A Correlational Study of Servant Leadership and Employee Job Satisfaction in New York

City Public Hospital Emergency Rooms

Submitted by

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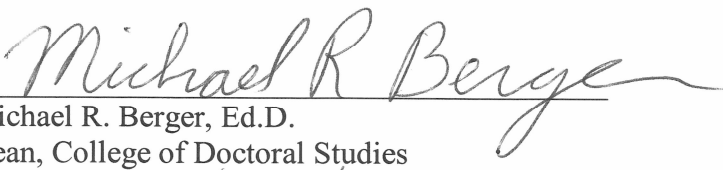March 24, 2015

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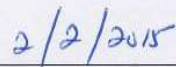
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Abstract

The purpose of this correlational, quantitative research study was to determine if a relationship existed between employee perceived levels of servant leadership in healthcare leaders and employee satisfaction in New York City public hospital emergency rooms. The effect of servant leadership on improving employee satisfaction in New York City public hospital emergency rooms (ER) was unknown. The theoretical foundation of the study, servant leadership, supported the premise that employee perceptions of servant leadership characteristics influenced employee job satisfaction within public hospital settings in New York City. One hundred and seventeen employees completed the Organizational Leadership Assessment and the Minnesota Survey Questionnaire, and the data were analyzed through the utility of SPSS v. 19. The results revealed a statistically significant relationship between servant leadership and employee general job satisfaction ($r = .191$; $p < 0.05$). The findings of this research study are important with regard to the following areas: (a) providing information to healthcare administrators regarding the usefulness of servant leadership in the improvement of employee and patient satisfaction, (b) creating a positive working environment for employees, (c) creating satisfied employees and patients, and (d) improving organizational performance.. The study adds to the research in the area of servant leadership and its potential to impact healthcare organizations and people.

Keywords: servant leadership, employee satisfaction, patient satisfaction.

Dedication

This dissertation is dedicated to my wife and children. Your continuous

reassurance and support has made it possible for me to achieve my academic goals.

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I would like to extend my heartfelt gratitude and appreciation to all those who helped make the completion of my doctoral degree possible. First, I would like to thank my wife and children for their overwhelming support and encouragement in accomplishing my dreams. I would also like to thank my committee members at Grand Canyon University, including Dr. Alan Jenkins, my committee chair, who has provided me with an abundance of his time, patience, encouragement, and guidance throughout this entire process. Thanks to Dr. June Maul and Dr. Dana Shelton, who provided me with knowledge and guidance throughout the dissertation journey.

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I would like to thank Dr. James Laub for granting me permission to use his Organizational Leadership Assessment survey instrument and the University of Minnesota for granting me permission to use their Minnesota Survey Questionnaire in conducting this research. Thanks to all those who have provided me with moral support and encouragement.

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Chapter 1: Introduction to the Study

Introduction

Today, globalization is setting the pace of organizational competitiveness and performance and leads to the rise in cultural diversity in the workforce, rapid technological advancement, and changes in the political and socioeconomic status. These changes give rise to a demand for leadership competencies that are in alignment with achieving organizational goals and objectives as well as securing the survival of organizations in a competitive environment. The success of any organization depends not only upon its design and structure in today's world, but even more so, on its leadership (Douglas & Fredendall, 2004; Gupta, McDaniel, & Herath, 2005; Melchar & Bosco, 2010; Moreno, Morales, & Montes, 2005).

Globalization and technological advancement have shaped the evolution of leadership of corporate organizations in the United States—from the industrialized era of the 1900s to the knowledge era in the twenty-first century (Uhl-Bien, Marion, & McKelvey, 2011). The increase in technological advancements, growing fields of knowledge, improved workers skills and competency level, and a changing political and economic climate are all playing a role in determining organizational competitiveness. The determination of organizational competitiveness and efficiency in today's economic environment has created a greater demand for leadership competencies to align organizational culture in meeting organizational goals.

According to Higgs (2003), the twenty-first century witnessed an obsession with identifying leadership characteristics that foster success. Although leadership theory is one of the most observed and studied areas in social psychology, the concept of

leadership remains an elusive phenomenon (Bennis, 1959; Burns, 1978; Higgs, 2003; Stogdill, 1974). Despite an explosion of literary work on leadership since its conceptualization, the number of definitions of leadership is almost as large as the number of individuals who have attempted to define the concept (Stogdill, 1974). Since the beginning of the leadership concept, many theories of leadership have evolved, starting with the personality era and extending to the behavioral theory, cultural, contingency, and situational eras to the transformational era. Greenleaf (1977) introduced one type of leadership that has shown potential for improving organizational performance.

Greenleaf (1977) acknowledged an increased need to focus on research and training in leadership, arguing that the ever-changing environment fueled by globalization, which was closing and bridging cultural gaps, necessitated this focus. Greenleaf (1977) contended that the lack of leadership training could propel organizations to foster an environment that leads to corruption and inefficiencies. Researchers, including Laub (1999), Horsman (2001), and Miears (2004), demonstrated a positive correlation between servant leadership practices and job satisfaction in complex organizations. Leadership researchers, such as Senge (1990), Bass (2000), Collins (2001), Covey (2002), Blanchard (2007), Melchar and Bosco (2010), Hoveida, Salari, and Asemi (2011), and Van Dierendonck (2011), each supported the theory of servant leadership and its application in improving employee satisfaction, leadership effectiveness and organizational performance.

The extensive research in the past on servant leadership and organizational performance has yielded limited results on servant leadership application and effects in

the healthcare industry, specifically in the delivery of patient care in the emergency room. Kovner and Neuhauser (2004) contended that the healthcare industry has faced the following challenges: financial pressures, staffing shortages, employee and patient safety concerns, and increase in the consumption of healthcare services. Solving these challenges requires healthcare leaders to develop their leadership competency skills and seek creative strategies to motivate and retain high-performing employees.

