

# Servant-Leadership Influence on Divine Healing Ministration Among Pentecostal Ministers in Ghana

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## ABSTRACT

Leadership is integral to all spheres of human endeavour, playing a crucial role in the mobilization and coordination of both human and natural resources. Within religious contexts, particularly in Pentecostal churches in Africa, leadership extends beyond administration to include the stewardship of members' welfare and the operation of spiritual gifts. In Ghana, the healing ministry is especially prominent due to widespread poverty and inadequate healthcare infrastructure. Consequently, many individuals attend religious gatherings, crusades, revivals, and faith clinics in pursuit of divine healing. However, beyond the miracles themselves, the personality and leadership style of church leaders significantly shape followers' perceptions and engagement. This study adopts a phenomenological research approach, utilizing semi-structured interviews to explore the perspectives of both church members and Pentecostal ministers in Ghana. Participants were purposefully sampled, and their responses were thematically analysed around three key areas: perceptions of servant leadership among Pentecostal ministers, the expression of servant leadership within healing ministries, and the broader impact of servant leadership on the effectiveness of divine healing practices. Findings indicate that followers generally hold positive perceptions of their leaders, attributing healing success to qualities such as humility, compassion, and sincerity. The servant leadership model among Ghanaian Pentecostal ministers fosters strong communal bonds, empathy, and spiritual unity. The study recommends the promotion of emotional closeness, sacrificial service, and pastoral sensitivity as critical traits for enhancing the practice and perception of divine healing in Pentecostal contexts in Ghana.

**Keywords:** Servant-Leadership, Influence, Divine Healing, Pentecostal Ministers, Ghana

## INTRODUCTION

In Ghana, Pentecostal ministries serve not only as centers for spiritual renewal but also as informal healthcare providers and sources of communal support, especially in settings marked by limited medical infrastructure and persistent economic hardship. Far from being peripheral, these ministries are central to the socio-religious fabric of Ghanaian Christianity, offering believers frameworks of hope, existential meaning, and communal belonging (Asamoah-Gyadu, 2022). A critical factor underpinning the credibility and success of such ministries—particularly in relation to the healing ministry—is the quality of leadership that sustains and legitimizes these charismatic expressions.

This leadership architecture encompasses a blend of organizational design, spiritual authority, ethical governance, and strategic communication, all of which contribute to the interpretation, validation, and institutionalization of miraculous claims such as divine healing (Fry & Kriger, 2020). Yet, despite the visible influence of Pentecostal leadership across Africa, there remains a noticeable gap in empirical, experience-based research that captures how followers interpret and internalize leadership behaviours—particularly in emotionally charged and spiritually intense contexts (Carter & Bradley, 2022).

While mainstream leadership frameworks such as transformational, servant, ethical, and strategic leadership offer useful theoretical tools, they have often been insufficiently applied or contextualized within African charismatic environments (Fry & Kriger, 2020; Treviño, 2020). Pentecostal leaders typically operate across dual dimensions—emotive and administrative—balancing symbolic performance, spiritual rituals, and theological

storytelling with practical concerns like resource allocation, doctrinal fidelity, and media engagement (Brown & Treviño, 2020; Warrington, 2020). This intersection of emotion, ethics, and organizational leadership calls for a more integrated model of leadership influence that reflects the complex realities of Pentecostal ministry. Accordingly, this study seeks to examine how servant leadership among Pentecostal ministers in Ghana shapes followers' perceptions and experiences of divine healing. By focusing on lived experiences and context-specific insights, the study aims to contribute to a more grounded and culturally relevant understanding of leadership within African Pentecostalism.

### **The Concept of Leadership**

Leadership within religious contexts can be understood as an intentional and dynamic process through which individuals influence others toward achieving collective goals, fostering spiritual insight, shaping communal identity, and navigating social behaviour through charisma, vision, service, ethical grounding, and strategic foresight. Contemporary scholarship emphasizes that effective leadership is not merely about accomplishing tasks, but about cultivating trust, emotional intelligence, and adaptive capacity within communities (Banks & Ledbetter, 2020; Dierendonck & Patterson, 2019).

