



Pilot Study

Servant Leadership in Healthcare: A Pilot Study

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Abstract

The future of healthcare lies in the hands of our healthcare leaders and their efforts to train and retain their staff. The COVID -19 pandemic caused many healthcare workers primarily nurses to reevaluate their career and pivot in a different direction, this caused huge losses in employment in the healthcare sector now tag lined the “Great Resignation”. In an effort to help fill the gap we are experiencing in healthcare we need to better understand leadership styles that work for the new generation of healthcare workers. The purpose of this pilot study is to determine the relationship between healthcare workers and servant leadership characteristics. Research indicates that persons who go into the healthcare industry tend to have similar characteristics, and through the help of the Servant Leadership: Development of a Multidimensional Measure and Multi-Level Assessment we analyzed the responses of 33 healthcare workers and found significant similarities such as empathy, exceptional listening and understanding skills, awareness among other characteristics that support a strong relationship between healthcare workers and servant leadership characteristics.

Key words: Servant leadership, leadership, employee satisfaction, retention, healthcare.

Servant Leadership in Healthcare

We are in the midst of “The Great Resignation Era” in the healthcare industry. We are seeing a mass exodus of healthcare professionals leaving their post and the industry all together. Hiring and maintaining quality clinical staff has become a major challenge. But what is the answer? Training, recruitment, increased salary? I believe that the difference may lie in the way we lead our team to success through servant leadership. Having worked in the healthcare industry for the last decade I have personally experienced the changes to the workforce and the challenges it has presented to business and patient care. We are in a remarkably interesting period in history where we have just survived a global pandemic, we are experiencing multiple generations in the workforce and the overall attitude for “work” has changed. The quality-of-care patients are receiving is being impacted by the constant turnover of employees. This directly

affects the life expectancy of patients, quality of life and the profitability of the healthcare industry. In this study I aim to find what characteristics are found in servant leaders and how we can teach future healthcare leaders to apply those traits to their day-to-day practices.

In recent years, healthcare has strayed far away from being a patient centered practice to a very task-oriented approach. A major reason for this shift is due to the high turnover of staff, having to constantly train inexperienced staff or hire agency staff provides little opportunity for proper bedside manner. I vehemently believe if we train our leaders in servant leadership, we can remind our staff of the reason they decided on healthcare as a profession to begin with; to be of service to those that need our help. Today, our healthcare workforce needs the help of our servant leaders to encourage, guide and inspire them into choosing the healthcare industry every day. The future of healthcare depends on it.

Literature Review

Servant leadership is one of the oldest concepts of leadership, dating back to biblical times. Servant leadership is a philosophy and practice of leadership that is centered around the concept that leaders are driven by their motivation to serve others. The theory of servant leadership has been around for more than 40 years, but only recently have studies been done to support the effectiveness of this leadership style. According to this concept, leaders are servants first and prioritize the needs of those they serve. This concept was first articulated by Robert K. Greenleaf, who is known as the father of servant leadership. Greenleaf believed, "The servant-leader is servant first... It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead" (Greenleaf, 1970, p. 6).

According to Greenleaf, servant leaders have a unique combination of characteristics that distinguishes them, altruism, listening, empathy, healing, awareness, persuasion, conceptualization, foresight, and stewardship. Challenging the expected idea of leadership being a harsh position of power and authority his concept invites a nurturing and creative way to lead a team to success. "Focusing on moral behaviors, servant leadership presents an ethical perspective of leadership where service is rooted in the leader-follower relationship" (Neville & Maglione, 2021, p. 4437) Based on this concept, servant leadership is a philosophy heavily needed in the healthcare profession, most frequently within nursing leadership. Healthcare is defined as the provision of medical care through prevention, diagnosis, and treatment, in other words, the work of healing. It is so fitting that both nursing and servant leadership would go hand in hand since many of the same characteristics are needed to adequately provide patient care. "Servant leadership encompasses a powerful skill set that is particularly effective in implementing a team approach to the delivery of nursing practice (Niell & Saunders, 2008, p. 395). In their study Niell and Saunders interviewed the Department of Veteran Affairs Medical Intensive Care Unit (ICU), recognized for their achievements in high employee fulfillment and patient satisfaction. They found that the ICU has a very team-centered approach implemented by their leader who strongly believes in servant leadership principles. The simple concept of setting their egos aside, working together, and putting the team and patients first has set them apart as exceptionally well-oiled machines. This ICU department and nursing leaders have chosen to serve and be of service first before all things and this is what is making the difference in their approach to leading their staff by example.

