Problems accessing home nursing (28%)

Mirtallo JM, et al. *Nutr Clin Pract.* 2024;39(5):1164-1181.

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Get Updates and Take Action!



S.1058/H.R. 2172 aims to enhance access to home-based infusion therapies for Medicare beneficiaries by:

- Requiring CMS to **compensate home infusion providers** for professional services on each day the drug is administered, acknowledging the comprehensive pharmacy services provided remotely.
- **Specifying the services included in reimbursement** to ensure clarity and adequacy of coverage.
- Permitting physician assistants (PAs) and nurse practitioners (NPs) to establish and **review home infusion care plans for Medicare patients** to **expand the pool of qualified healthcare professionals who can oversee such treatments.**



Preserving Patient Access to Home Infusion Act

The Preserving Patient Access to Home Infusion Act (H.R. 2172/S.1058) is bipartisan legislation aimed at enhancing Medicare beneficiaries' access to home-based infusion therapies that are essential for patients with serious conditions, such as infections, cancer, and heart failure.

The current Medicare fee-for-service reimbursement policy has led to significant gaps in service coverage, with declining beneficiary participation and limited provider enrollment. The Preserving Patient Access to Home Infusion Act seeks to address these issues by:

- Requiring the Centers for Medicare & Medicaid Services (CMS) to compensate home infusion providers for professional services on each day the drug is administered, acknowledging the comprehensive pharmacy services provided remotely.
- Specifying the services included in reimbursement, such as remote pharmacy services, to ensure clarity and adequacy of coverage.
- Permitting physician assistants and nurse practitioners to establish and review home infusion care plans for Medicare patients, thereby expanding the pool of qualified healthcare professionals who can oversee such treatments.

Street Address Zip

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Other Issues

The **Medical Nutrition Therapy Act** (H.R. 6199/S. 3934) - expand Medicare Part B benefits for MNT provided by registered dietitian nutritionists to include more indications. Also authorizes more providers (beyond physicians) to refer patients for MNT.

The **Safe Step Act** (H.R.5509/S.2903) requires group health plans to implement a clear, prompt, and transparent process to request an exception to medication step therapy protocol.

The **Medical Foods and Formulas Access Act** (H.R.5684/S. 3304) seeks to mandate coverage by Medicare, Medicaid, Children's Health Insurance Programs (CHIP), and Federal Employee Health Benefits (FEHB) Programs for medically necessary foods, formulas, and amino acids prescribed by healthcare providers for patients with inherited metabolic disorders and specific GI conditions to ensure these life-sustaining products are treated as essential healthcare to support patients to avoid severe health consequences.

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TAKEAWAYS

All clinicians are leaders.

Servant leadership is common in healthcare, both within and outside of the workplace.

Potential barriers exist in servant leadership.

Sustainable leadership excellence requires careful planning and flexibility to adapt.

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Nourishing People, Strengthening Teams: The Power of Servant Leadership

Gillian P. Leung, PharmD, BCCP