Although leadership remains one of the most studied yet misunderstood social constructs (Antonakis & Day, 2018), its relevance in faith-based settings continues to expand. Rather than focusing solely on performance-based outcomes, recent research frames leadership as a social and relational process, where meaning-making, values transmission, and moral engagement are central (Ng & Feldman, 2021). This broader view reflects the growing importance of social effectiveness and interpersonal influence-skills now recognized as critical for both organizational and spiritual leadership (Caldwell, Dixon, Floyd, Chaudoin, Post, & Cheokas, 2019).

In this light, effective leaders in religious and transformational settings display a spectrum of sophisticated behaviours, including contextual intelligence, visionary direction, innovative integration, dialogical communication, and sustained commitment to change (Van Dierendonck & Sousa, 2020; Yukl & Gardner, 2020). These qualities are essential for guiding congregations through uncertainty, sustaining engagement, and embodying the values they seek to instill. At this juncture, some leadership styles shall be examined to serve as background for this study.

### **Transformational Leadership**

Transformational leadership is characterized by a leader's capacity to inspire followers to move beyond personal interests and embrace a higher collective mission (Bass & Riggio, 2020). Within Pentecostal healing ministries, such leaders frequently articulate compelling spiritual visions that promise divine restoration through faith, obedience, and participation in sacred rituals (Smith & Taylor, 2022). These leaders deploy emotionally charged preaching, strategic storytelling, and symbolic actions to energize belief in healing as a present and accessible reality rather than a distant or uncertain hope (Thompson, 2023).

The transformational leadership model is composed of four core dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Northouse, 2022). Idealized influence is observed in the leader's perceived spiritual authority or "anointing," often grounded in their charisma, personal testimony, and moral conduct (Daniels, 2022). Inspirational motivation is expressed through healing declarations and prophetic utterances that evoke emotional conviction and faith expectancy. Intellectual stimulation arises when illness is reinterpreted theologically-as a divine test, a spiritual attack, or a pathway to deeper faith. Individualized consideration is evident in the pastoral care leaders offer through personal counseling, targeted prayer, and emotionally attuned interactions (Bass & Riggio, 2020).

Empirical studies suggest that transformational leadership significantly increases follower engagement, enhances trust, and fosters belief in healing outcomes, particularly when accompanied by communal rituals and prayer (Jones, 2021). However, scholars have raised ethical concerns regarding potential emotional manipulation and excessive dependency on leaders, especially when healing is portrayed as contingent upon loyalty, sacrificial giving, or uncritical submission (Brill, 2024). In Pentecostal healing contexts, transformational leaders often frame divine healing as a tangible demonstration of God's active power, thereby inspiring followers to anticipate miraculous interventions (Mensah, 2023). Through symbolic rituals, emotive preaching, and visionary declarations, these leaders cultivate a hopeful atmosphere that promotes behavioural transformation and

reinforces faith-based resilience (Nguyen, 2019). The continuous emphasis on healing as a leadership-mediated experience fosters a shared expectation of breakthrough, aligning individual belief systems with the collective faith narrative of the congregation. The uniqueness of transformational leadership lies on shaping followers' attitudes toward a predetermined model. It intends to take members from a presumed despicable status to a vintage position. This is different from servant or charismatic leadership in its emphasis on followers' engagement (Luhrmann, 2020).

### **Charismatic Leadership**

Charismatic leadership is fundamentally rooted in followers' belief that the leader possesses extraordinary spiritual gifts or divine Favor (Weber, 2020). In the context of healing ministries, this often manifests through perceived supernatural abilities-such as prophetic insight, deliverance power, or a healing "anointing"-which elevate the leader beyond ordinary pastoral roles (Newberg, 2022). These leaders are frequently identified by their emotionally charged presence, dramatic ministerial style, and high-profile testimonies of miraculous interventions, often credited to their prayers and spiritual authority (Obara, 2022).

