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Servant Leadership: Its Impact and Relationship on Organizational Performance & Organizational Learning in Physicians

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From previous researches, it has been found that organizational performance and organizational learning depends greatly on leadership style. Consequently, this research was conducted on Physicians of public and private hospitals of Indonesia to find the relationship and impact of servant leadership of physicians of public and private hospitals on organizational performance and organizational learning. The study also assessed whether tenure of physicians in providing service to healthcare develops attributes of servant leadership. The target population is general physicians working in primary and tertiary care hospitals including consultants, Chief Physicians and the Resident Medical Officer. Data was collected from 341 physicians via convenience sampling. SPSS version 22 was used for statistical analysis. The findings are that servant leadership has a positive correlation with organization learning (r= 0.498, p = < 0.001) while a moderate weak correlation was observed between servant leadership and organizational performance (r= 0.369, p = < 0.001). There is no difference between the physicians working in government hospitals and private hospitals, traits (Listening, Empathy, Foresight, Stewardship, Commitment, building etc.) of servant leadership are found in both. The main research objective is to determine whether qualities of servant leaders are present in physicians and whether these can help improve hospital performance and learning which can ultimately increase hospital performance and improve the healthcare system. This would help increase organization productivity and a learning atmosphere would be created where physicians enhance their skills and serve more people.

Key words: *Servant leadership, organizational learning, organizational performance, physicians, public hospitals, private hospitals.*

Introduction

Leadership has been studied for several decades but still remains a relatively mysterious concept. Whether sourcing attribute or behavioral theories, it is difficult to describe leader diversity and also the nature of leadership interactions. However, in general, a leader can be defined as an individual whose behavior or actions impacts other people including those one who are influenced by the actions (Komives, 2016).

A well-established business can only result if the leadership qualities are strong. Leadership plays a core role in evolving comprehensive organizational cultures and employee commitment. Leadership is also defined by the European Foundation for Quality Management (EFQM) at the strategic level as "how leaders develop and facilitate the achievement of the mission and vision, develop values required for long-term success and implement these via appropriate actions and behaviors, and are personally involved in ensuring that the organization's management system is developed and implemented." One of the most essential part of management functions is quality control and firms' culture and leadership plays an important role in quality management (Laureani & Antony, 2017). In the industry, Healthcare reform is accelerating and remarkable changes are taking place. To direct these changes, there is a need for robust leadership, particularly from physicians (Gandolfi & Stone, 2018).

Leadership Models in Other Countries

Leadership is a shared practice in which colleagues are involved, independently as well as in teams, so that they can face challenges, and then work collectively for improvement of mission-aligned objectives. However, leadership style and approaches can vary (Swensen, Gorringe, Caviness, & Peters, 2016). Physicians are labor in large health care organizations. Several studies found that in the US approximately 75% of physicians are now actively working in hospitals, health care organizations and academic health centers, as well as large practice groups (Hawkins, 2012). New challenges have been generated due to the great advancement in practice organization for physicians, which demand them to sacrifice some autonomy/flexibility such that efficiency necessities set by the society can be achieved, and responsibility to organizational leadership established (Lin, 2014). There is a need to have a deeper understanding regarding the medical practice necessary to lead and control the physician professional advancement and this adds to the complexity that requires leaders themselves to be physicians (Hopkins et al., 2015).

Early discoveries support the importance of admirable leadership. Further investigation in healthcare could identify further benefits which can be deliverable. To determine which leadership style is best for physicians, a comparative study was conducted of different research findings. When compared, the leadership discrepancies of medical training which is traditional, the curative mission and the significance of enhancing physician-leaders' expertise are highlighted by the ethical imperative of medicine. Programs are emerging to cater to the need to develop physicians as leaders and this will help make health-care organizations better (Oostra, 2016).

To establish a clearer view of the situation it was determined that two questions should be answered:

(1) What are the capabilities portraying the best physician-leader and
(2) What are the key features (e.g., format, curriculum) of the perfect package through which physician-leaders can be trained?

Transactional Leadership: Transactional leadership is a model in the context of frameworks of reinforcement and discipline. This model has been viewed as the most pervasive initiative model utilized in the healthcare system. Transactional leaders set objectives and performance benchmarks for their workers and consequently guarantee to give rewards (generally financial) if those norms are met. A worker who does not meet standards may confront punishment. The model depends on outwardly persuading the employees to work for their own advantage. Transactional leadership model cannot represent the complex motivations of health care providers and the expert and moral obligations to their patients. Transactional leadership neglects to construct trust between the pioneer and the supporter, a fundamental part of the health care provider-patient relationship. This model does not require a leader to take the moral and good road and to give high-value care to the patient. In healthcare, leadership must consider the moral considerations of a patient's life (Trastek, Hamilton, & Niles, 2014).

Adaptive Leadership: Adaptive Leadership is utilized to empower a group to overcome challenges by change. An adaptive leader distinguishes versatile difficulties and confronts difficult realities of the situation and old values or beliefs which contribute to the challenges. Health care providers have been urged to utilize the adaptive leadership model in the clinical, research, and medicinal services strategy settings. Patients frequently face adaptive tasks while going up against a high-risk sickness. Through versatile initiative, a human services supplier empowers patients to impact lifesaving changes by defying them with the truth of their medicinal condition (Trastek, Hamilton, & Niles, 2014). In spite of the potential dangers of applying adaptive leadership, the act of collaborative critical thinking and honest confrontation could advance development and successful changes at different levels of the health care system; However, adaptive leadership may not coordinate the moral prerequisites of the health care system.