Neville and Maglione (2021) published an article studying the relationship between servant leadership and spiritual characteristics in nursing students, they assessed the relationship

between spirituality and the characteristic of servant leadership in undergraduate and graduate nursing students. The study took place at a faith-based university, and through a demographic questionnaire, Servant Leadership Scale, and Spirituality Scale, data was collected among bachelor, master, and doctoral program nurses. Neville and Maglione found that the concept of nursing already demonstrates many attributes of servant leadership, such as listening, care, and compassion. "Nursing is a caring profession; nursing students, as demonstrated in this study, may inherently possess characteristics of servant leadership and spirituality" (Neville & Maglione, 2021, p. 4446). This suspicion is further supported by the results; all nursing programs assessed positively in servant leadership characteristics, strongest among the bachelor's and master's programs but weakened among the nurses in the doctoral nursing program. The researchers believe that "Students who enter the nursing profession do so with a vision of caring to serve others and intentions to do good" (Neville & Maglione, 2021, p. 4446). In this study, spirituality was also tested among nurses, and they found that the majority of the respondents that had a belief in a higher power also believed to be meant for a higher purpose in life. This belief not only positively affects their direct care for the patients based on a strong moral compass but also their strong desire to be of service to those in need. This helps symptoms of burnout by empowering them with "self-esteem, motivation, job satisfaction, and resiliency. (Neville & Maglione, 2021, p. 4446). These results are not surprising, being that the participants attended a faith-based university, most likely centered around Christianity. Jesus of Nazareth was one of the first written examples of servant-leadership and embodied all the characteristics that make up the servant-leader philosophy centering around altruistic love and servitude for others.

In the year 2020, the beginning of a global healthcare crisis, Best (2020) set out to explore if servant leadership practices implemented in the field of nursing can strengthen the profession. In her article *Is there a place for servant leadership in nursing?* used the same characteristics established by Greenleaf's servant-leader philosophy as a guide, she believes that major change could happen if nursing leaders adopted this philosophy in leading their teams. "High-quality healthcare leadership is fundamental in helping to shape organizational culture, with effective leaders emphasizing the importance of delivering safe and compassionate care" (Best, 2020, p.130). These studies share a strong look into nursing leadership practices, but these attributes can be equally beneficial in other areas of healthcare such as business, human resources, and social services. Best concluded in her study that nurses and nursing leaders need to unite their voices and demand to be heard; in healthcare, nursing is the largest profession and should have a voice in the decision-making. Nurses have been utilizing servant leadership in their patient care and management and should be acknowledged by senior leaders in their field. Research such as the one done by Best can help change the way we as healthcare leaders approach management, recruitment, onboarding, and training in the healthcare industry.

In their research McCann, Graves and Cox delved into not patient satisfaction as a result of servant leadership but employee satisfaction within organizations, and they believe that the dynamics between meeting the needs of the organization as well as the needs of the clients have really left the leaders being more task-oriented demonstrating managerial traits as opposed to leadership. "This modus operandi of genuine caring and authenticity for the needs of others has led to improved organizational effectiveness" (McCann, Graves, & Cox, 2014, p. 30). The study conducted strongly correlated job satisfaction at 89% and employee loyalty at 79%. Data like this shows the importance of leadership within the organization; when employees feel valued, listened to, and empowered as dictated by servant leadership, they not only improve in attitude and performance but overall patient care. Servant leadership has been shown to be the best style

of leadership to increase overall organizational performance and satisfaction. “Servant leadership is conducive to molding positive employee attitudes as well as creating work environments that promote benefits for both individuals and the work group” (McCann, Graves, & Cox, 2014, p. 30). The study concluded with the thought that implementing servant leadership within healthcare organizations is the most fitting and needed leadership philosophy for patient care and job satisfaction.

Overall, the research being done on the effects of servant leadership in healthcare settings has been positive. The similarities in characteristics in those going into the healthcare profession and those of servant leaders are very close. This leadership style has shown to positively affect employee satisfaction, retention, and overall morale within the group. Team leaders not only lead by example but give their followers the tools to empower themselves to success. Successful and happy employees in turn provide better care for their patients, increasing patient satisfaction and overall profitability for the business. “Servant leaders should therefore be viewed as trustees of the human capital of an organization” (Berendt, 2012, p. 227).