The magnetism of charismatic leaders in Pentecostal healing ministries stems not only from doctrinal instruction but from the widespread perception that such individuals serve as uniquely chosen conduits for divine power (Nguyen, 2019). Their credibility is often bolstered by a tapestry of healing narratives-public testimonies, viral media clips, and observable manifestations during worship-that reinforce the leader's divine connection (Asamoah-Gyadu, 2022). This symbolic and emotional capital frequently engenders strong loyalty, positioning the leader as a central spiritual figure within the lives of followers.

However, the same charisma that inspires faith can also obscure the need for accountability. Scholars caution that when divine access is personalized in the figure of the leader, it may result in uncritical acceptance of their words and actions, regardless of theological soundness or ethical propriety (Brown & Treviño, 2020). This concern is particularly acute in healing ministries, where unverifiable or exaggerated claims may exploit the vulnerabilities of individuals desperate for physical healing or economic relief (Debrah, 2021; Mensah, 2023). Charisma in this context should not be seen solely as a personal trait, but rather as a social and spiritual construct-produced and reinforced through repeated performance and congregational validation (Luhrmann, 2020).

Charismatic leaders are often perceived as mediators between the divine and human realms, particularly when healing rituals such as the laying on of hands, prophetic declarations, or mass televised deliverance events are involved (Mensah, 2023; Nguyen, 2019). Their leadership presence becomes a theological and emotional focal point, with followers interpreting healing outcomes as direct evidence of divine favour operating through the leader. As Fry and Kriger (2020) emphasize, such leaders thrive in environments where symbolic authority, ritual performance, and experiential theology converge to reinforce spiritual legitimacy. Thus, charismatic leadership in healing ministries is both a spiritual phenomenon and a culturally embedded leadership paradigm-one that commands influence, generates hope, but also necessitates ethical scrutiny. Unlike transformational leadership, charismatic leaders operate more on spiritual and emotionally-laden contexts, often make their followers overtly dependence on them even for menial issues. As a result, followers are often exploited through fake miracles and manipulations. Charismatics leadership is also capable of resulting to hero-worship, a situation whereby, attention is shifted from Christ to a particular leader of a denomination. Furthermore, in an attempt not to lose respect and followership, such leaders operate on emotional deficiency of their members to keep them in perpetual dependency.

### **Servant Leadership**

Servant leadership is characterized by humility, empathy, and a commitment to meeting the emotional and spiritual needs of others before seeking institutional authority or personal recognition (Sendjaya et al., 2020). In the context of Pentecostal healing ministries, this leadership model is manifested through emotional support, intercessory prayer, and personalized pastoral care. These practices foster spiritual intimacy and communal trust, particularly for individuals facing chronic illness, delayed healing, or spiritual disillusionment (Owusu-Ansah, 2023; Brill, 2024). Within such contexts, servant leaders are regarded not merely as spiritual authorities, but as compassionate caregivers who bear the emotional and existential burdens of their communities (Meyer, 2022).

The foundation of servant leadership lies in its ethical orientation-placing the needs of others above self-interest while advancing shared values, humility, and compassion (Greenleaf, 1977; Sendjaya et al., 2020). In healing ministries, this means prioritizing the holistic wellbeing of congregants-spiritually, emotionally, and practically-over the pursuit of personal charisma or ecclesiastical prestige. Servant leaders often emphasize counselling, empathetic listening, and faith-based accompaniment as essential components of the healing process. Unlike more hierarchical leadership models, servant leadership tends to deflect attention away from the leader, instead framing healing as a divine act enabled by communal faith and mutual care (Van Dierendonck, 2021). Such leaders create ethical and relational environments where trust, openness, and vulnerability can flourish-conditions that are particularly conducive to healing in Pentecostal contexts. Nguyen (2022) argues that this relational grounding transforms healing from a solely individualistic encounter into a community-anchored experience shaped by shared compassion and accountability.