Transformational Leadership: Transformational leaders work to inspire their supporters to look past their own particular self-interest and to perform above aspirations to advance group and hierarchical interests. The transformational leader's vision and qualities are vital to the mission of the group. The leader accepts profoundly the vision and qualities that are key to the purpose of the group. To gain the participation of followers and to keep the interest of supporters, a transformational leader must advocate for his or her vision and influence followers to embrace it. Transformational leaders give large-scale motivation and inspiration for a dream or mission; the transformational pioneer's vision is central to this model and may hinder capacity to impact change in human healthcare services (Trastek, Hamilton, & Niles, 2014).

Servant Leadership: Best Model in Healthcare Industry

Servant Leadership is a paradox—a way to deal with authority that runs counter to sound judgment. The regular picture of a leader in our mind doesn't concur with leaders being servants. Pioneers impact and servants follow. In what capacity can leadership be both service and impact? In what manner can a one be a pioneer and have servant leader traits in the meantime? Despite the fact that servant leadership appears to be contradictory and challenges our conventional convictions about power, it is a methodology that offers a one of a kind point of view. The word 'servant leadership' has been devised by Robert K. Greenleaf. It is a natural healthcare cultural match as it stresses on community building and a commitment of being patient centered concurrently with the development of people with understanding and consciousness. Most crucial is the most important duty and everyday mission which guarantees that the "needs of the patient" is considered to be the only necessity.

The term "Servant Leadership" is comprehensive of individual service to society regardless of the position. Greenleaf trusted the message of the story was that one needs to serve society first and through one's administration a man will be perceived as a pioneer. Leadership must be about service to the people (Gandolfi & Stone, 2018). Medical services associations are searching for leadership styles and structures to help culture concentrated on quality of care for the patient and a significant workplace for healthcare service providers. The American Association of Critical Care Nurses (AACN) analysts reasoned that roughly 90% of their individuals stated joint effort collaboration among medical caretakers, doctors and managers was a standout amongst the most essential factors in developing a healthy workplace. Additional discoveries after reviewing the literature identified certain skills which will develop well-being experts having certain distinguishing qualities for example, strong communication skills, cooperation, strong decision making power, right staffing, recognition and authentic leadership (Gunnarsdóttir et al., 2018).

Servant Leadership is "amazingly positive" and has three related advantages: (a) Servant Leadership not exclusively is Scriptural, it is successful; (b) Servant Leadership expands the employees' satisfaction; and (c) Servant Leadership builds group adequacy and team effectiveness. Servant leadership was also characterized as, "the comprehension and practice that the leader puts the prosperity of those he is leading over his own interest" (Gandolfi & Stone, 2018). It was reported by Hanse et al. (2016) that it is the requirement of healthcare organizations to implement the model of servant leadership because such care ''has an inherent servant nature''. A synopsis of servant leadership attributes and the utilization of this model to medical services authority has been studied. Hanse et al. (2016) recommended that there is a specific importance of servant leadership in medical services today identified with the dynamic workplace, complex challenges in leadership, and different teamwork connections. While servant leadership seems, by all accounts, to be a possibly valuable style of leadership in healthcare providing organization, research is expected to investigate how it is seen by those working in healthcare providing organizations. Understanding medical caretaker and doctors' attitude towards joint effort and servant leadership may significantly affect the future routine with regards to nursing and prescription and will contributes towards in changing the hierarchical culture (Marmo & Berkman, 2018).

The primary motive among health care organization is to serve humanity, increase well-being of the people and to ensure profitability and sustainability in today's competitive environment. This requires allocation of insufficient resources and also contributes to the economy of the country. This can only be achieved if a hospital is able to achieve patient satisfaction, employee satisfaction and the organization is influenced by a compelling leadership style. The concept of servant leadership has gained enormous popularity in the modern age. Yet, the current reality is that disappointment is being seen in doctor care because of hierarchical conditions which brings about decrease in nature of care to patients, unsatisfied patients' needs and in this way low productivity. Decreased nature of care to suppliers diminishes the organizational performance: absence of correspondence among medicinal services suppliers leads to mistakes made in providing care and an absence of coordinated effort between pioneers with devotees and subordinates results in the needs of supporters not being considered and weak team and leader relationships (Shanafelt & Noseworthy, 2017).

This research aims to reflect on leadership within the context of hospitals and the action of managers of hospitals to contribute their best to the purpose for the organization. From this point of view, this paper examined whether servant leadership style affects leadership performance and organizational learning. Furthermore, research into the impact of servant leadership traits on the performance of a health care organization, could contribute to the current research on leadership traits and organization performance, and will have the potential, through a quantitative approach, to suggest hospital policy and procedure in order to contribute to societal and national economic growth.

Literature Review

It is now public disclosure that there is a need for doctors to be both a competent manager and leader in every stage of their careers (Shanafelt & Noseworthy, 2017). The best model for healthcare providers is a servant leadership model, as it emphases special traits: team strength, trust development, serving patient needs etc. As servant leaders, a healthcare worker must be fully prepared to make revolutionary changes in organization. The value of providing care for patients can be developed further by enhancing provider-patient interpersonal connection (Trastek, Hamilton, & Niles, 2014). Positive patient outcomes can also be attained if a leader has servant leader attributes and also welcomes promoting change in the patient health behavior. The theory of self-determination explains how factors like autonomy, competence and empathy work together to encourage change in individuals.

