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Servant leadership: A journey, not a race



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Servant leadership offers a fresh approach to meeting the critical leadership challenges of contemporary healthcare organisations, while honouring the humanity of everyone they touch.

The terms of the work world have changed. Employee expectations and organisational mandates have shifted. In order to be successful and relevant in this environment, leaders must learn new ways of leading, throwing off the old command and control styles of management and adopting models that are principled and service-driven. That requires more than a to-do list: it demands a fundamental re-imagining of corporate culture and organisational health.

Servant leadership is not a new idea, but it is being “discovered” at an exponential rate. Contemporary organisations are eagerly searching for guidance in achieving their missions and goals through engaged and invested employees - employees who become co-creators of the organisation. Healthcare and servant leadership are natural partners.

Servant leadership helps positional leaders understand their role as stewards. It appeals to C-Suite executives and physician leaders with enterprise-wide impact who seek to transform the workplace. Mid-and lower-level managers and supervisors use servant leader principles to create cohesive teams, improve the work environment and develop themselves for greater responsibility. Servant leadership is a better way of doing business; it is a nobler side of leadership (Belton 2016).

Servant leadership 101

Derived from the work of Robert K. Greenleaf, servant leadership is both a philosophy and set of practices that overarches all styles of leading. It colours how we hire and fire, plan and hold accountable, think and behave, relate and communicate. From his background in business (AT &T) and education (Harvard, MIT), Greenleaf conceptualised the servant leader as a person of integrity, who leads an organisation to success by putting the needs of customers, employees and communities first, by sharing knowledge and power, and by helping people perform to their highest capacity.

The servant leader is *servant first*, whose conscious choice brings him/her to lead. That person is sharply different from one who is *leader first*, with the perks and power that implies. The difference, Greenleaf maintains, manifests itself in the care taken by the *servant first* to make sure that other people's highest priority needs are being served. How is a servant leader recognised? Greenleaf formulated his Best Test: do those served grow as persons? Do they become wiser, freer, more autonomous, and more likely themselves to become servants? (Greenleaf 1970).

While all the traditional skills and competencies are required of the servant leader, there are some distinguishing characteristics:

- Authentic humility: a regular practice of reflection
- A focus on serving followers for their own good, not just the good of the organisation; instilling a sense of collective ownership in the organisation's success
- Concern for the wellbeing of all stakeholders—from patients, families and staff to suppliers, contractors and the community
- Emphasis on providing opportunities for growth and professional development; coaching and creating more servant leaders
- Leading by moral authority instead of relying on positional authority alone: inspiring followership

Over the decades, the literature has linked servant leadership to a broad array of positive business outcomes and organisational citizenship behaviours such as collaboration and effectiveness, service orientation, satisfaction with the supervisor, innovation, individual and team effectiveness, employee engagement and return on investment. These and other studies establish a business case, a human resource case and a customer service case for servant leadership.

You might also like: [Effective Leadership in the 21st Century](#)

Servant leadership and organisational health

Organisations are like people. They can be healthy or ailing and even moribund. An organisation's state of health affects its employees, customers, processes, reputation and bottom line. It seeps into their ethics, agility, relationships, ability to attract talent, customer loyalty and culture. Healthy organisations, like healthy individuals, don't just happen: we have to work at it.

Healthy organisations are places where employees want to work and patients want to receive care. Healthy work environments demonstrate 'organisational ecology': the equilibrium between taking care of immediate tasks and concerns, and building systems that strengthen and sustain the organisation over time. Servant leadership is about foresight and stewardship; understanding the impacts of one's leadership and leaving the organisation in a better state.

In hierarchical organisations, the optic of power is the pyramid; power is top-down. While hierarchy is in itself a neutral system, the potential for misuse is inherent. Servant leadership inverts the pyramid; upends the hierarchy, so that the ones being served are at the apex of the pyramid and the ones serving are at the base. Servant leaders do not relinquish responsibility, but they allocate power broadly.

One way servant leaders achieve this is by honouring the tenet of *primus inter pares*: "first among equals"; a sharing or dispersion of power throughout the organisation. This is not done haphazardly: staff must be trained and capable of assuming their portion of the power. It is commensurate with their ability, and accretes as trustworthiness is verified. *Primus inter pares* is not an abdication of responsibility: the leader is *always* accountable.

Servant leadership does not relieve the positional leader of answerability; however, the attention is less on hierarchy and formal titles, and more on empowering the team. Servant leaders seek consensus where possible. Consensus is not 'decision-making by committee' or 'managing by vote', but it does buy trust and good faith for those times when a leader must produce a speedy, unilateral decision. Consensus-building is consistent with servant leadership.

Primus inter pares offers others a 'seat at the table'. It listens to ideas and opinions, hears disagreement, and welcomes respectful caution. It teaches the team to participate in the process and the solution: in essence, to practise servant leadership themselves. Leaders have only as much power as followers are willing to give them. Servant leaders hold that power *in trust*.

Healthcare and servant leadership: natural partners

Linda W. Belton writes: My tenure at the U.S. Veterans Health Administration (VHA) gave me many opportunities to champion servant leadership in a massive healthcare system. VHA is on a servant leadership journey, encountering the struggles and achievements with which many systems can identify. Like most organisations, VHA is a work in progress.