In African Pentecostalism, servant leadership resonates deeply with indigenous cultural values such as communal responsibility, extended kinship, and spiritual solidarity (Owusu, 2020). Pastors frequently serve as more than preachers-they function as counsellors, conflict mediators, and social support agents, thereby deepening their relational bonds with followers. This multifaceted role reinforces the authenticity and accessibility of healing practices, increasing followers' trust in both the spiritual process and the character of the leader. This study investigated how these servant leadership behaviours are enacted in Pentecostal healing ministries and how they shape follower perceptions of divine care, leadership authenticity, and relational trust (Carter & Bradley, 2022). Servant leadership underscores the significance of emotional proximity, ethical consistency, and pastoral attentiveness in enhancing the credibility and impact of healing ministries. In this case, the leaders operate as servants. They emphasise service above spiritual gifts and charismatic manifestations.

### Strategic Leadership

Strategic leadership offers a crucial framework for understanding how spiritual authority is not only exercised but also structured, communicated, and sustained across diverse platforms and constituencies (Boal & Hooijberg, 2001; Ireland & Hitt, 2020). Unlike pastoral or theological leadership models that focus primarily on interpersonal or doctrinal dimensions, strategic leadership emphasizes the alignment of long-term vision, institutional capacity, technological tools, and doctrinal messaging to influence and guide large-scale religious movements (Nguyen, 2022; Warrington, 2020).

In the context of global Pentecostal evangelists from Ghana, strategic leadership has enabled the extension of divine healing narratives beyond traditional ecclesial settings into transcontinental spheres. Through the use of mass media, digital platforms, ministry branding, and hierarchical organization, these leaders export healing practices and testimonies to international audiences, thereby transforming local expressions of faith into global phenomena (Mensah, 2023). As Asamoah-Gyadu (2022) notes, such leaders are attuned to the contemporary socio-economic and spiritual anxieties of their audiences and present divine healing as a response to both personal affliction and collective uncertainty. Strategic religious leaders develop cohesive visions that integrate theological convictions with institutional goals, thereby reframing healing not as sporadic spiritual events but as structured, reproducible systems capable of being scaled, evaluated, and disseminated across geographic and cultural boundaries (Ireland & Hitt, 2020). These visions are operationalized through healing crusades, satellite congregations, digital testimony archives, and international ministry networks-all of which shape how followers perceive and anticipate divine intervention (Debrah, 2022).

Crucially, strategic leadership in healing ministries also involves managing public trust in the face of increasing scrutiny over the authenticity of miracle claims. Effective leaders pre-empt potential ethical criticisms by implementing structures of accountability, employing media-savvy narrative framing, and validating testimonies through both communal endorsement and selective documentation (Brill, 2024; Brown & Treviño, 2020). These practices help sustain both religious legitimacy and cross-cultural credibility in increasingly sceptical and media-saturated environments. The uniqueness of strategic leadership is in comprehensive planning, organising and executing the stated objectives. In sum, strategic leadership within Pentecostal healing ministries enables not only organizational growth and message dissemination but also the careful stewardship of divine healing narratives in ways that balance spiritual fervour with institutional accountability.

## METHODOLOGICAL FRAMEWORK

This study adopted a phenomenological research approach, as outlined by Moustakas (1994), one of the five principal qualitative methodologies, to investigate the lived experiences of both religious leaders and congregants within the Pentecostal-charismatic context of Ghana. Phenomenology was selected for its capacity to prioritize subjective experiences and to uncover how individuals interpret and internalize spiritual phenomena—specifically divine healing—in relation to leadership behaviours. The approach allowed for a deep exploration of how healing is experienced, theologically constructed, and socially validated within charismatic communities (Taves, 2020; Moustakas, 1994).