Identity, at individual, relational and structural level is a vital element in physician recognition of their role as a leader. Also, recognition as a dual character is important for success as a physician leader. The research outcomes of this study might be helpful for health care sectors decision makers faced with selection and assignment of physician leaders (Quinn & Perelli, 2016). Physician attitude and understanding towards organization and servant leadership may have a major influence on the upcoming practice of medicine and on improving organizational performance and learning. The main emphasis in leadership is the difference between servant and transformational leadership. In both styles of leadership the emphasis is mainly on the followers, as significant attention is paid on service to followers as a servant leader, while transformational leaders involve supporters by using their energies for goal accomplishment. There is a need for both transformational and servant leadership in continuous progress and learning.

The research indicates that employees working in service provision organizations practice the servant leadership model and may be more devoted to organization values and sustain increased levels of performance (Koohang et al., 2017). Due to increased challenges in the healthcare industry and higher demand there is a need for more physician leaders and it has been observed that promotion of physicians to administrative roles is taking place, on the basis of clinical proficiency but that they lack the abilities required for active organizational leadership, and thus many “have not been great leaders” (Hopkins et al., 2015).

Attributes of Servant Leadership

- Conceptualizing is an attribute of servant leadership. Conceptualizing alludes to the servant leader's exhaustive comprehension of the association—its motivations, complexities, and mission. This limit enables servant leaders to thoroughly consider multifaceted issues, to know whether something is turning out badly, and to address issues innovatively as per the general objectives of the association.

- Emotional healing involves being sensitive to the individual concerns and prosperity of others. It incorporates perceiving issues and being willing to set aside the opportunity to address them. Servant leaders who show enthusiastic mending techniques make themselves accessible to other people, stand by them and furnish them with help.
- Making Value for the Community: Servant leaders create an incentive for the network by deliberately and purposefully offering back to the people and giving more to the community. They are associated with nearby exercises and urge adherents to likewise volunteer for network benefit. Making an incentive for the community is one way for pioneers to connect the reasons and objectives of an association with the more extensive motivations behind the network (Northouse, 2018).

The Concept of Servant Leadership

An extensive literature review identified six essential servant leaders features: authenticity, authority and development of their supporters; humility; acceptance of people as they are; guidance, working for societal improvement.

Servant leadership scholars have refined the operational subjects related with servant leadership. The accompanying creators—the worker initiative factors related with each creator -are recorded by their name and have been entered in the hypothetical definition of hireling authority in view of Greenleaf's introductory system:
(a) inspirational and moral dimensions;
(b) self-character, limit with regards to correspondence, relationship building, and preoccupation with the future were essential themes;
(c) listening, compassion, empathy, healing, mindfulness, influence, conceptualization, prescience, stewardship, responsibility, and building community;
(d) vision, impact validity, trust, and administration;
(e) esteeming individuals, creating individuals, building network, showing genuineness, giving authority, and sharing administration;
(f) vision, believability, trust, benefit, demonstrating, pioneering, acknowledging others, also, strengthening;
(g) agapáo love, quietude, selflessness, vision, trust, strengthening, and administration
(Covelli & Mason, 2018).

It has been identified that servant leaders promote greater organizational performance in hospitals which can enhance patient health (Marmo & Berkman, 2018). The findings are consistent that servant leaders are more centered towards the enthusiastic welfare of supporters than transformational pioneers (Farrington & Lillah, 2019).

Listed in Table 1 below are functional attributes of servant leaders which are operative qualities, these are effective characteristics and also include some accompanying attributes.

Table 1: Functional & Accompanying Attributes of Servant Leaders

Functional Attributes	**Accompanying Attributes**
Vision	Communication
Honesty	Credibility
Integrity	Competence
Trust	Stewardship
Service	Visibility
Modeling	Influence
Pioneering	Persuasion
Appreciation of others	Listening
Empowerment	Encouragement
	Teaching
	Delegation

A certain organizational setting and a specific culture can provide the setup for servant leadership. In most healthcare and non-profit organizations a setup of servant leadership prevails, where there is a dominant norm to provide gentle care. If we consider other organizations with different a culture, the competition is high. Due to this factor of dissimilarity in the norms, performance of servant leadership differs. To run a fruitful organization, it is required for healthcare organizations to ensure a compelling administration style and structures which can deliver a sustainable culture. The focus is also delivering quality care and a significant work atmosphere for healthcare personnel (Gunnarsdóttir et al., 2018).

It is a necessity for healthcare groups to ensure the model of servant leadership has been addressed and that the servant leadership model has an "inherent servant nature". The characteristics in servant leadership and the usage of this model in healthcare leadership are recommended for today's healthcare organisations due to work setting, difficult leadership tasks, and diversified teamwork associations. Servant leadership theory was presented three decades ago by Greenleaf and has since impacted organizations and people. While in healthcare organizations, servant leadership presents as a valuable leadership style, further inquiry re its' nature is required to investigate how it is seen by those employed in healthcare (Gunnarsdóttir et al., 2018).

Organizational Performance:

For a physician leader, coaching of subordinates is one of the most essential roles. It is posed that there is a need for physician chief operations officer to focus on tutoring other organization

fellows and only then can monetary and service goals can be achieved. Swensen et al. (2016) further stress the significance to coach a team and develop them as well. The role of physician executive in physician clinicians is defined as "helping physician executives help physicians help patients." Conflict resolution should be an important skill a leader must have as it will bring employees together and helps in achieving organizational targets. There is a requirement for physician executives to solve problems and remove organization differences between competing factions (Swensen et al., 2016).