Enculturating servant leadership is a daunting prospect; even more so with a system of such magnitude, political environment and revolving-door leadership. Misperceptions abound. "Servant Leadership isn't strong leadership." "The term 'servant' offends me." "You can't practise servant leadership in a government agency." "I can't embrace servant leadership if the people above/around me don't." Servant leadership is not for the fainthearted! It is not soft, laissez-faire, lenient or anaemic leadership: it requires *strength of self-mastery, strength of action and strength of*

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relationships. Servant leaders operate from courage, persistence, resilience, accountability and a steady internal compass. They understand the difference between *service* and *servitude*. While ideally culture change should be guided from the top, practically it is a top-down, bottomup, side-to-side proposition. If you are anywhere in the leadership ranks, you can be a servant leader. Don't wait for the memo! Servant leaders combine humility with determination. They are resolute in where they're going, firm in how they'll get there, and generous in sharing the road.

Despite the obstacles, the changing context of healthcare, congruence with enterprise priorities, and alignment with VHA 's values and core competencies spurred the servant leadership journey along. VHA was embarking upon transformational change. Adopting major initiatives in patient-centred care, civility and engagement, ethics and psychological safety required a supportive and integrative structure. In its versatility, values, and effectiveness, servant leadership provided that framework.

Essential steps in building a culture of servant Leadership

- Generate interest. Raise awareness. Talk about servant leadership. Identify examples of it in everyday practice.
- Educate both current and developing leaders in servant leader principles; train all employees in their role in a servant organisation. Elevate the conversation and clarify the expectations. *Everyone* in the organisation is a caregiver; *everyone* is a servant leader in their niche of service.
- Leaders are the primary models and messengers of servant leader behaviour, which is then replicated throughout the organisation. Language must consistently reflect the principles. Policies, budgets, position statements, employee memos, patient correspondence, etc. All must be reviewed through the lens of servant leadership.
- Provide self-assessment opportunities. VHA developed an online 360 degree instrument (McCarren et al. 2016) based on the *Seven Pillars of Servant Leadership* (Sipe and Frick 2000) to help leaders assess their servant leader competencies and plan for growth.
- Measure organisational outcomes, but allow time for culture change to take root. VHA created a servant leader index that scores supervisory outcomes, workgroup effectiveness and external quality metrics.
- Integrate servant leadership into other corporate priorities to avoid an 'initiative of the month', and to survive leadership turnover. Build it into human resource processes, performance objectives, information and communication systems, customer service programmes, etc. Weave it into the fabric of the organisation. What you are seeking is more than individual servant leaders: it is a servant organisation

Healthcare is a team sport

In an industry where the drivers are quality, safety, compassion and a solid business model, it's surprising that servant leadership isn't practised everywhere. In our estimation, and in the experience of major providers like VHA and the Cleveland Clinic, servant leadership is an ideal platform for excellence in healthcare. It is compatible with patientcentric, relationship-centred and value-based approaches. It enhances efforts in change management, succession planning, diversity and inclusion, and is a launching pad for high-functioning teams. It is results-oriented and thrives on systems thinking, encouraging the leader to regularly view the organisation from a 30,000 foot perspective, where patterns, connections and the 'big picture' become evident.

Healthcare has grown up. It has taken its place in the fierce worlds of business and competition, science and technology. It demands a leadership paradigm that has also grown up. Servant leadership is often countercultural. As Robert Greenleaf surmised, being *servant first*, addressing people's highest priority needs, offering others a seat at the table, and upending the hierarchy, contradicts what many of us learned in graduate school. Servant leadership, while preparing us for the hard realities of healthcare management, achieves success by affirming the very values and relationships that make healthcare a mission.

Key Points

- Leadership is a personal decision to serve
- Servant leadership does not replace traditional management functions, but shapes how they are performed
- Servant leaders may make mistakes, but they are less likely to be derailed by unethical or unaccountable behaviours
- Servant leadership is fundamental to transformation
- There is nothing impersonal about business. Decisions must be undertaken with a gravitas that acknowledges the human impact
- Service is not a by-product of leadership: it is the whole point
- We are not a servant leader until others see us as one

The greenleaf leadership conference 2017

On November 2-4, 2017, the Greenleaf Center is hosting its premier leadership conference at the Gaylord Texan Resort in Grapevine, Texas, near Dallas/Fort Worth. This is the 25th gathering of the servant leadership community with this year's theme—"The Journey Starts Here." With dynamic speakers, curated conversations, learning sessions, and scheduled time for networking and relationship building, the conference is designed to help people *Connect – Learn – Grow – Go*, creating a better world personally and professionally. Attendees from past conferences have said: *"More informed, more self aware, and better prepared to be a servant leader and advocate for the cause"* and *"Most conferences I attend try to reach you from the neck up, while the Greenleaf event reaches you from the heart up."* Plan to attend. Visit greenleaf.org to learn more about the Center, register for the upcoming conference or to become a member today—The Journey Starts Here.

Now retired, **Linda W. Belton** was a senior executive in the U.S. Veterans Health Administration, directed Wisconsin's hospital system and private sector facilities.

She served on the Board of Trustees of the Greenleaf Center for Servant Leadership. A Fellow in the American College of Healthcare Executives, she is author of *A Nobler Side of Leadership: The Art of Humanagement* (2016).

Phillip Anderson serves as the Co-Program Director for the Greenleaf Center for Servant Leadership. He develops and presents training materials, teaches classes, and helps cultivate the servant leadership community. He is the founder of the ReThink! Consulting Group, helping individuals and organisations rethink ideas and relationships, especially collaborations, to make better organisations and communities

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