Central to this study was the acknowledgment that healing experiences are not merely doctrinal claims but are shaped by an intricate interplay of emotion, belief, spiritual authority, and communal dynamics (Mensah, 2023). By foregrounding these dimensions, the research aimed to explore how servant leadership practices and strategies influence contemporary perceptions of divine healing and miracles within Ghanaian Christianity (Asamoah-Gyadu, 2021; Debrah, 2021). A purposive sampling technique was employed to select participants who could offer in-depth and context-rich insights into healing ministry practices and charismatic leadership dynamics. The sample included senior pastors, healing ministry coordinators, and long-serving church leaders with documented healing testimonies, who were actively involved in church programs and community outreach. Additionally, leaders of Pentecostal churches were selected to provide diverse perspectives on healing practices and leader influence. Participants included 15 individuals who were religious leaders (pastors, prophets) and medical professionals affiliated with Christian health networks. Participants were aged between 35 and 70 years, and all had been affiliated with a Pentecostal church for a minimum of 10 years, ensuring experiential depth and contextual familiarity.

Semi-structured interviews were used to gather data, allowing for both guided inquiry and the flexibility to explore emerging themes. Interviews continued until data saturation was achieved—i.e., the point at which no new or relevant information emerged—consistent with recommendations for homogenous samples and narrowly defined research objectives. Among the 15 participants interviewed, they had either experienced divine healing personally or witnessed healing ministrations within their churches. All participants were assured of confidentiality and anonymity, with responses coded using identifiers such as P#1, P#2, P#3, etc. Following transcription and analysis, the data were organized thematically into three major categories:

1. Perceptions of servant leadership among Pentecostal ministers
2. Demonstrations of servant leadership within healing ministries
3. The influence of servant leadership on healing practices in Ghana

These themes formed the analytical backbone of the study and served to illuminate the relational and ethical dimensions of leadership within Pentecostal healing contexts in Ghana.

## Research Findings

Following the interviews, participants' responses were recorded, transcribed, and thematically analyzed. A dominant theme that emerged was that followers of Pentecostal and Charismatic healing ministries perceive servant leadership practices as central to their understanding and lived experience of divine healing and miracles. This thematic insight reflected a convergence of recurring patterns across interviews and focus groups, including personal engagement with congregants, compassionate intercession, emotional attentiveness, and non-hierarchical leadership interactions.

Across the dataset, participants consistently emphasized the relational humility of their leaders during healing services. This humility was not abstract but expressed through individualized care, physical presence, and symbolic acts of service. For example, one participant (P#1) noted, "He prays like he's one of us, not above us. That changes how you experience healing." This statement highlighted the essence of non-hierarchical posture within servant leadership, where leaders intentionally position themselves alongside followers rather than above them (Van Dierendonck, 2021).

Another participant (P#2) shared a similarly powerful account: “After the service, she didn’t go to the office or back home. She sat with us, held our hands, asked about our pain-and she listened.” This underscores the active listening and emotional responsiveness integral to servant leadership, prioritizing the dignity and felt needs of congregants (Sendjaya et al., 2020). Participant (P#3) further stated: “He doesn’t just talk healing, he walks it. He visited my family when my mom was sick, and just prayed with us quietly. No show.” Here, stewardship, pastoral presence, and spiritual solidarity were emphasized over public performance-reflecting the deeply relational and service-oriented posture of effective healing leaders.