There is a need for the health care providers to be skilled in the discipline of coaching others in a way so that effective management of others can also be attained. One important skill that a physician executive must have and should be able to use effectively is the coaching style when leading the team. There are also sponsored courses that would help in teaching physician executives to train physicians and also help in improving organization performance. One course, entitled *Leadership and management for group practice department chairs*, trains and provides teaching to the directors of clinical departments which ultimately can improve performance. Techniques to coach may be used with workers, trainees, and patients. "Servanthood" as described is thus a phenomenon that occurs by forming a working climate of employee empowerment which results in better performance (Seto & Sarros, 2016). In this study it is hypothesized that:

H1: There is a positive relationship between servant leadership and organizational performance.

Organizational Learning:

Organizations currently are looking for leaders who are people centered and practice their authority in a morally reactive and optimistic way. Furthermore, it is illustrated that in those organizations where leaders serve more to their people, there is higher satisfaction, commitment and improved employee performance, and there are also great learners. The leadership style which is more people-centered and is a more recent approach is that of servant leadership. An individual's desire to serve emerges due to the characteristic of awareness. Due to this desire, servant leaders consciously open "wide the doors of perception" to fill their minds "with a richness of resources for future necessity". Such individuals sustain a curiosity-based honesty toward information that expedites learning. To conserve such openness, there is a need for servant leaders to develop a strong sense of individual awareness and self-acceptance, which provides them "their own internal serenity" (Mallén et al., 2015)

The element of philosophical concept of servant leadership (SL) is that the seeker wants to be an observer, and helps in learning, thus the key feature of being an effective consultant is to be an advisor who acts as servant. We can define SL as a leadership style that is mainly

concentrated on the progress of an organization's welfare and its individuals. Servant leaders are always ready to recognize their boundaries and also pursue support and contribution of other people to overcome them. They are also eager to learn and confess that they do not know everything and are ready to learn from others. In return, this creates a learning environment (Mallén et al., 2015). The indicators "organizational learning" and "clinical quality performances" can be evaluated by observing organizational performance, patient satisfaction and employee loyalty. It is hypothesized that:

H2: There is positive relationship between organization learning and servant leadership.
H3: Organizational learning is positively related to organizational performance.

