

## Commentary

### **SERVANT LEADERSHIP AND THE COVID 19 WORKFORCE**

#### **Abstract**

The COVID-19 pandemic has had a profound impact on healthcare workers worldwide. These individuals have been on the frontlines, risking their own health and safety to care for patients. However, the emotional toll of the pandemic cannot be overlooked. Healthcare workers are not only dealing with the physical demands of their jobs, but also the psychological stress and anxiety that comes with caring for patients during a global crisis.

Effective leadership is crucial in every organization, however, some organizations such as healthcare needs leaders who are capable of inspiration and psychological safety. This is because health workers endure so much stress and anxiety resulting from the concerns and empathic connection with their clients.

Servant leadership, an emerging leadership style, is particularly suitable during crises, such as the recent COVID-19 pandemic. Servant leadership is a style that focuses on serving the needs of others and prioritizing their well-being. This leadership approach is particularly suited to the healthcare industry, where the well-being of patients and staff is of utmost importance. Servant leaders create a culture of psychological safety, where healthcare workers feel supported and valued. This includes ensuring that healthcare workers have access to personal protective equipment, providing emotional support and counseling services, and recognizing and appreciating their efforts.

To put the effect of servant leadership into perspective, this article highlights some effects of COVID-19 on health workers and follows up to present a view on how servant leaders would mitigate the effects on the workers.

**Keyword: Servant Leadership, COVID 19, Pandemic, Health Workers,**

## **THE EFFECT OF COVID 19 ON HEALTH WORKERS**

Due to their frequent and intimate contact with Covid-19 patients, healthcare workers (HCWs) are a particularly susceptible population to infection. Therefore, it is essential to follow strict cleanliness guidelines to prevent the spread of illnesses from patients to employees (Jalil et al., 2023; Korth et al., 2020). Long work hours in high-risk environments, lack of awareness during the early weeks of the outbreak, inadequate PPE supply and training, inadequate rapid diagnostic testing for Covid-19, ongoing community spread, and household exposures have all been reported to increase the risk of infection among HCWs (Jalil et al., 2023; Wang et al., 2020).

An enormous burden on healthcare services has been caused by the COVID-19 pandemic, a health emergency (Gupta et al., 2021; Helou et al., 2022; World Health Organization, 2021). Medical professionals dealing with COVID-19 patients encounter many difficulties amid this unprecedented epidemic. Since research continues to demonstrate high rates of burnout, psychological stress, and suicide, attention has been drawn to the psychological load and general wellness of healthcare workers (HCWs)(Pham et al., 2021). High rates of illness and mortality, extreme financial difficulty, stress connected to known and particularly unknown knowledge, and anxiety of ambiguity regarding ongoing consequences are all negative outcomes. Some studies concentrated exclusively on the effect of COVID-19 on HCW sleep (Abbas et al., 2021; Cleper et al., 2022; Gupta et al., 2021; Hassinger et al., 2022; Shreffler et al., 2020). Stress and anxiety levels considerably rose, which had an adverse effect on sleep quality and self-efficacy(Simonetti et al., 2021).

In contrast, Chen et al. (2020) demonstrated that healthcare professionals were not immediately concerned about SARS-CoV-2 infection since they had already taken such a situation into account while deciding to work in hospitals. Healthcare personnel acknowledged that they felt uneasy owing to the lack of personal protective equipment (PPE), but they also believed that their families would understand their working conditions and not be preoccupied with the possibility of contracting an infection from them. When caring for very ill patients with dismal prognoses, they also described feeling powerless (Anderson et al., 2020; Chen et al., 2020).

Understanding how the COVID-19 epidemic has affected healthcare personnel can help direct actions and policies aimed at preserving their attitude and psychological well-being (Farsalinos et al., 2021).