Hypotheses

Within this study, the researcher will be testing the following three hypotheses:

H1: Based on gender, participants will have similar scores for servant leadership.

H2: Based upon years of work experience, participants will have similar scores for servant leadership.

H3: Based upon years of leadership experience, participants will have similar scores for servant leadership.

Methodology

This study uses mixed methods to analyze healthcare personnel and servant leadership, based on Greenleaf’s writings. Mixed-methods research uses quantitative and qualitative data to analyze the data received from the study to prove or disprove the hypothesis. This type of statistical analysis is best suited for this method of data collection as we will be conducting a survey and interview question. The servant leadership assessment from which the questionnaire was adapted was the “Servant Leadership: Development of a Multidimensional Measure and Multi-Level Assessment” (Liden et al., 2008). Spears developed the ten characteristics of a servant leader: listening, empathy, awareness, healing, persuasion, commitment to growth of people, foresight, conceptualization, stewardship, building community. The purpose of this research is to demonstrate the prevalence of servant leader characteristics within the healthcare industry and emphasize the need for servant leadership adoption as the leading leadership philosophy.

For my study I am aiming to answer the following three hypotheses: 1.) Based on gender, participants will have similar scores for servant leadership. 2.) Based upon years of work experience, participants will have similar scores for servant leadership. 3.) Based upon years of leadership experience, participants will have similar scores for servant leadership. In order to test my hypotheses, I distributed a questionnaire via email to forty employees of a residential care facility for the elderly (RCFE) consisting of twenty-one questions with a total sample size of 33

respondents. Survey analysis is the best tool to assess the selected population and gather the opinions of a group. The questionnaire's demographic data consists of 10 questions the respondent's gender, ethnicity, generation, work experience, leadership experience, place of birth, spirituality, level of education, primary language, and personality type. The remainder of the survey questions were extracted from the Servant Leadership Questionnaire; these questions serve to gauge the degree to which you exhibit the characteristics of a servant leader through Likert Scale (Strongly Agree 1-5 Strongly Disagree).

The purpose of this mixed methods study is to determine characteristics of servant leadership within the healthcare profession. Do most people that go into healthcare naturally possess servant leader qualities and characteristics? The questions extracted from the Servant Leadership: Development of a Multidimensional Measure and Multi-Level Assessment will determine if the respondents have these characteristics. A multiple-choice questionnaire was the best option for this assessment to determine the opinions of a group as we have chosen in this assisted living community.

Data Collection

The Servant Leadership assessment was distributed through email to 40 participants. The questionnaire was emailed to random employees of an assisted living senior community in Stockton, California. Per the instructions in the email the respondents had to answer all the questions pertaining to themselves as leaders and had seven days to complete the survey and return via email.

Data Analysis

In order to organize the data collected for the servant leadership pilot study, pie charts were created to visualize the responses from the participants. As mentioned above the survey consists of 20 multiple choice close-ended questions and one open-ended short response question. After the allotted time was up, we closed the survey for accepting responses and collected a total of 33 replies a 82.5% response rate. We are conducting a mixed-methods study using a quantitative and qualitative methods, to analyze the data collected, we will be statistically examining for significant patterns and averages that may indicate a relationship between gender and servant leadership, years of work experience and servant leadership and years of leadership and servant leadership. In addition, we will be analyzing patterns in the open-ended answers that indicate a relationship between responses. The most significant differences noted were in gender responses with females having a difference of 51.6% over the male respondents. The majority of the participants claimed to be of Latino/Hispanic ethnic backgrounds at 51.5%. Another noteworthy statistic is that of the religious consideration almost 50% of the participants consider themselves to be religious. Nearly 88% of the respondents have had over 5 years of work experience, a valid indicator since nearly 94% are Gen X (1965-1980) & Millennials (1981-1996) with close to 50% of them having 5 or more years of leadership experience. Another very interesting response was the question of personality types 31 participants were certain of their personality types with 58% claiming to be Type A (A pattern of behavior and personality characterized by high achievement, competitiveness, and impatience) and about 36% claiming to be Type B (A pattern of behavior and personality characterized by patience, flexibility, and even temperament) and remaining 6% were unsure. When studying the responses for servant

leadership characteristics the leadership statements that participants “strongly agree” with over 50% corresponded to the following 12) You can tell if something work related is going wrong. 14) You hold high ethical standards. 16) You are always honest. 18) You can recognize when others are feeling down without asking them. 20) You value honesty more than profits.