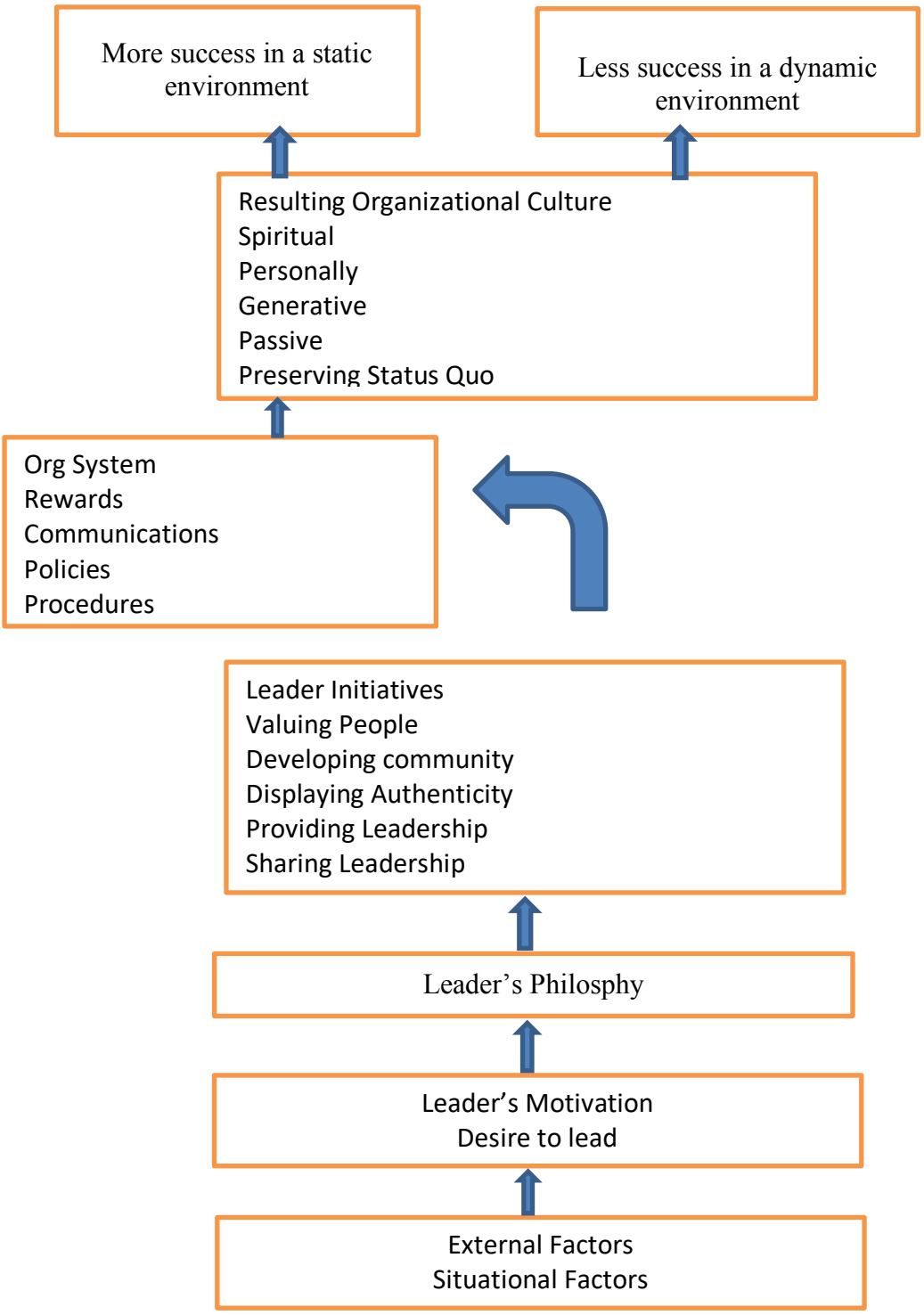
Age

When selecting a potential servant leader among a group of applicants the probability of selecting the best candidate will be high, if age is shown to have a relatively positive relationship with servant leadership. Kearney (2008) states that increase in age relates to leader's ability to increase performance of their subordinates. It would be of interest to determine if the same is true for leaders displaying servant leadership. If age is shown to relate positively with servant leadership, the findings could help contribute to the reduction of age related discrimination in organizations where servant leadership is considered to be a leadership style which is desirable. It is hypothesized that:

H4: Public sector physicians are better servant leaders than private sector.
H5: Servant leadership traits increases with the years of experience.

Figure 1 below presents the model of Servant Leadership and Figure 2 the conceptual framework.

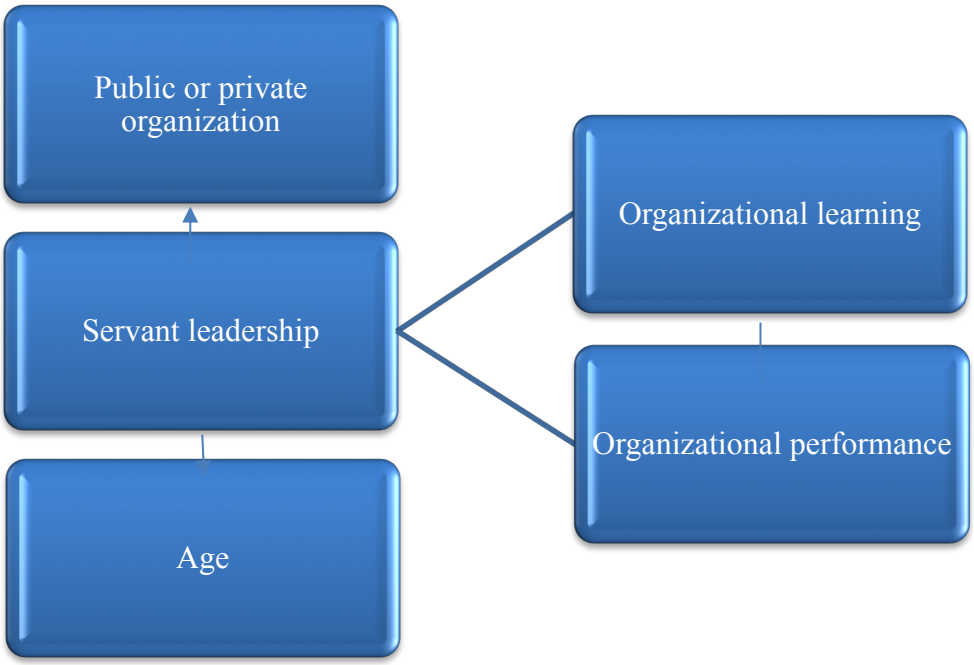
Figure 1. Model of Servant Leadership



Source: Smith *et al.* (2004)

Conceptual Framework

Figure 2. Conceptual Framework



Methodology

This research intended to find the impact of servant leaders in profit and non-profit entities, therefore the selection of population is from both Indonesian public and private hospitals, representing the profit-oriented health service sector and non-profit healthcare organizations. To solve the problem at hand, data collection is required from the available target audience of general physicians of public and private hospitals. This is a Cross-sectional research study which employs a quantitative method and a survey was conducted via an adopted questionnaire (Choudhary, Akhtar, & Arshad , 2013). 400 respondents, working in Indonesian hospitals (public and private) were asked to record their responses and 341 responses were used for evaluation. Only the physicians were chosen as the respondents from service sector organizations and in the main, the organization leaders were included in the survey. First a test survey on 30 physicians was conducted to identify whether servant leadership traits existed and then a servant leadership questionnaire was adapted (Choudhary, Akhtar, & Arshad , 2013) which evaluated respondents responses and then further research was conducted.

Sampling

Non-probability judgment sampling is the sampling technique used in this research due to the nature of this study and its main purpose and since the research is conducted on specific health

care public and private healthcare organizations, only those ‘‘practicing physicians’’ were considered who have experience and have been serving patients.

Scale

The scale used in the study for quantifying variables was adapted from a research paper. The assessment of responses was on a five point Likert scale in an order of 1 for strongly disagree and 5 for strongly agree. In the assessment of servant leadership, the Likert scale had nine items derived from the same study (Choudhary, Akhtar, & Arshad , 2013). A structured validated questionnaire was used for data collection.

Sample Selection

Inclusion criteria

1. All physicians with MBBS degree.
   - Consultants (MD) (Associate and Assistant Professors)
   - Residents
   - House Officers
2. All those Hospice physicians who were either practicing in private sectors managing in patients or in public sectors.
3. All those patients who had minimum of 1- year experience of being a House Officer.
4. All Physicians from all specialties were except for histopathology and radiology were excluded.

Exclusion criteria

Physicians having less than 1-year experience in treating patients weren’t included in the study. Physicians from Histopathology and Radiology were excluded. Physicians who were just involved in running private Clinics were excluded.