## **SERVANT LEADERSHIP**

The term "servant leadership" was first used in Robert K. Greenleaf's 1970 paper *The Servant as Leader*, even though the concept of it is timeless. In that essay, Greenleaf defined: "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. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions...The leader-first and the servant-first are two extreme types. Between them, there are shadings and blends that are part of the infinite variety of human nature" (GREENLEAF-CENTER, 2021). According to Spears (2018), the servant leader has ten qualities: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, dedication to people's growth, and community building (Spears, 2022). Servant leadership can be applied in almost all settings, however, one of the critical situations it is needed most is in crisis. In times of crisis, servant leaders and staff recognize the connection between accountability and empowerment. Servant leaders understand that during challenging times, it may be necessary to revise or temporarily set aside policies and procedures to prioritize the well-being and success of their staff. These actions of servant leaders, empower staff to provide support and services beyond established protocols. Servant leaders maintain high standards of accountability for themselves and their team, even in unstable situations (Piorun ME, Raboin RF, Kilham J, Meacham ME, 2021).

This article briefly examined how servant leadership could have been applied to the COVID 19 crisis to promote better outcomes. Effective leadership was needed to help manage the health workers; a leader who is more concerned about the workers rather than the work, and that is the Servant leader.

Due to their frequent and intimate contact with Covid-19 patients, healthcare workers (HCWs) were a particularly susceptible population to infection. Therefore, it was essential to follow strict cleanliness guidelines to prevent the spread of illnesses from patients to employees (Jalil, Ashkan, Gholamnezhad, Jamalidoust, & Jamalidoust, 2023; Korth et al., 2020). Long work hours in high-risk environments, lack of awareness during the early weeks of the outbreak, inadequate PPE supply and training, inadequate rapid diagnostic testing for Covid-19, ongoing community spread, and household exposures have all been reported to increase the risk of infection among HCWs (Jalil et al., 2023; Wang, Zhou, & Liu, 2020). The servant leaders' characteristics of

motivating, engaging, and empowering employees (Doraiswamy, 2012) were crucial to mitigate the effects of these concerns and threats. Servant leaders prioritise meeting the demands of their subordinates' work and providing them with useful resources (in this example, the PPEs), mentoring, seeking ways to bring help to others and also making life easier for others (Zhen Wang, Kun Yu, Ruobing Xi, 2019 and (Mertel & Brill, 2015).

The COVID-19 pandemic has placed a significant burden on healthcare services, leading to various difficulties for medical professionals caring for COVID-19 patients (Gupta, Dhamija, Patil, & Chaudhari, 2021; Helou, El Osta, & Husni, 2022; World Health Organization, 2021). Research has highlighted the high rates of burnout, psychological stress, and the need for attention to the mental well-being of healthcare workers (HCWs) (Pham et al., 2021). In such challenging circumstances, a servant leader who prioritizes the psychological safety and well-being of workers is essential (Baskin, 2019; Mertel & Brill, 2015). A servant leader is follower-centric, persuasive, empathic, and skilled at conflict resolution, empowering subordinates, promoting ethical behaviour, facilitating emotional healing, and prioritizing the growth of individuals (Bilal, Siddiquei, Asadullah, Awan, & Asmi, 2020; Dahlin & Schroeder, 2022). These attributes are crucial in effectively managing burnout and psychological stress. Servant leaders use active listening regularly, but it is more important in unpredictable and crisis-filled situations (like the pandemic). The COVID-19 epidemic demonstrated that listening was the main form of communication at the time. In the context of servant leadership, healing refers to ensuring the unity of the team and the person. The way a company's management develops relationships and responds to employee issues will determine how happy its employees are at work. Understanding the overall emotional toll that a constantly changing environment has on a person enables one to create the support networks required to speed up healing. Due to the distorted societal norms caused by COVID-19, servant leaders offer a setting where employees feel at ease seeking psychological, social, and cultural rehabilitation (Piorun ME, Raboin RF, Kilham J, Meacham ME, 2021).