Schwartz and Tumblin (2002) asserted that despite the market changes in the healthcare industry, such as increasing healthcare costs, increasing financial risks for patients and providers, the advent of managed care, and the influence of medicine reports on hospital errors, leaders who continued to dominate the healthcare institutions in the United States practice outdated transactional styles of leadership. Schwartz and Tumblin argued for the role of servant leadership in transforming healthcare organizations to meet 21st century demands. For healthcare organizations to be successful, effective leadership is essential (Jackson & Daly, 2010; Schwartz & Tumblin, 2002). Schwartz and Tumblin further proposed that organizations to move forward, they need to be transformed into servant organizations that focus on service to people, the organization's mission, and society. In addition, the authors argued that for an organization to move toward a servanthood organization, leaders need to possess liberating visions, a quality scarce in corporate America (Jackson & Daly, 2010; Schwartz & Tumblin, 2002).

Because hospitals in the public sector compete for scarce resources, leaders and mangers are constantly experimenting with various strategies and trying to be innovative in designing and implementing policies and procedures to enhance organizational performance and productivity while conserving resources and assets (Brown, 1998). The

drive for accountability and resource management is forcing healthcare administrators to adopt private-sector business management principles to conserve resources and reduce costs (Brown, 1998). Consequently, public hospital managers have adopted numerous initiatives, such as quality management, implementation of rules and regulations, systems analysis, and reinvention of government, in the hopes of improving both the quality of care delivery and perceptions of the public hospital performance. Quite often, these changes have yielded negative results and reiterated the notion that there is no single strategy for improving performance in every organization (Brown, 1998).

The emergency room of the public hospital has withstood the worst of initiatives by hospital administrative staff seeking to address the increase in patient visits and to improve both employee and patient satisfaction. A rise in the volume of patients visiting the emergency room in public hospitals in New York City has created long waiting times in the emergency room. This was created by increasing numbers of uninsured patients and immigrants, an aging of the population, closure of hospitals, shortages of nurses, poor patient compliance, and limited access to primary care doctors (Centers for Medicare & Medicaid Services, 2010; Moskop, Sklar, Geiderman, Schears, & Bookman, 2009). The increase in waiting times at the emergency rooms further led to poor patient and employee satisfaction. The rise in dissatisfaction with public hospital emergency rooms has been compounded further by the lack of empirical research on leadership and its effect on healthcare delivery (Nawar, Niskar, & Jianmin, 2007; Neill & Saunders, 2008).

Improving patient satisfaction and organizational performance has become a challenge for healthcare administrators. The literature review yielded no studies on the

effectiveness of servant leadership in improving employee and patient satisfaction in the emergency room (Laub, 1999). Nevertheless, the literature review on servant leadership theory and its application in improving organizations, yielded extensive research. Huselid and Becker (1995) found, by applying data from the U.S. Department of Labor for more than 1,500 firms of various industries, that participative practices, exemplified by servant leadership, improved employee retention, increased productivity, and increased the company's market value. The success of servant leadership practice in improving organizational performance in the service industries indicates that similar results may be possible in the health care sector, specifically in the delivery of patient care in the emergency room.

Extensive research on the application of servant leadership practices has been explored; however, study of the effectiveness of its application across various organizations remains a continual process. The effect of servant leadership and its impact on organizational performance has been heavily documented outside the healthcare sector (Han, Kakabadse, & Kakabadse, 2010; Sendjaya, Sarros, & Santora, 2008; Vondey, 2010; Walumbwa, Hartnell, & Oke, 2010). For example, in service industries, transformational, situational, and servant leadership styles have repeatedly demonstrated positive correlations with improved organizational performance (Schwartz & Tumblin, 2002). The 10 characteristics of servant leadership that were formulated through the work of Robert K. Greenleaf and presented by Spears (2010) were (a) listening, (b) empathy, (c) healing, (d) awareness, (e) persuasion, (f) conceptualization, (g) foresight, (h) stewardship, (i) commitment to the growth of others, and (j) building communities.

This study offers new insights into the application of servant leadership in patient care delivery and employee satisfaction in the emergency room, thereby expanding the role of servant leadership theory and practice. The study's findings contribute to the body of knowledge concerning servant leadership theory as it relates to employee satisfaction. The specific focus of this study lies in the examination of the potential correlation between servant leadership and employee and satisfaction in the emergency rooms of New York City public hospitals.

The results of this study were expected to reveal a relationship between the level of servant leadership practices and the level of employee satisfaction within the same organization. Establishing a correlation between leadership behaviors and employee satisfaction in the emergency room is necessary to understand the importance of motivating employees effectively. Prior empirical research provided evidence for the support of servant leadership characteristics in improving employee and job satisfaction, thereby leading to improved organizational performance (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo, Grisaffe, Chonko, & Roberts, 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). Despite numerous studies on servant leadership in the business industry demonstrating a positive correlation between servant leadership characteristics and employee satisfaction, Schwartz and Tumblin (2002) argued that empirical evidence for the application of servant leadership role in the healthcare sector was lacking. This research study attempted to close that gap by uncovering any correlation between servant leadership characteristics and its role, if any, in improving employee satisfaction in the healthcare sector.

This study contributed to the body of knowledge concerning servant leadership theory; it narrowed the gap in information regarding the application of servant leadership across diverse organizations to improve performance and guide leaders in establishing training programs to promote servant leadership (Russell & Stone, 2002; Sendjaya & Sarros, 2002). The researcher examined the relationship between the servant leadership characteristics of leaders as perceived by the employees of New York City public hospital emergency rooms. The research involved the use of two surveys: the Organizational Leadership Assessment (Laub, 1999) and the short form of the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, & Lofquist, 1967). The researcher analyzed the results for any correlation between the employees' perceived levels of servant leadership characteristics and their job satisfaction level within the emergency department.

This chapter provides background information, as well as, implications on the relationship between servant leadership characteristics among leaders and supervisors in the emergency rooms of New York City public hospitals and employee satisfaction. The introduction presents the problem statement, and the purpose statement that provides the basis for the study. The researcher presented the research questions that guided the study, along with the assumptions and limitation, and the nature of the study. The chapter concludes with a statement of significance and a presentation of relevant terms.

Background of the Study

The emergency room is the entrance point for most patients visiting a public hospital. Today in the United States, there is a crisis at the emergency room, where overcrowding and long wait times are the main concerns of patients and hospital

administrators (Committee on Pediatric Emergency Medicine, 2004). According to the Centers for Disease Control and Prevention (CDC), there were approximately 115 million visits to the Emergency Department (ED) in 2005, representing an increase of 20% from 1995 (Nawar et al., 2007). Overcrowding of EDs has resulted in an increase in the number of patients who walk out of the ED without medical care. In such cases, the hospital must spend additional resources to recall such patients to avoid negative outcomes for the patients as well as the hospital.