Result Analysis

The relationship and impact of servant leadership (H1, H2, H3) on organizational performance and organizational learning is tested by Pearson correlation and regression analysis. For H4 testing, independent sample t-test is used and for H5 testing, Mean comparison (ANOVA/Welch) was used to find relationship between the two. For the analysis of results Statistical Package of Social Sciences Version v.22 was used.

Data Analysis and Results

Descriptive Results

The sample size for the study was 400, however 341 responses were considered for analysis. Out of this sample 42 % were male and 55 % were female. 44 % respondents were below 35 years of age, 14 % were 35–50 years of age, and 30 % were above 50 years old. 48% of respondents were from the public sector and 51% from the private sector. Table 1 below provides descriptive statistics of the sample population.

Table 1: Descriptive statistics of the population

	Frequency	Percentage
Age group		
▪ **25-30**	**127**	**37.2**
▪ **30-35**	**24**	**7.0**
▪ **35-40**	**31**	**9.1**
▪ **40-45**	**19**	**5.6**
▪ **45-50**	**68**	**19.9**
▪ **50-55**	**37**	**10.9**
▪ **55+**	**35**	**10.3**
Gender		
▪ **Male**	**144**	**42.2**
▪ **Female**	**197**	**57.8**
Years of experience		
▪ **Above 5 years**	**164**	**48.1**
▪ **1 to 5 years**	**68**	**19.9**
▪ **1 year**	**109**	**32.0**
Type of employer		
▪ **Private**	**165**	**48.4**
▪ **Public**	**176**	**51.6**

Table 2: Servant Leadership Frequency

Proportion of respondents having Servant Leadership quality is as:

SL category	Frequency	Percentage
▪ **No SL quality**	214	62.8

▪ **Have SL quality**	127	37.2
Of 9 SL questions, at least 4 questions agreeing was considered as having servant leadership quality		

The above Table 2 shows that 37.2% of the sampled population had servant leadership quality and Table 3 below presents the correlation between Servant Leadership and Organizational Leadership.

Quantitative Data Results

Table 3: Correlation between Servant Leadership & Organizational Learning

Correlations			
		SL	**OL**
SL	**Pearson Correlation**	**1**	**.498****
	Sig. (2-tailed)		**.000**
	N	**341**	**341**
OL	**Pearson Correlation**	**.498****	**1**
	Sig. (2-tailed)	**.000**	
	N	**341**	**341**

**. Correlation is significant at the 0.01 level (2-tailed).

From the results obtained, organizational learning is found to be statistically positively correlated with servant leadership having a moderate correlation of 49.8% (p-value ≤ 0.001). This means that both learning styles will move in the same direction if either of them is increased or decreased. Table 4 below describes the relative regression analysis between the two leadership styles and Table 5 below, the coefficients. Tables 6, 7 and 8 present further study findings.

Table 4: Regression Analysis between Servant Leadership & Organizational Learning

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.498[a]	.248	.246	.657

a. Predictors: (Constant), SLmean

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	48.172	1	48.172	111.680	.000[b]
	Residual	146.225	339	.431		
	Total	194.397	340			

a. Dependent Variable: Olmean
b. Predictors: (Constant), SLmean

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.574	.109		5.276	.000
	SLmean	.594	.056	.498	10.568	.000

a. Dependent Variable: OLmean

R-square value of the regression model indicates that 24.8% of the variability in dependent variable organizational learning is explained by independent variable servant leadership. Moreover, p-value obtained in ANOVA is less than 0.05 which means that coefficients in the model are significant (overall model is significant).

Servant leadership has a significantly positive impact (p-value < 0.001) on organizational learning. If there is an increase of 1 unit in servant learning, organizational learning tends to increase by 0.594 unit. It can also be shown by the equation:
SL=0.574 + (0.594) OL

Table 5: Correlation between Servant Leadership & Organizational Performance

Correlations

		SLmean	OPmean
SLmean	Pearson Correlation	1	.369**
	Sig. (2-tailed)		.000
	N	341	341
OPmean	Pearson Correlation	.369**	1
	Sig. (2-tailed)	.000	
	N	341	341

**. Correlation is significant at the 0.01 level (2-tailed).

Similar to the results obtained in correlation analysis of organizational learning, presented in Table 5 above, with servant leadership, organizational performance is found to be statistically positively correlated with servant leadership but have a weak-moderate correlation of 36.9% (p-value ≤ 0.001). This shows that, if any one of them increases, other will move in same direction.

Table 6: Regression Analysis between Servant Leadership & Organizational Performance

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.369[a]	.136	.134	.80751
a. Predictors: (Constant), SLmean				

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.905	1	34.905	53.529	.000[b]
	Residual	221.055	339	.652		

	Total	255.960	340			

a. Dependent Variable: OPmean
b. Predictors: (Constant), SLmean

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.779	.134		5.823	.000
	SLmean	.506	.069	.369	7.316	.000

a. Dependent Variable: OPmean

R-square value of the regression model indicates that 13.6% of the variability in dependent variable organizational performance is explained by independent variable servant leadership.

Moreover, p-value obtained in ANOVA is less than 0.05 which means that coefficients in the model are significant (overall model is significant). Servant leadership has a significantly positive impact (p-value < 0.001) on organizational performance. If there is an increase of 1 unit in servant learning, organizational performance tends to increase by 0.506 unit. It can be shown by the equation:
SL=.779 + (0.506) OP

Table 7: Correlation between Organizational Learning & Organizational Performance

Correlations			
		OP	OL
OP	Pearson Correlation	1	.564**
	Sig. (2-tailed)		.000
	N	341	341
OL	Pearson Correlation	.564**	1
	Sig. (2-tailed)	.000	
	N	341	341

From the results obtained, organizational learning is found to be statistically positively correlated with organizational performance having a moderate correlation of 56.4% (p-value ≤ 0.001).

