



Servant Leadership and Employee Burnout: The Vital Role of Helping Subordinates Grow and Succeed

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Received on 07/15/2021; revised on 11/13/2021; published on 11/14/2021

Abstract

Employee burnout has been studied for over four decades. This considerable body of literature indicates that there are factors that effect employee burnout. Previous studies have found that within the domain of leadership studies, maintaining relationship quality between leader and subordinates is a predictor of employee burnout. Within Servant Leadership the relational aspect of Helping Subordinates Grow and Succeed is the most important component of Servant Leadership related to employee burnout in healthcare organizations in this study.

Keywords: : Servant Leadership, Burnout, Leadership, Helping Subordinates Grow and Succeed

1 Introduction

Employee burnout is one of the biggest threats to employers having an engaged workforce (Kronos, 2017). In addition to the lower rates of employee engagement, a 2014 study conducted by the American Institute of Stress (AIS) revealed employers spend \$300 billion annually on stress related healthcare and missed work. With such a profound impact on employee outcomes, further exploration should be taken to understand what burnout is and how leadership is related to burnout.

1.1 Burnout

The condition of burnout was first published in the Journal of Social Issues in 1974 by Herbert Freudenberger. Freudenberger sought to explain the phenomenon that he and others experienced while working in a clinic for addiction. He described those that experience burnout as having physical signs of exhaustion and fatigue and behavioral signs of quickness to anger, irritation, and frustration (Freudenberger, 1974). In addition to describing signs, Freudenberger described those prone to experience burnout as those staff members as “dedicated and committed.”

In 1981, Maslach and Jackson created the first instrument used to measure burnout called the *Maslach Burnout Inventory-Human Services Survey*. Together they defined burnout as having three dimensions: emotional exhaustion, depersonalization, and lower personal accomplishment. All to be discussed in detail later. Maslach along with various colleagues went on to create varying versions of the instrument to test burnout in educators and the general population of workers that work with people. While not considered a disorder, the American Academy of Professional Coders (2018) has added burnout to the list of billable medical conditions and has been assigned a diagnosis code for insurance billing purposes.

Part of the original definition of burnout included descriptors “dedicated and committed” when addressing the employees themselves. Within

healthcare, these dedicated and committed employees can be divided into two major job roles: direct patient care and non-direct patient care. Although these two distinct classifications of employees exist in tandem, burnout research has primarily focused on the direct patient care employee such as doctors, mid-level providers, and nurses. What this research aims to do is to bridge the gap between the knowledge for both job roles. One way to do this is to explore how leadership, specifically Servant Leadership, may relate to burnout in healthcare.

2 Literature

2.1 Leadership and Burnout

Although there have only been a few peer-reviewed, empirical studies on the relationship between Servant Leadership and stress, two meta-analyses provide a sense of how other aspects of leadership are related to stress.

Table 1 shows that abusive or destructive leadership generally has a moderate relationship with aspects of stress. The strongest, inverse relationships between aspects of leadership and stress tend to be those that measure relationship aspects of the leader-follower relationship such as leader-member exchange. Surprisingly, perhaps the most widely researched model of leadership, transformational leadership, was only weakly related to various aspects of stress.

Given the somewhat stronger relationships found for the quality of the leader-follower relationship and stress, aspects of Servant Leadership should also be important predictors of worker stress. Intuitively one would think that empowering working, putting their needs first, and helping them heal, would be the strongest aspects of Servant Leadership most strongly

related to reduction of burnout in workers. The results of this study found that the most important aspect is helping subordinates grow and succeed.