Among the reasons identified for an increase in ED, visits were (a) increases in the number of uninsured patients, (b) decreases in the number of EDs across the nation, (c) limited access to primary care physicians, and (d) poor patient compliance. Other reasons included (a) aging of the population, (b) longer length of ED stays due to downsizing the numbers of hospital beds, and (c) a shortage of nurses (Nawar et al. 2007). All of the aforementioned factors ultimately resulted in poor patient satisfaction and poor employee performance associated with increasing ED patient loads and a mismatch of patient volume to ED resources (Moskop, et al., 2009 & Nawar et al., 2007). Improving patient satisfaction with public hospitals' emergency rooms in New York City might require a change in the leadership style of managers. Practicing leadership principles that not only inspire employees to improve patient satisfaction, but also influence their performance in a positive through servant leadership (Neill & Saunders, 2008). Exploring the need for servant leadership in the healthcare sector may help to improve employee satisfaction, which may translate into improved patient satisfaction and overall organizational performance. Hence, the results of this study may have added

benefit in helping to improve patient relations and, ultimately, the public image of the hospital.

In the past, financial incentives to boost employee productivity, promotions, salary increases, and annual bonuses have been offered by the hospital administration; these incentives usually resulted in improved organizational performance. In the New York City area, however, the poor state of the economy, greater numbers of uninsured patients, rising costs for malpractice insurance and employee healthcare benefits, and increased litigation against hospitals have caused some of the hospitals to close (Moskop, et al., 2009 & Nawar et al., 2007). The closure of private hospitals in New York City has resulted in more patients visiting the public hospitals where they receive care despite their inability to pay. The increase in public hospital patient visits has created a financial burden on the hospitals. Consequently, hospitals discontinued many of the financial incentives for employees. In times of crisis, effective leadership can make a difference in improving organizational performance. This study attempted to uncover any correlation between servant leadership and employee satisfaction.

Improving employee and patient satisfaction within public hospital emergency rooms in New York City may require changing the culture of the public hospitals. The use of servant leadership principles may offer an opportunity to improve employees' satisfaction, thereby leading to improve patient satisfaction. This study extended research on the relationship between servant leadership and job satisfaction to a setting and population different from what was previously examine.

Over the last four decades, researchers have conducted studies in the field of servant leadership, and employee job satisfaction (Barbuto & Wheeler, 2006; Farling,

Stone, & Winston, 1999; Greenleaf, 1977; Liden, Wayne, Zhao, & Henderson, 2008; Page & Wong, 2000; Patterson, 2003; Russell & Stone, 2002; Sendjaya & Sarros, 2002; Sendjaya et al., 2008; Spears, 1998). Other studies focused on leadership theories (Bennis, 1959; Burns, 1978; Higgs, 2003; Kirkpatric & Loche (1991); Lord, DeVade, & Alliger, 1989; Mann, 1974; Stogdill, 1974; Zaccaro, Kemp, & Bader, 2004). These foundational studies of leadership paved the way for other researchers to expand the field of leadership.

In the last decade, there was a substantial amount of study focusing on servant leadership (Barbuto & Wheeler, 2006; Farling, Stone, & Winston, 1999; Liden, Wayne, Zhao, & Henderson, 2008; Page & Wong, 2000; Patterson, 2003; Russell & Stone, 2002; Sendjaya & Sarros, 2002; Sendjaya et al., 2008; Spears, 1998). Other researchers expanded the theory of servant leadership and job satisfaction by utilizing Laub's (1999) Organizational Leadership Assessment (OLA) (Amadeo, 2008; Anderson, 2005; Chu, 2008; Drury, 2004a; Hannigan, 2008; Hebert, 2003; Herman, 2008; Johnson, 2008; OLA Group, 2012). Laub's (1999) Organizational Leadership Assessment, which measures various constructs of servant leadership, was used in this study to uncover any correlation among the servant leadership constructs and job satisfaction. Despite numerous studies conducted examining the correlation of servant leadership and job satisfaction in the service industry, no studies were found examining the correlation of servant leadership and job satisfaction in the emergency room of public hospitals in New York City.

The increasing popularity of servant leadership has given rise to the development of numerous survey instruments to measure servant leadership characteristics (Barbuto & Wheeler, 2006; Dennis & Bocarnea, 2005; Ehrhart, 2004; Liden, Wayne, Zhao, &

Henderson, 2008; Sendjaya, Sarros, Santora, 2008; Van Dierendonck & Nuijten, 2011;Wong & Page, 2007). Of all the methods to measure servant leadership, Laub's OLA instrument has enjoyed popularity in being the most used, tested and, validated survey instrument to measure servant leadership (Van Dierendonck & Nuijten, 2011). The researcher utilized Laub's Organizational Leadership Assessment in this study.

In summary, since the inception of servant leadership theory, there has been an abundance of research on servant leadership and job satisfaction in the service industry showing a positive correlation between these two variables (Amadeo, 2008; Anderson, 2005; Barbuto & Wheeler, 2006; Chu, 2008; Drury, 2004a; Ehrhart, 2004; Hannigan, 2008; Hebert, 2003; Herman, 2008; Jaramillo et al., 2009; Joseph & Winston, 2005; OLA Group, 2012; Walumbwa et al., 2010, Johnson, 2008). For the purposes of this study, the researcher used the Minnesota Satisfaction Questionnaire (Short Form) to assess job satisfaction (Spector, 1997). The findings of a positive correlation between servant leadership and job satisfaction in the service industry from prior studies, prompted the researcher to conduct a similar study in the healthcare field.

Problem Statement

The extent to which perceived servant leadership characteristics in the emergency department correlate with employee satisfaction in public hospitals' emergency rooms in New York City has been unknown. Leaders today employ different leadership strategies, styles, or techniques in the hope of leading effective organizations and improving organizational performance, while simultaneously building strong leader-to-follower relationships (Bass & Bass, 2009). One type of leadership theory that is gaining popularity among leaders is the servant leadership theory (Greenleaf, 1970). Wren (1995)

asserted that leaders must feel, understand, believe, and practice the core principles of servant leadership to be effective. Thompson (2002) contended that employees working in an organization devoted to upholding the principles of servant leadership display a higher level of job satisfaction.