Descriptive Statistics

Figure 1

The data depicted below indicates that 75.8% of the respondents were female and 24.2% of participants were male.

What is your gender??
33 responses

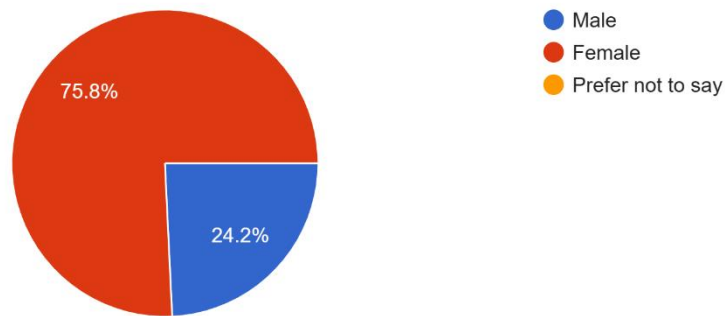


Figure 2

The chart below shows that out of the 33 respondents about 88% have had more than 5 years of work experience and about 12% have had less than 5 years of work experience.

Years Of Work Experience
33 responses

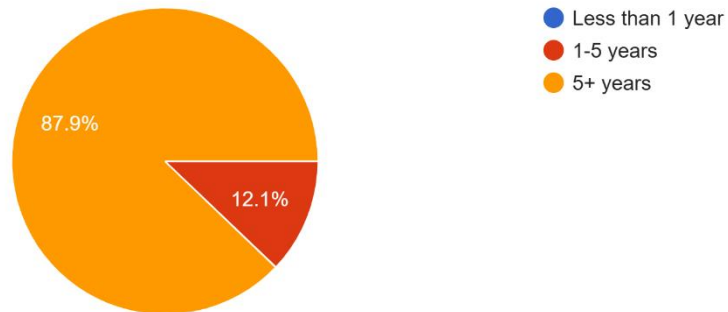


Figure 3

The chart below shows close to 50% of respondents had over 5 years of leadership experience, about 30% had 5 or less years of experience and about 20% had less than a year in a leadership position.

Leadership Experience
33 responses

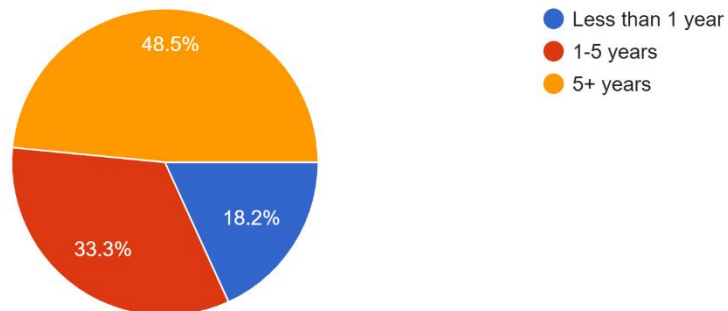


Figure 4

The chart below reveals that nearly 50% of the respondents are religious and 33% of participants were not and 18% chose maybe.

Do you consider yourself religious?

33 responses

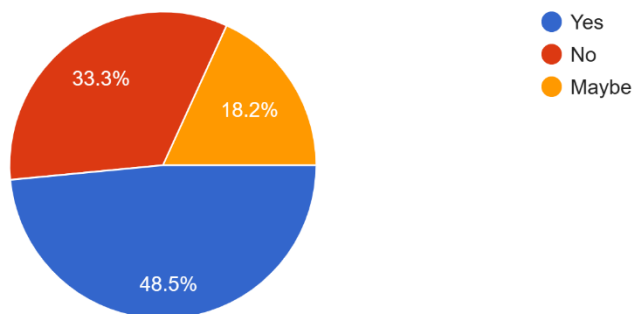
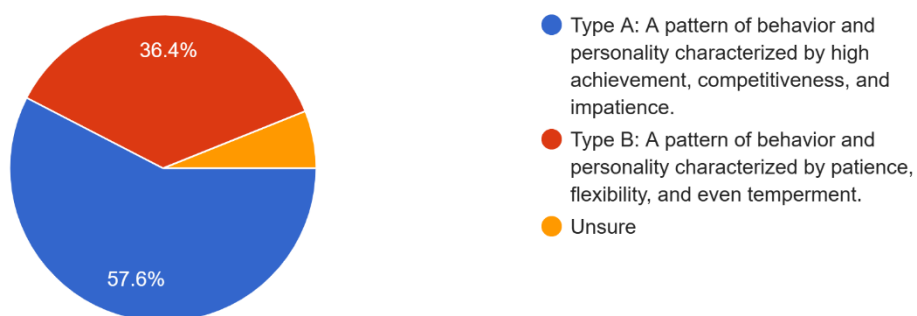


Figure 5

The data depicted below indicates that about 58% of the respondents identify with Type A personality type and about 36% of participants with Type B.

