

Is servant leadership useful for sustainable Nordic health care?

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Abstract

The philosophy of servant leadership receives a growing interest in academia and among clinical health care leaders. Few European studies are available about the importance of this philosophy for patient and staff outcomes. Prior nursing studies in the US show that servant leadership is related to job satisfaction and better performance. For the purpose of investigating this among Nordic health care workers a questionnaire survey was conducted among health care staff in nursing care in four hospitals in Iceland ($n=138$). A new Dutch instrument (SLS) was used in an Icelandic version. The study shows that servant leadership is practiced in departments of nursing in these Icelandic hospitals and significant correlation was found between job satisfaction and servant leadership. The findings support prior findings and indicate that servant leadership among hospital managers is important for staff satisfaction. Organizational trust is foundational to servant leadership, an important element of Nordic organizational structure and among current challenges of sustainable Nordic health care services. There are reasons to continue to investigate the importance of this leadership style in Nordic health care settings and, in particular, to investigate potential links to performance and patient outcomes.

KEY WORDS: Servant leadership, nurses, job satisfaction, Nordic model

Introduction

Background

Servant leadership is founded on leader's awareness, supporting behavior and ethics (1) and is considered to be a philosophy of leadership rather than a leadership style (2). Servant leadership is a relationship-oriented leadership first introduced by Greenleaf in 1970 (3), and is characterized as an ethical leadership philosophy with a focus on followers (4). According to Greenleaf the optimal goal of servant leadership is the well-being of the followers: "Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous" (3, p. 15). Recent papers have indicated the importance of servant leadership for health care services (5) and studies have shown a link between servant leadership and positive work outcomes for staff (6) and job satisfaction in particular (7) but further research in this area is needed. The practice of servant leadership includes active listening, trust in people, partnership, service and focus on what matters most for the welfare of coworkers, clients and society at large (1). An effective servant leader is humble, courageous and creative and adopts various styles of leadership (2). Servant leadership fosters intrinsic motivation and democratic decision making and promotes service model as a contrast to power model (8).

Servant leadership is positively related to organizational attributes such as justice climate and services climate as well as employee characteristics, such as job satisfaction and work engagement (9). An interesting conceptual parallel can be identified between servant leadership and Magnet hospitals model (10; 11) and organizational empowerment (12), both recognized as successful work environmental attributes in health care services. Among these parallel attributes are principle centered leadership, supportive behavior of leaders, access to resources, opportunities to develop and staff participation in decision making, all being linked to positive staff and patient outcomes (13) and patient safety culture (14). Similarly, servant leadership has been linked to better staff outcomes in health care. Among these studies are a correlational study with a random sample of registered nurses, nurse managers and leaders ($n=313$) in a non-profit US health care organization where a significant correlation was found between job satisfaction and all sub-factors of servant leadership measured (15).

The literature shows that servant leadership is a significant predictor of trust, e.g. as enhancing perception of trustworthiness, behavioral consistency, integrity, sharing of control, responsibility, morality, shared vision and transforming influence (16). Further down this line, the literature shows that servant leadership may play an important role

in creating ethical culture and generating community and organizational social capital through trust, norms, values, social cohesion, recognition, obligation, shared cognition and networks (17). These organizational attributes can be considered as important building blocks of Nordic society and Nordic organizational structure. Thus, the philosophy of servant leadership has the potential to provide important insight into fundamentals of sustainable Nordic healthcare systems.

Despite increased research in health care, human resource management, work environment, and leadership there is still urgent need to do better, in particular, during times of restricted resources, cut down in cost and job-dissatisfaction (18). Empirical evidence and policy reports strongly point to the importance of new leadership styles for the good of patient, staff and society. A recent report from the Institute of Medicine (19) emphasizes that for the success of health care services leaders and managers need to be involved with others as full partners in a context of mutual respect and collaboration. A recent analysis on current challenges in health care concludes that there are still no convincing European models to meet the need for sustainable human resource management in health care, however focus should be on flexibility, lifelong learning, multiprofessional teamwork and involving staff in decision making (18).