With the present state of the United States economy, the downsizing and closure of hospitals, the aging of the general population, increasing uninsured patients, poor access to healthcare, and shortage of medical providers are all factors that lead to overcrowding in the New York City public hospital emergency rooms. The overcrowding of emergency rooms creates an unsafe environment for employees and patients, which can lead to poor employee and patient satisfaction (CDC, 2010; Moskop, et al., 2009 & Nawar et al., 2007). Healthcare administrators are facing a challenging task of improving employee and patient satisfaction and hence, organizational performance. Servant leadership characteristics have shown to improve employee satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). Prior research on servant leadership and its role in improving organizational effectiveness and employee satisfaction has shown a strong correlation between leadership and employee satisfaction (Thompson, 2002); however, the correlation of servant leadership with employee and patient satisfaction in the emergency room is absent from the literature. Review of the literature on servant leadership and its effects on job performance revealed a positive correlation between the practice of servant leadership and improved job performance (Blanchard, 2007). Servant leadership may improve job performance in the public hospitals' emergency rooms in New York City and hence, help to improve patient satisfaction.

Healthcare leaders play a major role in forming and establishing organizational culture. Schneider (1976) argued that there is a difference between norms and culture; norms reflect how people should behave, whereas culture influences thinking, feelings, and sense making. How one balances the individual culture, an organizational culture, and the effects of culture on organizational performance depends upon the leadership. The intent of this research study was to uncover any correlations between servant leadership and improvement of employee satisfaction. Although the literature makes frequent reference to the correlation of servant leadership and employee satisfaction, no prior empirical studies supported this correlation in the emergency departments of public health hospitals. The challenge of improving employee satisfaction in the healthcare industry by providing effective leadership is an ongoing struggle for healthcare administrators. The results of this research have the potential to inform leaders of the value of servant leadership principles and to provide guidance in improving employee satisfaction that could potentially influence patient satisfaction, as well as, overall organizational performance.

Purpose of the Study

The purpose of this quantitative research study with a correlational design was to examine the relationships between servant leadership and employee satisfaction in New York City public hospital emergency departments. This correlational research examined the perceptions of emergency department staff in New York City public hospitals with regard to the existence of servant leadership behaviors to determine the correlation between servant leadership behavior and job satisfaction among doctors, midlevel providers, nurses, and ancillary staff. The employees of emergency rooms in two acute

care hospitals within the Health and Hospitals Corporation (HHC) in New York City completed Laub's (1999) Organizational Leadership Assessment, which measured the independent variable of servant leadership characteristics, and the short form of Minnesota Satisfaction Questionnaire (MSQ) that measured job satisfaction among employees. The staff of the emergency departments completed the two survey instruments to assess their perceptions of servant leadership and its impact on the employee level of job satisfaction.

The Organizational Leadership Assessment measured the degree of servant leadership characteristics in the emergency departments. The MSQ instrument measured employee satisfaction. The participants of the study completed both instruments and provided the following demographic variables: age, gender, and years of employment. After the participants completed the survey instruments, the data were analyzed for any correlations between servant leadership characteristics and employee satisfaction as measured by the Organizational Leadership Assessment and MSQ instruments. The independent variable, servant leadership, has demonstrated success in improving overall organizational performance (Barbuto & Wheeler, 2006; Ehrhart, 2004; Joseph & Winston, 2005).

The researcher assumed that the use of the principles and teachings of servant leadership in the emergency room would produce results similar to those found in other service industries where improved organizational performances were demonstrated through servant leadership practice. The practice of servant leadership in the emergency room also might yield similar results by helping to transform the way emergency medical providers care for patients through an emphasis on the core principle of servant

leadership: that one is a servant first, before a leader. This principle requires attendance to the needs of patients and placement of the patients at the center of the emergency provider's duties and responsibilities. Creating a working environment that cultivates happy and satisfied employees, helps to transfer positive attitudes to the treatment of their patients in a stressful working environment. Happy and satisfied employees help to generate positive outcomes in terms of patient satisfaction (Fisher, 2004).

The application of servant leadership in the healthcare sector may provide an alternative means of helping to improve employee and patient satisfaction. The poor economy and the uninsured patient population in public hospitals have increased the financial burden on hospital budgets, causing the hospitals to forego any opportunity to reward their employees financially as an incentive to increase performance and productivity. Thus, setting the example of having effective leadership in a time of economic crisis is crucial to the survival of any organization. The characteristics of the servant leader, such as listening, empathy, healing, awareness, persuasion, foresight, stewardship, and commitment to the growth of people and building community, are all in alignment with the role and function of providing quality care to patients in the emergency department.

Although the application of servant leadership will not help to solve issues such as limited numbers of emergency departments and increasing emergency department visits due to the population's aging, it may help to improve employee job satisfaction, which may transfer into improved patient care and satisfaction. To cope with the added stress of emergency department overcrowding, leaders will need to establish ways of

motivating the staff to improve their level of performance and commitment of service to their patients.

The core of the servant leadership model focused on four principles of moral authority: (a) sacrifice, (b) commitment to a worthy cause, (c) teaching that ends and means are inseparable, and (d) relationships (Greenleaf, 1970). Servant leadership encourages collaboration, trust, foresight, listening, and the ethical use of power and empowerment. The literature review revealed a number of studies on servant leadership (Han et al., 2010; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). All of the studies demonstrated positive relationships between servant leadership and organizational effectiveness. Thus, this study attempted to uncover any similar outcomes regarding servant leadership characteristics and job satisfaction among the emergency room staff and the relationship to organizational effectiveness.

Servant leadership was shown to correlate with organizational performance in other service industries (Hoveida, Salari, and Asemi, 2011; Melchar and Bosco, 2010; and Van Dierendonck, 2011).This study advanced the application of servant leadership in the healthcare sector. The results of this study may provide health care administrators with the knowledge needed to influence employee and patient satisfaction through servant leadership. The results may contribute to a better understanding of how servant leadership may influence organizational performance in improving patient satisfaction in the emergency room. The practice of a servant leadership style also may help to establish an alternative way for healthcare administrators to improve organizational performance and patient satisfaction.