Table 8: Mean comparison (Independent t-test)

Group Statistics					
Type of employer		N	Mean	Std. Deviation	Std. Error Mean
SL	Private	165	1.8559	.70157	.05462
	Public	176	1.8043	.56356	.04248

	Levene's Test for Equality of Variances		t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean diff.	S.E. diff.
Equal variances assumed	8.030	.005	.751	339	.453	.05160	.06871
Equal variances not assumed			.746	314.558	.456	.05160	.06919

P-value obtained in Levene's test shows that the variances in both groups for SL are statistically different. Mean of servant leadership is 1.8559 for private physicians whereas; it is 1.8043 for public physicians with a mean difference of 0.0516. This mean difference is found to be statistically insignificant as p-value for mean comparison is > 0.05 (insignificant). It is found that the results of the hypothesis are inconclusive.

Table 9: Mean comparison (ANOVA/Welch):

Descriptive						
	N	**Mean**	**Standard Deviation**	**Standard Error**	**95% Confidence Interval for Mean**	
					Lower Bound	**Upper Bound**
More than 5 years	164	2.0908	.56646	.04423	2.0034	2.1781
Between 1 to 5 years	68	1.8317	.77659	.09418	1.6437	2.0197
Equal to 1 year	109	1.4343	.37998	.03640	1.3621	1.5064
Total	341	1.8293	.63368	.03432	1.7618	1.8968

Dependent variable: SL

Test of Homogeneity of Variances			
Levene Statistic	**df1**	**df2**	**Sig.**
24.325	2	338	.000

Dependent variable: SL

Robust Tests of Equality of Means				
	Statistic[a]	**df1**	**df2**	**Sig.**
Welch	66.310	2	157.704	.000

a. Asymptotically F distributed.

Multiple Comparisons						
Dependent Variable: SL Tamhane Test						
(I) Years_of_ experience	**(J) Years_of_ experience**	**Mean diff (I-J)**	**S.E.**	**Sig.**	**95% Confidence Interval**	
					Lower Bound	Upper Bound
More than 5 years	Between 1 to 5 years	.25909*	.10405	.043	.0063	.5118
	Less than 1 year	.65654*	.05728	.000	.5189	.7942
Between 1 to 5 years	More than 5 years	-.25909*	.10405	.043	-.5118	-.0063
	Less than 1 year	.39745*	.10096	.000	.1517	.6432

*. The mean difference is significant at the 0.05 level.

P-value obtained in Levene's test shows that the variances in both groups is statistically different. Hence, Welch test was used for mean comparison of all groups and Tamhane test for multiple mean comparison. Mean of SL tends to increase as years of experience (group) increase. From Welch test, it is confirmed that mean of SL in the groups is statistically different. From the results of Tamhane test, it is found that all group means are significantly different from each other at 5% level of significance. Hence, it can be concluded that senior physicians are better servant leaders.

Discussion and Conclusion

The findings in the study establish the significance of frontline leadership on the well-being and practice satisfaction of physicians, whether they work in large or small health care organizations, and the ultimate enhancement of organization performance. A healthcare

organization where physicians have servant leadership traits will demonstrate embedded behaviors which include community-building, listening, empathy, awareness and stewardship (Gandolfi & Stone, 2018). The outcome of the study bolsters the dispute that the demonstration of servant leadership by upper level management and supervisor can create an organizational culture in which servant leaders can be developed among lower level administrators. Servant leadership can provide a fruitful option in contrast to other authority styles for example, dictatorial, transactional, or transformational. In hospitals, it is expected that physicians deliver the best services because the main motive of the patient getting treatment from a hospital, whether government or private, is that they anticipate the very best service and satisfaction from the hospital and the physician.

The overview of the demographics table painted a picture that most of the respondents fell in the age bracket of 25-30 years of age. The data was collected from female physicians predominantly as compared to males. Since it was intended to find out the relationship of servant leadership with the years of experience, respondents above 5 years of experience were asked to respond to the questionnaire responses to get a clear idea of the relationship between the variables (years of experience and servant leadership). Of the sample group, 165 physicians were working in private hospitals, while 176 physicians were working in government hospitals. The study also sought to identify whether servant leadership traits are present in healthcare physicians, for that frequencies were computed to further check whether respondents were servant leaders. The study results indicate that 37.2% of the sampled population had servant leadership quality.

The first hypothesis in the study was to find out the relationship between organization learning and servant leadership. Organizational learning is found to be statistically positively correlated with servant leadership having a moderate correlation of 49.8% (p-value ≤ 0.001). This shows that increase in servant leadership traits enhances organizational learning and can create a healthy environment where physicians not only want to serve more patients but also want to enhance their learning by sharing their workplace experiences so that other also learn from it and a learning environment can be created. Other research conducted on servant leadership shows that organizations who have a culture of deep learning generally have better performance (Swensen et al., 2016). The study also supports that everyone in the organization should work together as a team, they should open up, share their knowledge with their peers, evacuating barriers to empower ability and learning to merge where required so that everyone should learn from each other's expertise (Mallén et al., 2015).