## DISCUSSION OF FINDINGS

In keeping with the methodological framework, themes were presented not only as summaries of what participants reported, but as interpretive representations of the conscious meaning they assigned to their experiences-what Moustakas (1994) describes as the noema, illuminated through the noesis of their encounters with healing leadership. The following theme exemplified the convergence of spiritual care and leadership influence as participants described healing events that were not orchestrated from a distance, but intimately facilitated by leaders whose servant identity was expressed through physical proximity, emotional attunement, and unassuming pastoral engagement (Cartledge, 2022; Luhrmann, 2020). This theme was shaped by repeated references to spiritual leaders who demonstrated compassion, presence, and acts of sacrificial service during healing encounters. These behaviours aligned with Greenleaf’s (2002) model of servant leadership, which prioritizes service to others as the foundation of leadership.

### Perception about Servant Leadership

Servant leadership, in contrast to hierarchical or power-centric models, prioritizes relational proximity, empathy, and a deep concern for the holistic growth of followers (Van Dierendonck, 2021; Sendjaya et al., 2020). In Ghanaian Pentecostal and Charismatic contexts, these characteristics are frequently embodied through the quiet yet intentional actions of leaders-such as lingering after services to pray, offering personal counseling, and sharing transparent testimonies that model vulnerability (Omenyo & Arthur, 2023). Reave (2022) describes this model as “spiritually congruent leadership,” defined by ethical consistency, emotional authenticity, and theological alignment between public leadership and private spirituality.

Moreover, in the African cultural-religious landscape, such leadership assumes additional significance. Leaders often fulfill the cultural role of the elder, a figure entrusted with healing, guidance, and moral exemplarity (Asamoah-Gyadu, 2022; Gyekye, 2020). The African communitarian philosophy of Ubuntu-“I am because we are”-further deepens this paradigm by embedding leadership within a relational ontology (Mbiti, 1999). Accordingly, servant leadership is not merely a strategic model but becomes an embodied ministry, rooted in communal responsibility, spiritual care, and incarnational presence. In healing ministries, these leaders function not only as intercessors and preachers but as living symbols of divine compassion (Cartledge, 2022).

Data revealed that followers consistently linked their experiences of divine healing to the empathetic and embodied presence of their leaders. These connections were not perceived as peripheral but as theological necessities, reflecting a shared belief that divine healing is mediated not solely through supernatural power, but also through relational encounter with spiritually attuned leaders. One participant affirmed this by saying, “He visits us regularly to check on our welfare, he provides for the needy and respects everyone” (P#12). This reflects what Luhrmann (2020) identifies as the “emotional realism” of religious experience—where divine actions become believable and transformative through emotionally resonant social interactions.

Such pastoral attentiveness also resonates with Van Dierendonck’s (2021) claim that servant leadership fosters “psychological safety”, reducing fear and isolation-key inhibitors of healing. Another participant noted, “He’s not distant. Even after the service, he stays to talk to the sick ones” (P#14), illustrating a flattening of hierarchical barriers and emphasizing the relational nature of servant leadership (Sendjaya et al., 2020). Leaders who remained physically and emotionally accessible post-service were seen as authentic, extending the healing ritual into personal and pastoral spheres. One particularly poignant account came from Participant P#15, who stated, “He visited my family at home when my daughter was sick. He didn’t come with cameras or an entourage. Just him, praying quietly with us.” This interaction exemplifies Reave’s (2022) concept of “spiritual congruence,”

where alignment between public ministry and private behavior enhances the leader's moral and spiritual credibility. These narratives illustrate that followers perceive servant leadership not as abstract ideology, but as concrete, healing presence—a relational and sacramental expression of divine care.

These narratives align closely with servant leadership theory, which underscores the significance of empathy, listening, humility, and the leader's responsibility to build community (Van Dierendonck, 2021; Sendjaya et al., 2020). Participants did not frame healing as merely a miraculous moment but as a relational process, mediated through compassionate leadership behaviours. Acts such as foot washing, lingering after services, or hosting informal prayer gatherings served as literal and symbolic expressions of healing leadership, reinforcing spiritual authority through humility rather than dominance.