Research Questions and Hypotheses

Laub's (1999) approach to servant leadership and its impact on organizational performance formed the framework for this study. The researcher determined the extent to which servant leadership in the hospital setting as perceived by emergency room employees. The Organizational Leadership Assessment measures six distinct characteristics of servant leadership: (a) valuing people, (b) developing people, (c) building community, (d) displaying authenticity, (e) providing leadership, and (f) sharing leadership (Laub, 1999). Because most of the literature examining the six constructs of servant leadership and employee satisfaction has not involved multiple leaders specifically within a healthcare organization, the purpose of this study was to examine the relationship between servant leadership of healthcare leaders and employee satisfaction scores in a healthcare setting. This study addressed whether or not there were any correlations between servant leadership scores and employee satisfaction scores as measured by Laub's Organizational Leadership Assessment instrument and the short form of the MSQ, respectively. The following research questions and related hypotheses guided this quantitative study:

R1: To what extent are employee perceptions of servant leadership characteristics within the organization emergency department correlated with their level of job satisfaction?

H_1: A statistically significant positive correlation exists between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

R2: To what extent are employee levels of job satisfaction correlated with each of the six component variables of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership)?

H_{2A}: A statistically significant positive correlation exists between employees' job satisfaction and the servant leadership construct of valuing people.

H_0: No correlation exists between employees' job satisfaction and the servant leadership construct of valuing people.

H_{2B}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of developing people.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of developing people.

H_{2C}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of building community.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of building community.

H_{2D}: A statistically significant positive correlation exists between employees' job satisfaction and the servant leadership construct of displaying authenticity.

H_0: No correlation exists between employees' job satisfaction and the servant leadership construct of displaying authenticity.

H_{2E}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of providing leadership.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of providing leadership.

H_{2F}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of shared leadership.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of shared leadership.

R3: To what extent are employee perceptions of servant leadership characteristics correlated with their intrinsic, extrinsic, and general job satisfaction?

H_{3A}: A statistically significant positive correlation exists between employees' perception of servant leadership characteristics and their intrinsic job satisfaction.

H_0: No correlation exists between employees' perception of servant leadership characteristics and their intrinsic job satisfaction

H_{3B}: A statistically significant positive correlation exists between employees' perception of servant leadership characteristics and their extrinsic job satisfaction.

H_0: No correlation exists between the employees' perception of servant leadership characteristics and their extrinsic job satisfaction.

H$_{3C:}$ A statistically significant positive correlation exists between employees'

perception of servant leadership characteristics and their general job

satisfaction.

H$_0$: No correlation exists between the employees' perception of servant leadership

characteristics and their general job satisfaction.

Advancing Scientific Knowledge

Servant leadership theory has received considerable attention in recent years.

Since its initial conceptualization, many researchers have conducted studies in the service

industries showing a positive correlation between servant leadership characteristics and

job satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph

& Winston, 2005; Walumbwa et al., 2010). After the development of the Organizational

Leadership Assessment instrument by Laub, many researchers have used the instrument

to study the correlation between servant leadership and employee job satisfaction

(Amadeo, 2008; Anderson, 2005; Chu, 2008; Drury, 2004a; Hall, 2010; Hannigan, 2008;

Herman, 2008; Johnson, 2008; OLA Group, 2012; Salie, 2008). Although there is strong

evidence to suggest that servant leadership characteristics improve employee satisfaction

and influence customer satisfaction in a positive way in the service industries (Barbuto &

Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005;

Walumbwa et al., 2010), there is limited empirical research in the healthcare sector that

shows similar results. This research attempted to achieve similar results in the healthcare

sector, specifically in New York City public hospital emergency rooms. If the findings

parallel prior studies on servant leadership characteristics and employee satisfaction, the

results can provide healthcare leaders with the knowledge to help improve employee satisfaction and hence patient satisfaction.

The results of the study may also pave the way for new research on the impact of servant leadership characteristics and patient satisfaction with regard to different geographical areas, gender, ethnic groups, and private versus public hospital settings. Several characteristics and principles of servant leadership such as listening, healing, empowerment, awareness, commitment to growth and community building (Spears, 2004) are in alignment with the effective delivery of patient care in the healthcare sector, especially at the level of emergency care. The researcher assumed that this study might produce similar results in the healthcare sector.

Despite the parallel virtues and principles of servant leadership and healthcare practice, there is a lack of empirical studies on the impact of servant leadership practice on the delivery of patient care (Jackson & Daly, 2010; Schwartz & Tumblin, 2002). The healthcare market has changed dramatically over the years in the following ways: increase healthcare costs, increase risks to both employees and patients, the introduction of managed care, and the increasing influence of the Institute of Medicine reports on hospitals errors. Despite these changes in the delivery of healthcare, the healthcare industry has remained dominated by healthcare leaders who practice outdated leadership styles (Schwartz &Tumblin, 2002). Schwartz and Tumblin contended that servant leadership could help to transform healthcare organizations to help meet the demands of the twenty-first century.

Results of this study on the correlation of servant leadership on influencing employee satisfaction in the healthcare sector offer useful information to healthcare

leaders who are seeking alternative ways of improving organizational performance. The study of servant leadership and its impact on employee satisfaction in the delivery of patient care at the emergency room within New York City public hospitals adds to the body of knowledge that already exists on servant leadership in other service industries. The current research helps to close the gap regarding servant leadership relevance and usefulness in the health care sector. Finally, the data collected from this study contributed to the scientific knowledge base on interpreting the theory of servant leadership and Laub's (1999) Organizational Leadership Assessment as perceived by the follower. This study will advance the scientific knowledge base by examining the Laub's six constructs (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership), that determine the extent of a servant organization as perceived by the employee. The results of this study will help to close the gap between servant leadership characteristics and employee satisfaction in the healthcare sector. Replicating the study in different geographical areas, private hospitals, and different departments within the hospitals might produce results different from this study's findings.