Furthermore, there is evidence that Servant Leadership does add to positive outcomes of organizational commitment, job satisfaction, trust in su-

Study	Leadership	Stress Dimension	k	N	Effect Size
Mont (2016)	Destructive Leadership	Burnout	16	8,181	.36
Harm (2017)	Abusive Leadership	Burnout	9	2,570	.36
Harm (2017)	Leader-Member Exchange	Burnout	18	4,510	-.45
Mont (2016)	Relations-oriented leadership	Burnout	14	8,838	-.40
Harm (2017)	Transformational leadership	Burnout	25	6,329	-.32
Mont (2016)	Communication process	Burnout	5	1,844	-.31
Mont (2016)	Leader-member exchange	Burnout	16	8,596	-.28
Mont (2016)	Transformational leadership	Burnout	28	14,553	-.21
Mont (2016)	Task-oriented leadership	Burnout	5	2,241	-.10
Harm (2017)	Abusive Leadership	Depersonalization	4	1,222	.55
Harm (2017)	Leader-Member Exchange	Depersonalization	8	2,060	-.50
Harm (2017)	Transformational leadership	Depersonalization	20	6,905	-.26
Harm (2017)	Abusive Leadership	Emotional Exhaustion	22	8,585	.35
Harm (2017)	Leader-Member Exchange	Emotional Exhaustion	9	2,246	-.35
Harm (2017)	Transformational leadership	Emotional Exhaustion	11	3,391	-.23
Harm (2017)	Abusive Leadership	Low Personal Accomp	2	631	.48
Harm (2017)	Leader-Member Exchange	Low Personal Accomp	6	750	-.33
Harm (2017)	Transformational leadership	Low Personal Accomp	10	3,013	-.22
Harm (2017)	Abusive Leadership	Stress	13	4,940	.22
Harm (2017)	Leader-Member Exchange	Stress	22	6,861	-.35
Harm (2017)	Transformational leadership	Stress	34	13,105	-.28

2.1 Servant Leadership

Servant Leadership emerged as a leadership philosophy in the 1970’s by Robert Greenleaf, a former executive at AT&T. Servant-leadership “begins with the natural feeling that one wants to serve, to serve first” (Greenleaf, 1977). The premise behind the philosophy is that leaders are most effective when they put the work needs of their followers first. The Greenleaf Center for Servant Leadership defines it as a “philosophy and set of practices that enriches the lives of individuals, builds better organizations and ultimately creates a more just and caring world (2016).” Greenleaf’s original ten principles of Servant Leadership were: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community.

Backed by empirical research, the philosophy of Servant Leadership is emerging as a leadership theory that should be further explored. The theory currently has four scholarly instruments used to measure the construct. However, no single instrument has yet to emerge as supreme. This study will utilize the *Servant Leadership Scale* developed by Liden, Wayne, Zhao, & Henderson in 2008. Liden’s version of the *Servant Leadership Scale* defines seven measurable dimensions of Servant Leadership: emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow and succeed, putting subordinates first, and behaving ethically. The theory is not without its weaknesses and is moderately to strongly correlated to transformational leadership. However, the value in further exploring the theory of Servant Leadership lies within its value for relationships, focus on followers rather than leaders, and its congenial connection to altruism and a sense of healing.

pervisor, and leader-member exchange (Hoch, Bommer, Dulebohn, and Wu, 2016).

Table 2 depicts the outcomes of the use of Servant Leadership.

Outcome	k	N	rho
Trust in manager	7	1,886	.71
Job satisfaction	11	2,671	.66
Organizational commitment	11	2,424	.55
Engagement	4	959	.52
Affective commitment	5	1,436	.41
Overall OCB	6	2,404	.40
Job Performance	8	2,077	.23

Note. Hoch, Bommer, Dulebohn and Wu (2016).

Within the body of literature on burnout in the healthcare industry the focus of research primarily been on health care providers that have direct patient contact, i.e. nurses and physicians. While providers with direct patient contact deliver the end-product, there is a segment of the non-direct patient care employees that interact with patients to ensure seamless delivery of healthcare operations. It is important to understand how leadership style impacts the prevalence of burnout in both segments of the healthcare organization workforce and become aware of those factors that may correlate with burnout and/or uncover any differences between the two workforce segments. Equally important is the need to add to the body of literature and empirical research on the topic of Servant Leadership.