Personality type

33 responses



Results

As measured by Spears, servant leadership encompasses particular characteristics very similar to those found in those working in the healthcare field. This study assessed leadership, healthcare workers, and servant leader characteristics. Beginning with the population of the study when analyzing the results 75.8% of the respondents were female and 24.2% of participants were male. This could indicate that women are more inclined to healthcare careers as a profession. When pertaining to leadership experience the data showed that 100% of the participants had leadership experience with around 50% of them being in leadership roles for over 5 years. This result could be explained by age, role, work experience as the majority of the respondents were under the age of 40 years old. Another interesting finding was the question of religion, only 50%

of the respondents admitted to being religious, unlike the study for Neville and Maglione this study was not collected in a setting with any particular religious affiliation but 48.5% of respondents considered themselves religious which could be a correlation between morality and their positive servant leadership characteristics.

As mentioned above, the hypotheses for this pilot study are:

H1: Based on gender, participants will have similar scores for servant leadership.

When it pertained to the question on gender and servant leadership, the mean scores for servant leadership from the men and women in the study were close in value although the males had a slightly higher score (males: $M = 44.38$ SL score, $SD = 4.50$, $n = 8$) than females ($M = 40.80$ SL score, $SD = 6.32$, $n = 25$). Therefore, based on the question of gender we retain the null hypothesis. An independent samples t-Test was conducted to test this hypothesis (please see Appendix A).

H2: Based upon years of work experience, participants will have similar scores for servant leadership.

When analyzing scores for years of work experience the mean scores for servant leadership from respondents with less than 5 years' work experience and those with more than 5 years' experience in the study, were close in value as well although *Less than 5 years* had a slightly higher score ($M = 43.25$ SL score, $SD = 7.04$, $n = 4$) than *More than 5 years* ($M = 41.45$ SL score, $SD = 6.02$, $n = 29$). This result may indicate that those that have been in the workforce longer tend to begin to minimize the needs for others, which could signal burnout. Based on these results we retain the null hypothesis as there are no significant differences in years of work experience and servant leadership. Maglione and Neville had similar findings in their study that further supported this data "After practicing in healthcare greater than ten years there was a declined I servant leadership scores.

H3: Based upon years of leadership experience, participants will have similar scores for servant leadership.

When analyzing the mean scores for servant leadership from the respondents Years of Leadership, were also close in value although *Less than 5 Years* had a slightly lower score ($M = 41.35$ SL score, $SD = 4.99$, $n = 17$) than *More than 5 Years* ($M = 42.00$ SL score, $SD = 7.19$, $n = 16$). This data may indicate inexperience with leadership. The majority of the respondents had less than 5 years in a leadership role and may not be in tune with the needs of their followers resulting in lower scores. Therefore, based on the results of this data we retain the null hypothesis as there are no significant differences in years of leadership and servant leadership.

Qualitative Results

Within our study we included an open-ended question; *Servant leadership can simply be defined as: A leadership style that is based on the idea that leaders prioritize serving the greater good. Leaders with this style serve their team and organization first. Do you consider yourself to be a servant leader? Please explain why or why not.* The responses were all very comparable explaining why they felt as though they related to servant leadership. A commonality among responses was the belief of putting others before themselves and a strong

desire to see those around them succeed, 28 out of the 33 respondents answered positively agreeing or explaining how they portrayed characteristics of servant leadership.

“My style of leadership has always been to work for the interests of those I lead. If they feel their leader is looking out for them and genuinely cares about them, they will move mountains to accomplish the leader’s mission. It’s a win-win with positive motivation vs coercion. I always tell those that report to me as their leader that they don’t work for me, I work for them. As their leader, my role is to remove obstacles and provide resources so they can be successful in their roles. This approach to leadership has proven highly effective across different industries, levels of responsibility, and with direct reports both young and old.”