High rates of illness and mortality, extreme financial difficulty, stress connected to known and particularly unknown knowledge, and anxiety of ambiguity regarding ongoing consequences are all negative outcomes. Some studies concentrated exclusively on the effect of COVID-19 on HCW sleep (Abbas et al., 2021; Cleper et al., 2022; Gupta, Dhamija, Patil, & Chaudhari, 2021;

Hassinger, Breuer, & Mishra, 2022; Shreffler, Petrey, & Huecker, 2020). Stress and anxiety levels considerably rose, which had an adverse effect on sleep quality and self-efficacy (Simonetti et al., 2021). This situation can make the workers take mistakes and react negatively. In response, some leaders may have issued threats of punishment, and withholding rewards among other actions to achieve results. However, a servant leader with his chief orientation for service to his subordinates would manifest a more restrained, composed, considerate and humble behaviour (Jit, Sharma, & Kawatra, 2016), and empathy. This soothes the workers and makes them feel secure and comfortable to give up their best.

Healthcare personnel acknowledged that they felt uneasy owing to the lack of personal protective equipment (PPE), but they also believed that their families would understand their working conditions and not be preoccupied with the possibility of contracting an infection from them. When caring for very ill patients with dismal prognoses, they also described feeling powerless (Anderson, Mckee, & Mossialos, 2020; Chen et al., 2020). Because a servant is a willingness to take responsibility and go for service instead of power and self-interest, he empowers the people (Bilal, Siddiquei, Asadullah, Awan, & Asmi, 2020) and this intends results in creativity and innovation (BAYKAL, ZEHİR, & KÖLE, 2018). This empowerment could come in the form of emotional healing, psychological support (Liden et al., 2015), spiritual and logistic support as well as taking responsibility.

By adopting a servant leadership approach, healthcare organizations can help mitigate the negative effects of the pandemic on their staff. This leadership style fosters a sense of trust and collaboration, which can help healthcare workers feel more supported and less overwhelmed. It also encourages open communication and feedback, allowing for continuous improvement and adaptation to the ever-changing circumstances of the pandemic.

**Conclusion:** effective leadership is crucial in healthcare organizations, especially during times of crisis such as the COVID-19 pandemic. Servant leadership, with its focus on serving the needs of others and creating a culture of psychological safety, is particularly suited to mitigating the effects of the pandemic on healthcare workers. By adopting this leadership style, healthcare

organizations can support and empower their staff, ultimately improving patient care and outcomes.

## References

- Abbas, A., Al-Otaibi, T., Gheith, O. A., Nagib, A. M., Farid, M. M., & Walaa, M. (2021). Sleep quality among healthcare workers during the COVID-19 pandemic and its impact on medical errors: Kuwait experience. *Turkish Thoracic Journal*, 22(2), 142.
- Anderson, M., Mckee, M., & Mossialos, E. (2020). Covid-19 exposes weaknesses in European response to outbreaks. *Bmj*, Vol. 368. British Medical Journal Publishing Group.
- BAYKAL, E., ZEHİR, C., & KÖLE, M. (2018). Effects of Servant Leadership on Gratitude, Empowerment, Innovativeness and Performance: Turkey Example. *Journal of Economy Culture and Society*, 29–52. <https://doi.org/10.26650/jecs390903>
- Bilal, A., Siddiquei, A., Asadullah, M. A., Awan, H. M., & Asmi, F. (2020). Servant leadership: a new perspective to explore project leadership and team effectiveness. *International Journal of Organizational Analysis*, 29(3), 699–715. <https://doi.org/10.1108/IJOA-12-2019-1975>
- Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., ... Li, X. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e15–e16.
- Cleper, R., Hertz-Palmor, N., Mosheva, M., Hasson-Ohayon, I., Kaplan, R., Kreiss, Y., ... Gross, R. (2022). Sleep difficulties among COVID-19 frontline healthcare workers. *Frontiers in Psychiatry*, 13, 838825.