The second hypothesis in the study was to identify the relationship between organizational performance and servant leadership. Hence, after the analysis of results it was found that servant leadership has a significantly positive impact (p-value < 0.001) on organizational performance. If there is an increase of 1 unit in servant learning, organizational performance

tends to increase by 0.506 units. The results were further supported by Gandolfi & Stone, (2018) who found that associations may help cultivate productive leader—subordinate relationships in large or driverse gatherings. "Servanthood" along these lines assembles a working atmosphere that creates sentiments of representative strengthening, bringing about better execution of plans and attainment of goals. In addition to a positive performance outcome, associations that value servant leaders advance the transformation of devotees into servant leaders themselves accordingly building a culture of servant leaders. Representatives who utilize this initiative model in associations might be more dedicated to organization qualities and work harder to maintain the high-performance levels (Koohang et al., 2017). The main purpose of healthcare oganizations is to serve more patients, gain more profit, and in return increase oganizational performance as well as patient satisfaction. Study results also imply the same objective.

The third hypothesis in the study was to assess whether organizational learning is positively related to organizational performance. The study also shows that organizational learning is found to be statistically positively correlated with organizational performance. Organizational learning advances organization performance and learning and cultivates a knowledge sharing organization. It has also been stated that organizations which are better in learning demonstrate better performance execution. Organizational learning may not generally show increased performance, however, in many cases, it does (Koohang et al., 2017). It was further supported by Swensen et al., 2016 that the organizations with profound learning, for the most part, perform better. Organizational learning upgrades the abilities of the organization which subsequently builds the performance of the organization (Koohang et al., 2017).

The fourth hypothesis in the study was to determine whether public sector physicians are better servant leaders (SL) than private sector physicians. Results of the study showed that mean difference between the two variables is found to be insignificant between the public and private sector physicians. Melchar & Bosco (2010) further imply that public organization workers show servant leadership practices because of the culture they grow in, they work professionally as they are employed and are trained in a way to serve in the general population's interest. However, a gap in the reviewed lietrature still exists with respect to how pioneers at various levels of the organization benefit from having a servant leadership culture, and whether the qualities related with servant leadership prompt a more elevated amount of commitment and accomplishment within groups or individuals (Melchar & Bosco, 2010).

The fifth hypothesis in the study was to identify whether servant leadership traits increase with years of experience. The study concludes that mean of SL tends to increase as years of physician experience increases. The results are further supported by the study in which it is stated that age relates positively to servant leadership (Barbuto & Wheeler, 2006). Futher, an increase in age has been identified with a leader's capacity to impact more successfully on

subordinates by incremental execution of the supporters under certain conditions (Kearney E. , 2008). The resident physicians were also included in the study as there is no study being conducted on physician-on-training and their views are still unexplored about leadership. An area to explore suggested by Marmo & Berkman's, (2018) research was that doctor on-training is in a one of a kind service provider position and may have recognitions that vary from those of the practicing doctor. In other words, it can be said that the association considered in this research composes its frameworks and structure around advancing cooperation while procuring and creating people who show thoughtfulness, network building abilities and are socially active and keen (Swensen et al., 2016).

Conclusion

Keeping in view the utmost importance of leadership in any organization, this study provides managers working in any organization sufficient opportunity to improve their relationships with employees and also the development of performance for organization advancement. There are many challenges faced by healthcare and certain problems exist in today's healthcare system such as increased healthcare cost, decreased nursing care and increased medical errors. Higher turnover rates due to job insecurity or supervisor lack of support creates an imbalance in providing quality care to the patient and other stakeholders (Oostra, 2016). Servant leadership has the potential to serve more people and in-turn positively impact the profitability of the organization.

General physicians working in government and private hospitals have qualities of servant leaders. It can be concluded that physicians working in hospitals of Indonesia are concerned with the betterment of societal health. They want to serve more people. They are not after making more money or obtaining extra benefits rather, physicians are more loyal to their profession. They also contribute to professional development of their subordinates. They feel a sense of ownership towards their profession, supervisors, the patients, hospital they are serving, community, and the country. This also contributes towards creating greater patient satisfaction as they are being treated in a positive way. It also creates loyal subordinates, as the subordinates are following in the footsteps of their leader and if they find their leader devoted towards the betterment of community, more servant leaders can be created if junior physicians are trained in a coaching model.

Although no perfect leadership style for every situation exists, it is important for health care leaders to recognize the different styles so that can lead a team by developing good leadership skills and maintain healthy growing working environments. Health care leaders should

understand the situational theory model and application of its principles to guide and strengthen their team members to increase productivity.

Limitations of Study

This examination has constrained generalizability because of the association being considered. A confinement is that collaboration is self-appraised versus evaluated by perception or appraisals by others. Moreover, there may have been response bias with the end goal that the respondents did not have any desire to rate themselves as the study was not community oriented. Data was collected from selected hospitals so the results of the study cannot be generalized. Due to time constraints, the data was collected from only some of the hospitals physicians and therefore cannot be generalized to all the physicians working in Indonesia.

Future Perspective

Future examinations could likewise incorporate the patient as a community oriented worker in analyzing healthcare service provider cooperation. Research involving servant leadership and suggestions for social insurance are beginning to emerge and hospital patients should also be surveyed to assess whether physicians are delivering the quality of service they are promising. A comparative study between different leadership styles can be conducted in future to compare different leadership styles. A comparative study where the leaders are first trained by trainers to improve their leadership skills and then organization performance, post learning, is measured would add to the findings of the current study and give a true picture of where an organization should improve its operations for further improvement. Since the role of servant leader is to develop more servant leaders, training models should be designed for development of more servant leaders and to hone the skills of existing leaders such that everyone in the organization can work together towards goal attainment and receive remuneration also.

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