“I do consider myself to have Servant Leader qualities. I do care about others and their wellbeing before profit. I do care about how people are feeling and if they are going through something personally vs just soles focused on profits and getting the job done because your staff of employee's are human beings, not just numbers/workers & they should be treated as such.”

“I would consider myself to be a servant leader. With a focus on bettering those around me and them bettering those around them. I believe and have seen through that experience that productivity, quality, and employees all benefit and achieve better success.”

These are only a few of the 23 positive replies to servant leadership, they all responded with altruistic intention to serve others, collaboration, and engagement in the overall success of their followers. These leaders understand the need for not just leading by example but improving their followers’ overall work experience and professional development. We too often associate the word “servant” in a negative connotation, but “servant leadership is not soft leadership; rather, it is a viable and perhaps necessary form of leadership that can generate exceptional results” (Vanderpyl, 2012, p.9) as these healthcare leaders have beautifully summarized in their responses.

Implications

According to our hypothesis we anticipated that based on gender, years or work experience and years of leadership the respondents would have similar scores for servant leadership. The vast majority of participants had very similar responses based on Spears servant leadership characteristics with most scoring high in listening, empathy, awareness, healing, commitment to growth of people, foresight, stewardship, and building community. Solidified by this data we can use this research to encourage existing and future professionals looking to join the healthcare industry. Based on the results of this study gender is not a factor that affects servant leaders although the nursing industry is primarily female, male healthcare professionals scored just as high in characteristics. When it came to years of work experience the data did indicate that the longer, they were in the workforce their servant leader characteristics scores were lower, which could be a result of burn out because the healthcare profession is so physically and emotionally charging. We need to use this data to better recognize how to manage our

healthcare workers and help prevent burnout. Lastly, with the data that we analyzed for years of leadership experience and servant leadership the scores were higher for those that were in leadership longer.

What this data suggests is that we need to adequately prepare our leaders with training and knowledge on how to use their servant leader characteristic as a leadership tool. “The adoption of a servant leadership approach has many benefits for health-care organizations: aligning organizations to serve patients and one other, creating a caring work environment, and empowering for increased creativity and innovation throughout an organization” (Cottey, McKimm, 2019, p.11). Overall, we have not done enough research in the matter and need to continue to learn this leadership style to help us preserve and mend the healthcare industries workforce “we are still learning how to effectively use the knowledge we have about servant leadership there is more research needed to provide a consensus as to the antecedents of servant leadership, which will be useful in both determining and shaping the servant leaders of the future” (McQuade, Harrison & Tabert, 2021, p.484)

Limitations

For future studies, I would recommend incorporating additional questions that integrate all the characteristics of servant leadership, due to time and participant restrictions we were not able include additional questions to this study as to further assess all 10 characteristics of servant leadership. Also, the number of females that participated in this study was significantly higher than the number of males. It would benefit the study to get a similar number of females and males to fairly compare their values.

Conclusion

Greenleaf’s theory of servant leadership is proving to be the most effective model to bridge the gap between management and healthcare workers and meet the challenges we are facing today in the healthcare industry. “The “servant leader” model centers around identifying and addressing the requirements of followers ahead of individual considerations, ultimately, leading to the development and growth of the follower as opposed to the needs of the manager or the organization” (Jones, 2012). This pilot study was conducted to test if the characteristics of servant leaders were prevalent in all settings involving patient care.

This research is vital to further understand healthcare professionals in the industry and the right and effective management tools to lead them. We can assess with confidence that the data collected in this study can assist hiring managers, leadership and administrators understand the way to train and lead staff in healthcare settings. It is important to continue to produce research in servant leadership to further back the positive impact it is creating within healthcare employees and overall patient care.

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Appendix 1

The mean scores for servant leadership from the men and women in the study, illustrated on Figure 6, were close in value although the men had a slightly higher score (men: $M = 44.38$ SL score, $SD = 4.50$, $n = 8$) than the women ($M = 40.80$ SL score, $SD = 6.32$, $n = 25$). The difference was tested for significance with an independent t test. The results of a two-tailed test showed that the mean difference was not significant ($t(31) = 1.48$, $p = .150$, mean difference = 3.57, 95% CI [-8.51, 1.30]) although gender had a medium effect on servant leadership (Cohen's $d = .60$).

Figure 6

Average Servant Leadership Scores for Men and Women in the Study