3 Method

3.1 Participants, Instruments

A nonprobability purposive sample was sought to recruit individuals that self-identified as working in a job role found in healthcare organizations. Of the 3,382 email invitations sent, 262 or 8% participants responded. Of those 262 responses, 210 or 80% of participants completed the survey. The age of the participants ranged from 18-70. The mean age of the participants was 39.97, the median age was 39, and the mode was 33. One survey participant did not identify their age, resulting in an $N = 209$. There were 210 total participants of which 21.9% were male

($N = 46$) and 78.1% were female ($N = 164$). Of those collected, 5.7% identified as Asian ($N = 12$), 29% identified as Black/African American ($N = 61$), 23.3% identified as Hispanic ($N = 49$), 41.4% identified as White/Caucasian ($N = 87$), and .5% identified as Pacific Islander ($N = 1$).

With respect to job role, 42.9% were direct patient care ($N = 90$), 30.5% were non-direct patient care ($N = 64$), 23.3% were in leadership role ($N = 49$), and 3.3 % reported as other ($N = 7$).

3.2 Demographic Survey

Once informed consent was administered, participants completed a self-identification demographic survey. The items on the survey included age, gender, ethnicity, tenure, and job role. Categories of ethnicity will be based on the US Census Bureau. Tenure pertained to the number of years the participant has been in their current job role. Job role itself was based on whether the participant currently serves in a direct patient care, non-direct patient care, or leadership job role.

3.3 Instruments

3.3.1 Servant Leadership Scale

The *Servant Leadership Scale* was developed by Liden, Wayne, Zhao, and Henderson in 2008. The *SLS* is a 28-item instrument that measures seven dimensions of Servant Leadership: emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow, putting subordinates first, and behaving ethically. Each subscale is calculated from a mean of four items and is scored using a seven-point Likert scale ranging from one to seven (strongly disagree = 1 to strongly agree = 7).

Cronbach alpha scores for the seven subscales range from .86 to .91 (Liden et al, 2008). Conceptual skills $\alpha = .86$, empowering $\alpha = .90$, helping subordinates grow and succeed $\alpha = .90$, putting subordinates first $\alpha = .91$, behaving ethically $\alpha = .90$, emotional healing $\alpha = .89$, and creating value for the community $\alpha = .89$.

A confirmatory Factor Analysis concluded that seven-factor model was better fit than alternatives ($\chi^2 = 549$, $df = 329$, $CFI = .98$, $SRMR = .05$, $RMSEA = .06$). Convergent validity showed that all seven dimensions of Servant Leadership were moderately to strongly correlated with transformational leadership (.43 to .79) and leader-member exchange global score (.48 to .75.) Predictive validity showed that all seven dimensions were weakly to moderately correlated with the affective commitment scale of the Organizational Commitment Questionnaire (.18 to .45) (Liden et al, 2008).

3.3.2 Maslach Burnout Inventory

The *Maslach Burnout Inventory-Human Services Survey for Medical Personnel [MBI-HSS(MP)]* was developed by Maslach, Jackson, and Leiter. The *MBI-HSS* is a 22-item instrument that measures three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment in medical personnel. Each item is measured on seven point fully anchored scale ranging from “never” to “every day.”

Internal consistency was estimated by *Cronbach's coefficient alpha* ($n = 1,316$). Reliability coefficients for each dimension is as follows: .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. The test-retest coefficients for each dimension is as follows: .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment. All significant at $p < .001$.

Convergent validity showed that all three dimensions were weak to moderately correlated to peer ratings of burnout (.24 to .56), dimensions of job experiences (.19 to .38), and personal outcomes (.16 to .41). Discriminant validity showed that all three dimensions were weakly correlated with “general job satisfaction” scale of the *Job Diagnostics Survey* (.17 to .23).

3.4 Procedure

The study was conducted using a purposive sample of individuals that self-identified as working in a healthcare organization. Participants were asked to rate their immediate leader on Servant Leadership using the *SLS*, rate themselves using the *MBI-HSS(MP)* and complete a demographic survey to include age, gender, ethnicity, tenure, and job role.

4 Results

Three different multiple regressions were conducted using each of the seven servant leadership components as predictor variables and the three measures of burnout as criterion variables.