Significance of the Study

The earliest documentation concerning servant leadership is circumstantial in nature (Greenleaf, 1970). Some researchers (Barbuto & Wheeler, 2006; Jaramillo et al., 2009; Russell & Stone, 2002; Schneider & George, 2011; Sendjaya & Sarros, 2002; Walumbwa et al., 2010) realized the need for additional quantitative and qualitative studies to offer empirical data regarding the importance of servant leadership. The empirical data from this research study have the potential of offering substantial evidence

to suggest improved relationship between employee and patient satisfaction by adopting servant leadership teachings in New York City public hospital emergency rooms.

Hospitals constantly compete for revenue by attracting patients. Many factors influence the degree of competitiveness among hospitals: the geographical location of the hospital, the services rendered the level of technology, the reputation of the hospital and staff, and the overall image of the hospital. Nevertheless, studies have also shown that another factor affecting hospital competitiveness is the level of employee satisfaction (Lee, Lee, & Kang, 2012; Lin et al., 2012). Hospitals may not always consider employee satisfaction as a competitive factor; however, Lee and colleagues showed that improved employee satisfaction among employees correlated with better patient experiences. The assumption is that because better satisfaction among employees leads to improved patient satisfaction. As a result, the following behavioral and financial outcomes may lead to repeat patient visits, fewer lawsuits and negative patients' behavior, increased patient referrals, and improved hospital image and reputation. Thus, if servant leadership characteristics can bridge the gap between employee satisfaction and customer/patient satisfaction and help to improve organizational effectiveness and performance, the findings of this study may provide the information needed to help leaders achieve this goal.

The results obtained in this research may help to provide healthcare administrators and leaders with alternative ways of improving employee and patient satisfaction through servant leadership. There is strong evidence in various business industries of a positive correlation between servant leadership characteristics and employee and customer satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Joseph &

Winston, 2005). The researcher assumed that the results from this study might generate similar findings in public hospital emergency rooms where healthcare administrators are always seeking ways to improve patient satisfaction.

Russell and Stone (2002) contended that servant leadership has the potential to improve organizational leadership and effectiveness in many settings. The application of servant leadership has the potential to create satisfied employees, thereby improving performance and productivity and, ultimately, the corporate financial status (Laub, 1999; Parolini, 2005). If the predicted results of a positive correlation between servant leadership characteristics and improve employee satisfaction exist, hospital administrators can implement a training program that teaches the principles of servant leadership and replicate similar findings in all areas of the hospital. The hospital itself can begin to transform into a servant organization thereby incorporating into its values and mission the core principles of servant leadership. This transformation can facilitate profound changes in the perception of public hospitals by focusing on improvement of employee and patient satisfaction.

The data derived from this research can provide healthcare administrators with information about the use of servant leadership to improve organizational performance and, at the same time, build credibility in the research field regarding the role of servant leadership in improving organizational effectiveness. In addition to the wealth of knowledge on the characteristics of servant leadership and its impact on employee and customer satisfaction, as well as organizational performance, the research findings may further expand similar findings in the healthcare sector and offer an opportunity for healthcare leaders to improve organizational effectiveness. The results of the research

study may open new avenues for studying the implication of servant leadership characteristics in various areas of healthcare: public versus private, different geographical areas, and different ethnic groups. The findings of this research have the potential to inform leaders about the utility of servant leadership principles and to provide guidance in improving employee and patient satisfaction as well as overall organizational performance.

Rationale for Methodology

This quantitative study with a correlation design examined the degree to which a relationship existed between the dependent variable of employee satisfaction and the independent variable of servant leadership in the emergency rooms of New York City public hospitals. Cooper and Schindler (2003) argued that correlational studies represent a category of the descriptive type of research and are useful in determining a relationship between independent and dependent variables. Hoover (2010) stated that when examining quantitative data analysis for survey based research, a correlational design is an effective methodology. Correlational studies examine the relationship between dependent and independent variables and not individuals; thus, this type of approach was suited for this research (Cooper & Schindler, 2003). Data were collected to determine if a relationship existed between an independent and dependent variable and the relative strength of that relationship. Cohen, Cohen, West, and Aiken (2013) further contended that correlational methods eliminate any presumed conditions on the relationship between the variables. Whitley and Kite (2012) also argued that correlational research designs are founded on the assumption that reality best described as a network of interacting and mutually causal relationships.

The researcher selected a quantitative methodology to study the relationship between servant leadership principles and job satisfaction as perceived by the employees within the emergency departments of public hospitals in New York City. As the researcher decided on the methodology to use in this study, certain criteria must be recognized. A quantitative methodology encompasses empirical analysis of data collected from a random sample of people from precise populations to incur generalizable observations for the entire population based on the degree of relationships (Cooper & Schindler, 2003). For this study, a quantitative rather than a qualitative methodology was appropriate to identify any correlation between two variables. The independent variable was servant leadership, and the dependent variable was job satisfaction. The researcher wanted to identify statistical relationships based on objective data using structured and validated data collection instruments. The data collection instruments tested set variables and hypotheses to uncover any correlations to make predictions and generalization on the population as a whole. The researcher studied behavior and perceptions under controlled conditions to derive any correlations based on statistical analysis.

On the other hand, qualitative methodology employs inductive reasoning to study the reality of perceptions and observations as determined by the researcher (Cooper & Schindler, 2003). The researcher of a study is the data collection instrument and observes and/or interviews in the field (Cooper & Schindler, 2003). The researcher did not choose to collect subjective data to explore, discover, and construct patterns, features, and themes. The aim of this study was not to examine the breadth and depth of the phenomena or study behavior and perceptions of the participants in their natural environment but rather to study the perceptions of employees under controlled

conditions. The purpose of this study was not to derive an in-depth description of participant perceptions concerning the topic of job satisfaction and servant leadership. Instead, the goal was to gather numeric data and to determine if a correlation existed between the two variables. Thus, a quantitative method was deemed more appropriate than a qualitative method for this study.

The researcher obtained the employee satisfaction scores using the short form of the Minnesota Satisfaction Questionnaire (MSQ). The data collected from the Organizational Leadership Assessment instrument and MSQ were analyzed through the utility of SPSS v. 19 for any correlations among the elements of servant leadership and employee satisfaction. The presence of servant leadership characteristics has demonstrated success in improving overall organizational performance (Barbuto & Wheeler, 2006; Ehrhart, 2004; Joseph &Winston, 2005). Although there were studies showing the positive correlation between servant leadership and improved organizational performance and commitment (Jaramillo et al., 2009; Walumbwa et al., 2010), there was a lack of empirical studies on servant leadership in the healthcare sector (Jackson, & Daly, 2010; Schwartz & Tumblin, 2002).