This theme demonstrates that servant leadership practices—marked by personal presence, intercessory care, emotional attentiveness, and sacrificial service—significantly shaped how followers understood divine healing. Participants consistently described healing not only as a supernatural intervention but as a relational experience rooted in the credibility, care, and humility of the leader. These findings resonate with contemporary servant leadership literature, which views leadership in ministry as a moral vocation grounded in empathy, community-building, and a commitment to the holistic well-being of followers (Greenleaf, 2023; Sendjaya et al., 2020; Van Dierendonck, 2021).

Moreover, the data suggest that servant leadership operates not only as a leadership model but also as a healing mechanism in itself. Leaders who practiced relational proximity, sacrificial empathy, and consistent pastoral attentiveness were perceived as facilitators of divine healing and agents of emotional restoration. This expands the understanding of healing to include the spiritual and psychological environments. Leaders create environments where trust, faith, and expectancy can flourish (Sendjaya & Cooper, 2021). In this sense, servant leadership functioned as a spiritual modality, not merely a management strategy. It embodied a culturally grounded and theologically informed model of pastoral care, where humility and relational closeness became key conduits for healing. These findings align with recent scholarship on Pentecostal and Charismatic spirituality in Africa, which highlights the centrality of embodied pastoral care in shaping how healing is experienced and interpreted (Asamoah-Gyadu, 2022).

### **Demonstration of Servant Leadership**

The findings also suggest that servant leadership was not perceived as supplemental to a healing ministry but as an integral aspect of divine intervention. Healing was not interpreted solely as the result of dramatic spiritual power or ritual performance, but as a relational process embedded in servant-like behaviours. Followers described healing as more accessible and credible when leaders demonstrated emotional availability, compassionate service, and humble engagement—through actions such as lingering prayer, home visits, pastoral counselling, or symbolic acts of humility like foot washing. These patterns align with contemporary servant leadership models, which emphasize relational depth, empathetic presence, and moral accountability within spiritual leadership (Sendjaya & Cooper, 2021). Within the Pentecostal and Charismatic tradition, such acts were not merely viewed as ethical preferences but were often interpreted as spiritually authoritative gestures—embodying humility that enhances the perceived legitimacy of divine healing (Brill, 2023; Mensah, 2023).

One participant (P#13) expressed this relational theology succinctly: “He prays like he’s one of us, not above us. That changes how you experience healing.” This highlights the collapse of hierarchical barriers and the elevation of shared humanity between leader and follower. Another participant (P#11) noted, “She stayed and talked with us after the service—no security, just listening.” Such comments illustrate that the embodied humility of leaders—whether through time spent, presence offered, or genuine listening—deepens congregational trust and opens space for spiritual transformation.

These findings affirm that in Ghanaian Pentecostal healing ministries, servant leadership is more than a leadership style—it is a theological praxis. The compassionate, humble, and emotionally proximate behaviour of leaders not only reinforces spiritual credibility but also serves as a conduit for healing, both emotional and physical. This reinforces the argument that healing is relationally mediated through leadership behaviours that reflect Christ-like servanthood and pastoral integrity.

## **Influence of Servant-Leadership on Healing Ministries in Ghana**

Participants consistently described divine healing not as an isolated or instantaneous event, but as a relationally mediated process, deeply shaped by the leader's humility, presence, and pastoral attentiveness. These

perceptions aligned closely with the principles of servant leadership theory, which emphasizes listening, empathy, healing, stewardship, and a commitment to the growth and well-being of others (Sendjaya & Cooper, 2021). In contrast to hierarchical or authoritarian leadership models, Ghanaian Pentecostal leaders who were perceived as servant-oriented embodied a Christocentric posture of humility and relational accessibility. This approach resonated with the communal ethos of Pentecostal and Charismatic spirituality in Ghana, where spiritual safety, emotional resonance, and trust are considered essential precursors for activating faith and receiving healing.

