

The Role Of Servant Leadership Is Supporting The Health Workforce During COVID 19

Abstract

The COVID-19 pandemic has had a profound impact on healthcare workers worldwide. These individuals have been on the front lines, risking their 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 need 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 counselling 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. Current and future managers of the healthcare system should undertake training on servant leadership to serve the workers well for the ultimate benefit of the organization.

Keywords: 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., 2023a; Korth et al., 2020a). 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., 2023a; Wang et al., 2020a).

An enormous burden on healthcare services has been caused by the COVID-19 pandemic, a health emergency (Gupta et al., 2021a; 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., 2021a; Cleper et al., 2022a; Gupta et al., 2021a; Hassinger et al., 2022a; Shreffler et al., 2020a). Stress and anxiety levels considerably rose, which had an adverse effect on sleep quality and self-efficacy(Simonetti et al., 2021a).

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., 2020a; Chen et al., 2020a).

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, some shadings and blends 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 is the Servant leader.

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).

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).

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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 et al., 2020b; Chen et al., 2020b). Because a servant is a willingness to take responsibility and go for service instead of power and self-interest, he empowers the people (Bilal et al., 2020) and this intends results in creativity and innovation (BAYKAL et al., 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.

Application of Servant Leadership in Other Sectors

Servant leadership has been shown to positively impact employee satisfaction and productivity (Eva et al., 2019; Khattak & O'Connor, 2021; Rashid & Ilkhanizadeh, 2022) and a thriving workplace culture which feeds into an enhanced overall organizational performance (Babakus et al., 2010; Cho & Park, 2011). A recent study examined the relationship between servant leadership and employee job performance and discovered that employees who perceived their leaders as servant leaders demonstrated higher levels of job performance and engagement (Eslamdoust & Mahmoudinazlou, 2023). In education, the implementation of servant leadership principles by school principals has been shown to positively impact school teachers' job satisfaction (Al-Mahdy et al., 2016; Georgolopoulos et al., 2018; Kasun, 2009). In terms of student outcomes, Crabtree (2014) explored the relationship between servant leadership and student achievement in Southwest Virginia schools and observed that schools with servant leaders at the helm exhibited higher student achievement levels. Additionally, the servant leadership characteristics of school teachers have been found to significantly influence their students' academic achievement (Gultekin & Dougherty, 2021; Murphy, 2020; Noland & Richards, 2015). This suggests that servant leadership not only benefits employees but also positively affects the overall performance of the organization--in this case, the educational institution.

Servant leadership has also found its application in the nonprofit sector, where the focus is on serving the needs of the community. Nonprofit organizations such as NGOs and other civil society groups utilize the servant leadership model to achieve their core aim of making a positive impact in ways that enhances the quality of lives of target beneficiaries and bring development to the doorsteps of communities (Palumbo, 2016). According to Irving & Longbotham (2007), improved conditions for effectiveness inside nonprofit organizations are made possible by servant leadership.

Application of Servant Leadership in Healthcare/Hospital Settings

Healthcare organizations are in pursuit of leadership styles and structures that foster a culture centred on quality patient care and a fulfilling work environment for healthcare providers. Schwartz & Tumbli (2002) were part of the earlier scholars who initiated the advocacy for the adoption of the servant leadership model in healthcare organizations due to its inherent nature of caring for others, by providing an overview of servant leadership characteristics and its application in healthcare leadership and advocated. Campbell & Rudisill (2005) highlighted the relevance of servant leadership in the dynamic healthcare landscape, with its complex leadership challenges and diverse teamwork relationships.

Servant leadership has been touted as the best model for healthcare providers because of its emphases on leveraging the strength of teamwork among healthcare professionals, fostering trust among healthcare staff and between healthcare workers and patients, and enhancing the provision of satisfactory care to patients (Alama et al., 2019; Trastek et al., 2014). Although there is limited literature on how healthcare leaders apply servant leadership principles to improve the overall organizational climate and patient care outcomes, one area where servant leadership has shown its significance is in fostering a culture of open communication and trust within hospital settings. In their comparative study, Garber et al., (2009) used the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration and the Barbuto-Wheeler Servant Leadership Questionnaire to examine the attitudes towards collaboration and self-perception of servant leadership characteristics among nurses, physicians, and residents. Registered nurses (RNs) scored higher than physicians and residents in both collaboration and servant leadership. A weak

positive correlation was found between collaboration and servant leadership in the RN group, but no significant correlation was observed in the physician/resident group.