This study adds to the body of research on servant leadership and its application within the healthcare sector and may offer healthcare leaders an opportunity to enhance their organizational performance. The results of this study may provide healthcare administrators of public hospital emergency room knowledge about the application of servant leadership style and its impact on employee satisfaction and patient satisfaction.

Nature of the Research Design for the Study

According to Cooper and Schindler (2003), there are three general types of quantitative research design: randomized or true experiment, quasi experimental, and non-experimental. Random or true experiments examine cause and effect relationships. Quasi experiments are similar to random experiments, but do not manipulate the subjects under investigation. Quasi experimental studies also look for cause and effect, but do not manipulate the groups being studied, as in the case of true experimental designs. Non-experimental studies are conducted based on observing and documenting outcomes found within a population that is representative of the whole. The researcher of this study focused on measuring the correlation between two variables that would be a descriptive of similar public hospital emergency departments in New York City.   In addition, this study was non-experimental since the purpose was to analyze the interactions of variables among a sample population to make generalizations of the total population (Cooper & Schindler, 2003). True experiments examine relationships where the researcher manipulates the variables in order to predict cause-and-effect relationships between variables (Cooper & Schindler, 2003). Hence, for the purpose of this research, the quantitative non-experimental approach was taken.

The study involved the use of a correlational design. The intent was to test whether or not a relationship existed between servant leadership and employee satisfaction. This correlational design involved analysis of results of the Organizational Leadership Assessment instrument measuring servant leadership characteristics as perceived by the employees and the data obtained from the short form of the MSQ

measuring employee satisfaction to determine if a statistically significant correlation exists between servant leadership and employee satisfaction.

The problem statement for this research identified a lack of empirical studies investigating the relationship of employee's perceived servant leadership characteristics and job satisfaction specifically among employees in the emergency departments of public hospitals in New York City. Research questions were developed and hypotheses derived to investigate any correlations between the established independent variable (servant leadership characteristics) and dependent variable (employee satisfaction). Thus, a quantitative research with a correlational design was deemed more appropriate for this study utilizing data collected from structured and validated survey instruments (Hoover, 2010). A qualitative methodology would require an exploratory or bottom-up approach where the researcher generates a new hypothesis and theory from the data collected versus a confirmatory or top-down approach where the researcher tests the hypothesis and theory with the data collected as in a quantitative methodology. The researcher wanted to use objectivity, rather than subjectivity, in the data collection and focus on specific research questions and hypotheses instead of examining the breadth and depth of the relationship between the variables. Thus, the study employed the quantitative approach be the appropriate methodology for what the researcher wanted to accomplish. That is, to determine any correlations between servant leadership characteristics and employee job satisfaction under controlled conditions.

The Organizational Leadership Assessment instrument by Laub (1999) measures expectation of servant leadership within organizations for research purposes. The instrument consists of statements, scored on a unidirectional, 5-point Likert-type scale,

ranging from *strongly disagrees* to *strongly agrees*. The instrument consists of six

constructs or potential subscores: valuing people (respect and empathic listening),

developing people (modeling appropriate behaviors), building community

(team/community building and allowing for individuality), displaying authenticity

(honesty and integrity), providing leadership (vision of the future), and sharing leadership

(shared power and vision). The short form of the MSQ includes 20 items developed by

selecting the 20 items from the long form of the MSQ that correlated the highest with the

total score of their respective scales. There are three job satisfaction scales in the short

form of the MSQ: intrinsic, extrinsic, and general job satisfaction. The MSQ consists of

Likert-type questions with response choices ranging from *never* (0) to *always* (4).

The quantitative method used in this study focused on whether or not a correlation

existed between the variables as well as the magnitude or strength of any relationships

found from data collected to test hypotheses (Neuman, 2003). The researcher measured

the variables using a structured survey instrument to derive conclusions based upon the

sample population. The researcher chose a quantitative correlation approach in this study

for the following reasons (Cooper & Schindler, 2003):

- The hypotheses are value free, and the researcher's own values, biases, and
  subjective preferences have no place in the quantitative approach.

- The study allows the researcher to state the research problem in specific and
  set terms.

- The researcher specifies both the independent and dependent variables under
  investigation.

- The method allows the researcher to follow firmly the original set of research goals, arriving at objective conclusions, testing hypotheses, and determining the issues of causality.

- Controlled observations would achieve high levels of reliability of gathered data.

- The method eliminates or minimizes subjectivity of judgment.

The study participants comprised directors, managers, supervisors, midlevel providers (physician assistants and nurse practitioners), nurses, patient care assistants (PCA), and registration clerks. Participants from management and employees completed the Organizational Leadership Assessment and MSQ. All participants received invitations to take part in the study, along with information on how to complete the surveys. All employees of the emergency department received electronic and hard copy invitations. The researcher collected the completed surveys and in a locked drawer for analysis. The researcher planned to store the data in the same drawer for 7 years, at which time they will be destroyed.

Definition of Terms

The following terms are defined for purposes of this study:

Employee job satisfaction. Job satisfaction refers to employees' perception of their level of gratification based on comparing their outlooks of the job with the actual outcomes. Locke (1976) described job satisfaction as a pleasurable or positive emotional state deriving from a person's job experiences.

Extrinsic job satisfaction. This term refers to external factors of an employee job that act more as dissatisfiers than motivators: for example, wages, tenure, retirement

programs, vacation and leave policies, schedules, management plans, and organizational structure (Randolph, 2005).

Followers. Uhl-Bien, Riggio, Lowe, and Carsten (2014) defined followers as subordinates who have less power, authority, and influence than do their superiors and who, therefore, usually fall into line under the leaders. Further, for purposes of this study, the researcher used the term *followers* synonymously with the term *employees*. Participants defined in the study consisted of employees of the hospital who were members of the leader's peer group or those who had a direct reporting relationship or who had a frequent working relationship for at least 6 months with the leader and who worked at least 20 hours per month at the hospital.