Aim

The growth in health care research on servant leadership is promising but few European studies are available about the importance of this philosophy for positive outcomes for patients, staff and society. Therefore it was decided to conduct a study about the attitudes among Nordic health care staff towards servant leadership in their work environment and to investigate if there was a link between elements of servant leadership and better staff outcomes. These were explored by a questionnaire survey among health care staff in nursing care in four hospitals in Iceland. It is hypothesized that high perception of servant leadership characteristics among nurse managers is positively related to nursing staff job satisfaction.

Method

Participants

The study was cross-sectional and a descriptive study. Data collection was conducted in autumn 2009 in four regional hospitals in Iceland mainly providing elderly care. All nursing staff ($n=211$) working across clinical departments in these hospitals were invited to volunta-

rily complete an anonymous questionnaire survey. After two reminders response rate was 65% ($n=138$).

Instrument

The questionnaire survey was in three parts. The first part is an Icelandic version of a new Dutch instrument (Servant Leadership Survey, SLS) about agreement of nursing staff regarding leadership behavior of their next superior (4). The SLS instrument consists of 30 questions on a six-point Likert scale (strongly agree – strongly disagree) relating to the will to serve, accountability, empowerment, courage, forgiveness, authenticity, humility and stewardship, building on Greenleaf's literature about servant leaders (1). Validity and reliability of the SLS has been published (4). The second part of the questionnaire was a single-item question on job satisfaction about the level of satisfaction with the current job on a four point Likert scale ranging from: agree to disagree, (1 = agree and 4 = disagree). This single-item question has previously been used and tested indicating that single items are useful in measuring job satisfaction as a global construct (13). The third part covered demographic characteristics including age, years of experience in current job, managerial work, occupation (nurse, nurse aid, other) and work-time proportion. The study was approved in advance by relevant hospitals and the study was also reported to the Icelandic Data Protection Commission (S4486/2009).

Data analysis

Survey data was analyzed using SPSS (17.0). Descriptive analysis of the study data was performed and reliability analysis using Cronbach's Alpha (α) on SLS sub-scales were calculated. Correlation analysis was used to investigate relationships between servant leadership factors, job satisfaction and background variables. Variation between groups in relation to demographics of participants was explored using Tukey HSD test. Significance were set at the level of $p < 0.01$ (2-tailed) (20).

Findings

The number of useable returned questionnaires were 138. Nurses were 60% ($n=83$) of participants, nurse aids 33% ($n=46$) and 18% had a managerial job. Majority of participants (75%) were 40 years or older, 41% had worked longer than 15 years in current job, majority (62%) worked more than 75% of fulltime jobs.

The findings of the study indicate that the Icelandic version of the SLS is reliable (Cronbach's Alpha 0,891 – 0,926). Descriptive statistics for the SLS factors are summarized in table 1 with mean values and standard deviations and shows that perceived servant leadership (range 1-6) measured moderately high (mean 3,99 – 4,99) indicating that servant leadership is practiced in nursing care management in these hospitals according to the views of the respondents in the present study and as compared to findings on the SLS scales in previous studies (4).

Significant difference between groups (demographics and staff groups) in relation to SLS factors means was found only in relation to age, i.e. perception of servant leadership was lowest (3,66) among the youngest age group (20-29 years; SD: 0,675).

The results show that the majority (97,8%) of the respondents are satisfied with their jobs (very satisfied (39,4%) and moderately satisfied (58,4%)). Only 0,7% were very dissatisfied and 1,5% a little dissatisfied. No significant difference was found between demographic and staff groups. Bivariate (Pearson) intercorrelation between job satisfaction and perception of servant leadership characteristics shows a significant correlation ($p < 0,01$) in relation to all factors of servant leadership except servitude (table 2). SLS factors most strongly related to nursing staff job satisfaction were factors on *humility*, *empowerment*, *accountability* and *authenticity* as characteristics corresponding to servant leadership.

Discussion

The findings of this study support prior findings about the significant correlation between servant leadership and job satisfaction as presented in a Dutch multi-site study based on the same instrument (4) and in recent health care studies based on other servant leadership instruments (7, 15). Present findings further strengthen the evidence about

Table 1. Nursing staff perception of servant leadership characteristics ($n=138$). Cronbach's alpha and mean of total SLS score among and SLS sub-factors. SLS range 1 – 6.