Servant leadership has also been associated with increased collaboration and reduced turnover rates among healthcare workers, as Hanse et al., (2016) revealed servant leadership dimensions such as 'humility', 'empowerment', and 'stewardship' to significantly influenced leader-member exchange (LMX) among healthcare professionals, indicating the potential for developing a stronger exchange relationship between leaders and subordinates in health care settings. Furthermore, has been linked with positive nurse behaviour and job satisfaction as well as patient satisfaction as Neubert et al., (2016) discovered that the organizational leadership structure (of a health facility) has a moderating effect in enhancing the influence of servant leadership on creative behaviour and patient satisfaction through nurse job satisfaction.

Health workers' Application of Servant Leadership in their Pandemic Response Efforts

During the COVID-19 pandemic, health workers around the world exemplified servant leadership by putting the needs of their patients and colleagues first. They risked their own lives and the safety of their families to work tirelessly day and night to provide care and support to the millions of people affected by the virus (Cox, 2020; Ehrlich et al., 2020). Demonstrating empathy and providing emotional support, health workers focused on creating a culture of psychological safety within their teams, encouraging open communication, and acknowledging the emotional toll of the pandemic. The commitment to servant leadership was demonstrated by the fact that these health workers sacrificed their well-being (Maben & Bridges, 2020) and spending time with their families (Cox, 2020) to spend several hours, and in some instances, days in hospital ICUs in heroic service delivery which saved the lives of millions across the globe during the peak of the pandemic.

In many situations, health workers who were not in managerial or leadership positions dared the odds and took on leadership roles in advocating for personal protective equipment (PPE) to ensure the safety of themselves and their colleagues while caring for patients (McDougall et al., 2020; WHO, 2020). Collaborative decision-making processes were embraced as health workers sought input from various team members to develop effective strategies for patient care and

safety, leading to improved teamwork and mutual support among inpatient clinical staff (Jordan et al., 2022).

Due to the immense workload and long hours spent caring for critically ill patients during the pandemic, many HCWs experienced burnout and emotional exhaustion (Leo et al., 2021; Sexton et al., 2022). This made it extremely challenging for them to be able to balance the desire to sacrifice their safety and comfort to save lives oneself without compromising their health. It has also been reported that in some countries, health workers encountered stigma related to mental health struggles during the pandemic which deterred them from seeking support and hindered the development of a psychologically safe work environment (Alhourri et al., 2023; Nabavian et al., 2023; Søvold et al., 2021).

While there is a paucity of literature on the specific application of servant leadership by health workers during the COVID-19 pandemic, these studies' anecdotal reports on the challenges HWCs encountered during the COVID response efforts shed light on the dedication and resilience of health workers in their efforts to provide care during an unprecedented global crisis.

Conclusion

Servant leaders are driven by the passion to serve the needs of others, empowering their teams, and promoting collaboration and open communication (Greenleaf, 1970; Spears, 2018). These qualities are particularly relevant during emergencies, as they promote effective teamwork and enhance decision-making processes. Healthcare leaders ought to employ servant leadership approaches in the management of emergency health crises like the COVID-19 pandemic by fostering a supportive and resilient organizational culture, and ensuring that their staff have access to adequate personal protective equipment (PPE) and all other relevant medical supplies needed to do their work safely and effectively. During such crises, healthcare professionals are under immense physical and emotional stress as they work tirelessly to care for patients and protect public health. By showing genuine concern for the welfare of their employees, servant leaders can foster a sense of trust, loyalty, and dedication among healthcare workers, encouraging them to stay motivated and resilient throughout the crisis.

Another important aspect of servant leadership in crisis management is the promotion of open communication and collaboration. As part of an emergency health response in a pandemic, decisions need to be made swiftly, and effective communication is critical to ensure that information is disseminated accurately and timely to all levels of the healthcare team. Leaders should actively listen to the concerns and ideas of their team members and involve them in decision-making processes. This inclusive approach not only leads to better decisions but also empowers the health workers to be pragmatic in their line of work, without fear of being queried for making important patient care decisions without recourse to higher authorities. By adopting this leadership style, healthcare organizations can support and empower their staff, ultimately improving patient care and outcomes.

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.

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.

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