

What it means to be a servant leader

KEY WORDS

- » Coaching
- » Empathy
- » Leader
- » Self-awareness
- » Servant
- » Trust

Leadership and management are widely discussed in the literature as functions which exist to direct the work of others. Their key functions are to set out how the work is to be done as well as what that work is. Traditionally this supervisory function has been seen as something that happens from the top down; the manager looking down on the workers and the workers looking up to the manager.

In this paper, we will examine a different approach to how leadership might be viewed, namely that of the servant leader. This is not presented as a blueprint for how you might want to lead your team, rather it is a reflection point as to how you might approach some scenarios and situations which involve leadership input. That is to say, not every leader and not every team lend themselves to the application of servant leadership, but on some occasions, it might be an approach which is worth considering.

DEFINING SERVANT LEADERSHIP

Greenleaf (1977) who developed the idea of the servant leader in the management literature saw the role of the servant leader as literally that of a person who performs duties for others; someone who served and looked after their staff group. This is in stark contrast to most other models which view management and leadership as a means of controlling other people to get a job of work done.

Servant leadership theorists regard the workforce as having needs of their own and as ends in themselves as opposed to being a means to an end. That is to say, servant leaders place their staff at the centre of their thinking rather than the task at hand.

The ultimate aim of the servant leader is to serve others (Wheeler, 2012) and in doing so they aim to grow employees' commitment and trust such that they also strive to achieve organisational goals (Miao et al, 2014). This goal of growing this commitment and trust is also to ensure that the staff group, the followers, themselves become servant leaders.

HOW SERVANT LEADERS BEHAVE

Servant leaders devote the time they have at work to the development of their staff. They seek to meet the needs of the staff group and in doing so mentor, coach and develop them both as individual workers and as a collective team. The purpose of the leader in the workplace is seen as growing a community and unity through listening to and working with staff, rather than talking to and directing work as in more traditional approaches to leadership. This community of workers then jointly own the decisions that are made and the work that is undertaken.

Some commentators see this as an exercise in virtue which optimises human functioning through the development of the community (van Dierendonck and Patterson, 2015). This contrast with the traditional model of the clinical leader who puts the needs of the patient group first; instead by promoting staff wellbeing and development the servant leader ensures the best patient care by making sure that the staff group meet their full potential. The workers, themselves now aspiring servant leaders, then provide the best of care to their patients because that is what members of the community do.

Such an approach to leadership is highly congruent with the values that many people go into the caring professions with as they include valuing and respecting others and treating other people as equals.

Spears (2010) claims there are 10 characteristics which anyone seeking to be a servant leader must possess and exercise (*Box 1*).

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Box 1. Listening skills

- The ability to empathise
- The ability to heal
- Awareness of self
- The capacity to persuade
- The ability to see concepts
- Foresight
- The ability to be a steward
- Commitment to the growth and development of others
- The ability to grow communities.

It is worth exploring each of these characteristics to understand what it is they lend to the development of servant leadership. The servant leader has to have the ability to listen. By listening, Spears (2010) means to listen and understand what is being said. This active listening involves hearing, understanding and empathising (Robertson, 2005) and is fundamental to growing the sense of trust and community which servant leadership requires.

Unlike sympathy, empathy is not a passive emotion, it requires some work on the part of the leader who is taking the time to understand the things which motivate their workforce whilst putting to one side their own understandings and listening to the views of others. Being tuned in to others allows the servant leader to promote the physical, mental and social well-being of the staff (what Herzberg (1968) famously called hygiene and motivational factors). These factors are the things a workforce, or community needs to function and do the work required of it.

The need to be self-aware in this process should be obvious to any health care professional leader. Servant leadership is both inspirational and motivational and requires that the leader tunes in not only to the needs of the individuals within the team but also how they interact and come across to the team. Such self-awareness is demonstrated in the exercise of emotional intelligence which Goleman (1998) claims is the ability to understand how emotions affect how other people behave as well as how one responds to this oneself.

It is this understanding of emotional response to situations and tasks that enables the servant leader to be able to inspire and persuade people to become part of the work community through the development of the team and the attendant trust that goes with this. This persuasion and inspiration are all about selling the vision, conceptualising a future and a better way of working and motivating the team.

Like the act of servant leadership itself, such concepts must reflect the aims and objectives of the team and represent the values that the community share. Lacroix and Pircher Verdorfer (2017) see the exercise of group values as helping to drive down what they call “leader avoidance”.

That is to say, the servant leader who can demonstrate connectedness with community values will maintain strong working relationships with the workforce. The authentic servant leader also has strong footings in the real world in that as well as conceptualising the future, they have the foresight to see how things might work in reality – this may require the servant leader to maintain some expertise in the area in which they are leading.

When Spears (2010) talks about being a steward it refers to the role of the leader in being accountable for what the team does. Being willing to be accountable means the servant leader trusts the staff team and that they reciprocate this trust as part of the exercise of their shared values.

Any servant is dedicated to the lives of those they serve; that is the nature of service. Whether a health care professional is acting to care for the patient in front of them or the servant leader is acting for a team member the focus of activity is achieving positive benefit. For the servant leader, this is about being committed to the personal and professional development of the staff team. This requires a time commitment, but that time creates the adhesion which starts to pull the individuals within the group together as a community.

In the sense of the servant leader and the community, there is a need for people not only to feel valued as individual team members, but valued as part of the collective, the community, and the wider team. It is this feeling valued and the feeling of belonging which breeds trusts and ensures the team always pull in the same direction to achieve the same shared goals.

CONCLUSION

In this paper, we have unearthed the key characteristics of the servant leader. We have seen that the servant leader impacts the staff team through the development of a community of care with shared values and mutual trust which in turn leads to the very best patient care. We have also considered that servant leadership might not be the right model of leadership for all teams or in all situations, but rather that it is applied judiciously by the health care leader when the time and situation is right.

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