- Doraiswamy, I. R. (2012). Servant or Leader? Who will stand up please? *International Journal of Business and Social Science*, 3(9), 178–183.
- GREENLEAF-CENTER. (2021). What is Servant Leadership? Retrieved July 12, 2023, from Greenleaf Center for Servant Leadership. website: <https://greenleaf.org/research-scholars/>
- Gupta, N., Dhamija, S., Patil, J., & Chaudhari, B. (2021). Impact of COVID-19 pandemic on healthcare workers. *Industrial Psychiatry Journal*, 30(Suppl 1), S282.
- Hassinger, A. B., Breuer, R. K., & Mishra, A. (2022). Sleep patterns of US healthcare workers during the first wave of the COVID-19 pandemic. *Sleep and Breathing*, 1–11.
- Jalil, M., Ashkan, Z., Gholamnezhad, M., Jamalidoust, S., & Jamalidoust, M. (2023). Effect of COVID-19 on healthcare workers' morbidity and mortality compared to the general population in Kohgiluyeh and Boyer-Ahmad Province, Iran. *Health Science Reports*, 6(1), e961.
- Jit, R., Sharma, C. S., & Kawatra, M. (2016). Servant leadership and conflict resolution: a qualitative study. *International Journal of Conflict Management*, 27(4), 591–612. <https://doi.org/10.1108/IJCMA-12-2015-0086>
- Korth, J., Wilde, B., Dolff, S., Anastasiou, O. E., Krawczyk, A., Jahn, M., ... Lindemann, M. (2020). SARS-CoV-2-specific antibody detection in healthcare workers in Germany with direct contact to COVID-19 patients. *Journal of Clinical Virology*, 128, 104437.
- Liden, R. C., Wayne, S. J., Meuser, J. D., Hu, J., Wu, J., & Liao, C. (2015). Servant leadership: Validation of a short form of the SL-28. *Leadership Quarterly*, 26(2), 254–269. <https://doi.org/10.1016/j.leaqua.2014.12.002>

- Mertel, T., & Brill, C. (2015). What every leader ought to know about becoming a servant leader. *Industrial and Commercial Training*, 47(5), 228–235. <https://doi.org/10.1108/ICT-02-2015-0013>
- Piorun ME, Raboin RF, Kilham J, Meacham ME, O. V. (2021). Leading Through a Crisis: The Application of Servant Leadership During COVID-19. *Library Publications*. <https://doi.org/doi.org/10.4018/978-1-7998-6449-3.ch001>.
- Shreffler, J., Petrey, J., & Huecker, M. (2020). The impact of COVID-19 on healthcare worker wellness: a scoping review. *Western Journal of Emergency Medicine*, 21(5), 1059.
- Simonetti, V., Durante, A., Ambrosca, R., Arcadi, P., Graziano, G., Pucciarelli, G., ... Cicolini, G. (2021). Anxiety, sleep disorders and self-efficacy among nurses during COVID-19 pandemic: A large cross-sectional study. *Journal of Clinical Nursing*, 30(9–10), 1360–1371.
- Spears, L. (2022). Ten characteristics of a servant leader. Retrieved July 21, 2023, from The Spears center for the Servan-Leadership website: [https://www.spearscenter.org/images/stories/Ten\\_Characteristics\\_of\\_a\\_Servant\\_Leader\\_by\\_Larry\\_Spears\\_11.01.18.pdf](https://www.spearscenter.org/images/stories/Ten_Characteristics_of_a_Servant_Leader_by_Larry_Spears_11.01.18.pdf)
- Wang, J., Zhou, M., & Liu, F. (2020). Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China. *J Hosp Infect*, 105(1).
- Zhen Wang, Kun Yu, Ruobing Xi, X. Z. (2019). Servant leadership and career success: the effects of career skills and proactive personality. *Career Development International*, 24(7), 717–730. <https://doi.org/10.1108/CDI-03-2019-0088>