	Cronbach's alpha	Mean (SD)
<i>SLS-sub factors:</i>		
Empowerment	0,891	4, 74 (0,77)
Servitude	0,907	4, 99 (0,62)
Accountability	0,901	4, 99 (0,62)
Forgiveness	0,923	4, 81 (0,85)
Courage	0,926	3,99 (1,04)
Authenticity	0,892	4, 33 (0,79)
Humility	0,894	4, 57 (0,74)
Stewardship	0,896	4, 99 (0,81)
Total Score SLS	0,887	4,65 (0,61)

Table 2. Bivariate (Pearson) intercorrelations between nursing staff satisfaction with present job and servant leadership characteristics; SLS sub-factors and total SLS score.

	Job satisfaction
<i>SLS-sub factors:</i>	
Empowerment	0,478*
Servitude	0,279
Accountability	0,445*
Forgiveness	0,279*
Courage	0,298*
Authenticity	0,406*
Humility	0,479*
Stewardship	0,392*
Total Score SLS	0,584*

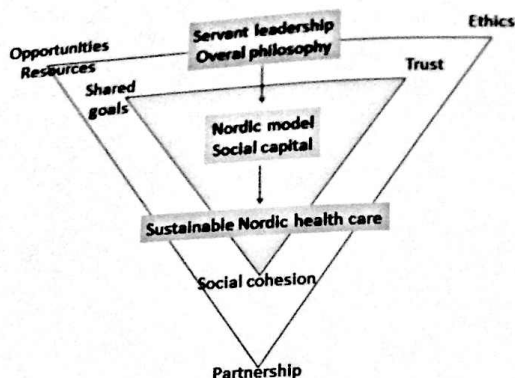
* $p < 0,01$

the importance of servant leadership among hospital managers for job satisfaction of health care staff.

Empowerment, humility and accountability

The study supports a link between job satisfaction and leadership empowering behavior. This emphasizes how important it is for health care leaders to encourage their staff, enable them to have access to information and resources, and to have open channels to learn, develop and to participate in decision making (4, 13, 14). Interestingly, this study also supports that humility is an important leadership characteristic, corresponding to the leader's awareness of his or her own strength and weakness and thus in an attempt to balance own limitations seeks ideas and input from coworkers in a partnership based on mutual respect and the will to serve (1, 4). Furthermore, this study supports the meaning leaders' accountability and trust for effective leadership (4, 16). This underpins the usefulness of holding staff responsible for their work and performance as well as taking care of them in a fair and just manner (17). Given this, empowering work environment, trust, humility, and fairness among health care leaders may be considered important elements in building sustainable health care services.

Figure 1. Proposed model of sustainable Nordic health care services inspired by philosophy of servant leadership and social capital.



Sustainability and leadership

Present study supports and further contributes to current evidence on healthy work environment in health care for staff and patients (21). The study sheds light on how the philosophy and practice of servant leadership can strengthen the foundation of success and enable sustainability of current health care services. In particular this is interesting for the Nordic countries as it is reasonable to believe that key elements of servant leadership have similarities to important characteristics of social capital (17) and a Nordic style of leading and managing (22). Organizational trust, humility and partnership are foundational to servant leadership and are as well among current challenges of sustainable Nordic health care services. In summary this study indicates how trust, partnership and supportive leadership of a servant leader can reinforce trust, social cohesion and shared goals and thus social capital in a health care for the good of patients, staff and society.

Conclusion and practical implications

Patient safety and staff dissatisfaction continues to be of major concern with consequent risk for the sustainability of health care. This study supports the importance of servant leadership for sustainable health care services with focus on trust, partnership and supportive leadership. These leadership characteristics have the potential to reinforce trust, social cohesion, shared goals and social capital. This may provide and interesting and valuable strategy for leaders in the context of challenging environment of current health care services. In particular, the philosophy of servant leadership may prove meaningful for sustainable Nordic health care services grounded on democratic values and culture, the cornerstones of the Nordic welfare society. Figure 1 shows a proposed model of sustainable Nordic health care services inspired by philosophy of servant leadership and social capital. It is important to continue to investigate the relevance and effectiveness of this leadership style in Nordic health care settings and, in particular, to further investigate potential links to performance and better patient outcomes. The literature suggests that servant leaders take their roles and responsibilities seriously but they do not take themselves very seriously. The question remains if Nordic health care leaders are ready to invest in a model where the focus is primarily on the needs of patients and staff and they themselves are first among equals?

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