As participant P#10: "He doesn't behave like he's above us. He prays with us, cries with us, and listens to our problems. That alone gives you hope—even before the healing comes." This statement illustrates how the leader's proximity and emotional solidarity foster a spiritual environment in which healing becomes experientially accessible. Rather than perceiving healing as a private transaction between God and the individual, participants described it as a relational journey—nurtured by the leader's humility, embodied care, and shared vulnerability.

### **Cultural-Theological Integration**

The influence of servant leadership was not interpreted solely through a theological lens, but also through deeply cultural and moral frameworks. Theologically, participants often identified servant leadership traits—such as compassion, humility, and nearness—with the ministry of Jesus, particularly His healing acts and kenotic (self-emptying) love (Cartledge, 2022). Leaders who embodied these values were described as "Christ-like," not only in behavior but in spiritual function. Their posture was perceived as reflecting the divine nature, thereby reinforcing the credibility and power of their healing ministry. Another participant explained: "When he visits you at home and prays for your child, it's like Jesus himself came. You feel seen and cared for" (P#12). This statement reflects the sacramental quality participants attributed to servant leaders: they did not merely represent Christ—they embodied His compassion in tangible ways that mediated divine presence and power.

Culturally, servant leadership was deeply congruent with African values of eldership, communal care, and humane relationality (Gyekye, 2020). In Ghanaian moral philosophy, leaders are expected to be emotionally responsive, ethically grounded, and relationally present—traits that mirror the expectations followers placed on their spiritual leaders. Within this cultural-theological framework, leadership is not a role of dominance but one of interdependence and sacrificial solidarity, in which the spiritual leader shares in the suffering and healing journeys of the community. Participant (P#16) shared: "He came to pray with my family when we lost someone. He didn't preach. He sat and cried with us. That meant more than any sermon." Such experiences echo the African Christian ethical emphasis on "bearing one another's burdens", where healing is not only a divine act from above but a communal process that involves empathy, presence, and spiritual accompaniment (Asamoah-Gyadu, 2022; Luhrmann, 2020; Thompson, 2023). Participants did not draw a stark line between divine power and the leader's presence. Instead, the two were seen as intertwined—with the servant leader functioning both as a conduit for divine intervention and as a vessel of emotional restoration.

## **RECOMMENDATIONS**

Having discussed the nature and influence of servant leadership on healing ministry in Ghana, the following recommendation are noteworthy. Christian leaders must balance their charisma with servant-leadership principles and skills. While charisma is important in ministry, demonstration of servant leadership principles such as humility, selfless service and empathy will bring more trust and appreciation from their followers. In ministering healing to people, leaders must avoid exploitation and manipulation of members' emotional intelligence to rob them of their properties. By inculcating servant leadership principles, leaders should be approachable and active listeners to their members. Denomination leaders need organise periodic training trough seminars, conferences and workshops to equip pastors and church leaders with servant leadership principles.

Theological institutions should incorporate servant leadership principles as a course for pastors-in-training in colleges of theology and seminaries.

## CONCLUSION

In summary, the findings affirm that servant leadership is foundational to how followers in Ghanaian Pentecostal and Charismatic churches interpret and experience divine healing. Healing was not perceived as merely the result of prayer or ritual, but as deeply connected to the embodied presence, sacrificial service, and emotional proximity of the leader. Servant leadership—both theologically and culturally—functioned not only as a model of leadership but also as a mechanism of healing. Leaders who consistently practiced pastoral attentiveness, humility, and empathetic engagement were perceived as both facilitators of divine power and agents of emotional and spiritual renewal. These findings support the view that in Pentecostal healing ministries, servant leadership behaviours are not peripheral—they are central to how healing is activated, interpreted, and sustained (Sendjaya & Cooper, 2021; Van Dierendonck, 2021). Ultimately, servant leadership in Ghanaian healing ministries emerges as a spiritually grounded and culturally congruent praxis—one that transforms leadership from a position of authority into a ministry of presence, compassion, and relational healing.

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