Model Summary of Significant Predictors for Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Model	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	R^2	ΔR^2	β	Sig F Change	R^2	ΔR^2	β	Sig F Change	R^2	ΔR^2	β	Sig F Change
1	.43	.43	-.65	.00	.35	.35	-.59	.00	.19	.19	.44	.00
2	.46	.03	-.31	.00	.37	.02	-.28	.01				
3	.47	.02	.25	.02	.39	.02	.28	.02				
4	.49	.02	-.30	.02								

Note. All seven aspects of Servant Leadership analyzed using one block with the stepwise method. Empowering, Creating Value for Community, and Conceptual Skills were not significant predictors. Model 1. Predictors: (Constant), Helping Subordinates Grow & Succeed
 Model 2. Predictors: (Constant), Behaving Ethically
 Model 3. Predictors: (Constant), Emotional Healing
 Model 4. Predictors: (Constant), Putting Subordinates First

For all three regressions, Helping Subordinates Grow and Succeed was the strongest predictor of burnout. For emotional exhaustion, helping subordinates grow and succeed explained 43% of variance. Similarly, it explained 35% in depersonalization. Finally, it explained 19% of the variance in personal accomplishment. The dimensions of behaving ethically, emotional healing, and putting subordinates first explained very small amounts of variance beyond the strongest predictor variable, helping subordinates grow and succeed.

5 Discussion

At a correlation level, the seven components of Servant Leadership were each significantly related to each of the three components of burnout. However, when put into a multiple regression only the Helping Subordinates Grow and Succeed component of Servant Leadership was shown to be a predictor for all three components of burnout. Concluding that helping employees grow and succeed in their job roles has an inverse relationship with workplace burnout for healthcare organization employees. When looking at the four items that comprise this component of Servant Leadership: *My manager makes my career development a priority, My manager is interested in making sure I achieve my career goals, My manager provides me with work experiences that enable me to develop new skills, and My manager wants to know about my career goals* it appears that these questions are also in alignment with the ideas of mentorship and professional development.

When thinking globally about the impact of the relationship between

Benefits to Protégé – Instrumental Mentorship

Benefit	k	N	rho
Situational satisfaction	37	7,627	.36 ^a
Sense of affiliation	22	4,270	.33 ^a
Turnover intent	12	2,833	-.24 ^a
Perceived career success	10	2,369	.32 ^a
Career prospects	9	5,095	.23 ^a
Strain	9	1,551	-.12 ^a

NOTE. Instrumental support mentorship is geared toward facilitating goal attainment. Erby, Allen, Hoffman, Baranik, Sauer, Baldwin, and Evans (2013)

helping subordinates grow and succeed and reduction in burnout, mentorship is a potential way this can be manifested by leaders in healthcare organizations. Table 4 and Table 5 illustrates meta-analytic data regarding the relationship between mentorship and strain. Table 4 shows the inverse relationship between instrumental mentorship ($\rho = -.12$) and strain and Table 5 shows that inverse relationship between psychosocial mentorship ($\rho = -.11$) and strain.

Whereby instrumental mentorship is designed to facilitate goal attain; psychosocial mentorship is designed to enhance competence and influence personal and emotional development (Erby, Allen, Hoffman, Baranik, Sauer, Baldwin, and Evans, 2013). A combination of these two forms of mentorship demonstrate the key aspects of helping subordinates grow and

Table 6. Benefits to Protégé – Psychosocial Mentorship

Benefit	k	N	rho
Situational satisfaction	30	5,632	.23
Sense of affiliation	14	5,520	.31
Learning/socialization	15	3,872	.20
Turnover intent	14	3,827	-.08
Compensation	9	5,256	.03
Perceived career success	8	1,848	.07
Strain	7	3,952	-.11
Self-efficacy	11	1,821	.16

NOTE. Psychosocial mentorship is geared toward facilitating personal and emotional development. Erby, Allen, Hoffman, Baranik, Sauer, Baldwin, and Evans (2013)

succeed, thus having the potential to influence a reduction in employee burnout in healthcare organizations.

In conclusion, Servant Leadership is more than mentorship. It demonstrates the importance of the leader-follower relationship, altruism, healing, and value for community. This study conducted in healthcare employees suggests that while there are many components to servant leadership, healthcare employees particularly value leaders that help them grow and succeed. The duality of professional goal attainment and personal development are aspects of servant leadership that serve not only employees and healthcare organizations but also the patients that receive care.

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