Intrinsic job satisfaction. Locke (1976) defined intrinsic job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job and job experience.

Leader. This term refers to a position or role one holds in the organization. A leader is an individual who exerts influence over activities beyond those prescribed as their role requirements (Bass & Bass, 2009). For purposes of this study, leaders included all individuals who were members of the administrative or management teams as defined by the healthcare organization as well as others in positions or roles of influence over others.

Leadership. Bass and Bass (2009) defined leadership as the communication between members of a group and the expectations and perception of each member in achieving a common goal. Bass and Bass further defined leadership as the ability of the

organization leaders to influence members of a group to work together in achieving organizational goals.

Minnesota Satisfaction Questionnaire. Developed in 1967 by Weiss, Dawis, England, and Lofquist, the Minnesota Satisfaction Questionnaire (MSQ) has become a widely used instrument to evaluate job satisfaction. The MSQ consisted of three forms during the development of the instrument: two 100-item long forms (1977 version and 1967 version) and a 20-item short form. The MSQ measured specific aspects of an employee's satisfaction with his or her job; the MSQ survey tool provides more information on the rewarding aspects of a job than do general measures of job satisfaction.

Organizational Leadership Assessment (OLA) instrument. Laub developed the OLA in 1999 through a Delphi Survey process utilizing a panel of 14 experts in the field of servant leadership (Laub, 2004). The researcher administered the instrument to individuals from all levels within the same organization to reflect different perceptions of organizational leadership, characters, and culture (Laub, 2004).

Patient. The word *patient* derives from the Latin verb *patior*, meaning to suffer both in the sense of feeling pain and in the sense of forbearance. Thus, the two uses of the word patient—as a noun denoting someone who suffers and as an adjective meaning to bear with forbearance—stem from the same origin. A patient is an individual receiving needed professional services directed by a licensed practitioner of the healing arts toward maintenance, improvement, or protection of health or lessening of illness, disability, or pain (Centers for Medicare & Medicaid Services, 2008)

Patient satisfaction. Patient satisfaction refers to how patients value and regard their care. Patient satisfaction is a subjective judgment resulting from the appraisal of healthcare experiences and reflects the degree to which an individual's actual experience matches his or her preferences regarding the experience (Manary, Boulding, Staelin, & Glickman, 2013).

Servant leadership. The seminal component of the servant leadership perspective is the leader's perception that he or she is a servant first. The extent to which the leader can shift the primary focus of his or her leadership from the organization to the follower is the crucial element of the concept. Laub identified and categorized the characteristics of servant leadership. The current study accepted Laub's identification of the key components of the servant leadership as depicted in Figure 1: displaying authenticity, valuing people, developing people, building community, providing leadership, and sharing leadership (Laub, 1999). Greenleaf's theory on servant leadership has provided the following principles and characteristics of a servant leader, which formed the foundation for this study (Spears, 2010): listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of people, and building community. The main ideology of Greenleaf's (1977) theory of servant leadership is that an effective leader is one that is a servant first, who sacrifices his or her self-interest for the greater good of others served.
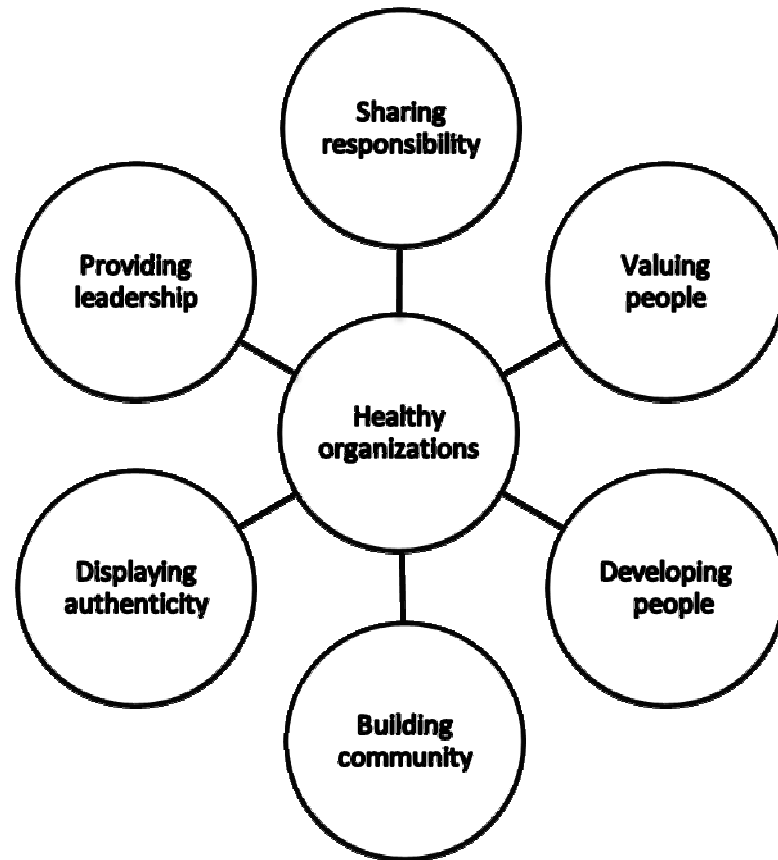
Figure 1. Laub's (1999) OLA elements of servant leadership.
Adapted with permission from Laub's (2003) *Organizational Leadership Assessment*. Copyright 1999-2003 by James A. Laub.

Assumptions, Delimitations, Limitations

Cohen, Manion, and Morrison (2013) argued that a research study must consist of the smallest number of assumptions as possible. There were a few assumptions in this study, one being that the participants were truthful in their answers to the survey questions. To complete the Organizational Leadership Assessment, self-assessment and self-reporting were required. Laub (1999) contended that the participant's confidence influenced self-reporting in completing the Organizational Leadership Assessment, and the participant's confidentiality secured. The researcher assured the participants that no

identifying methods would match responses with participants. The outcome of the study

will have greater validity to other similar settings if all assumptions are minimized.

      Assumptions. The researcher made assumptions regarding this study, including

the assumption that all participants honestly answered all questions included in the

materials distributed to them. If the participants did not answer the questions to the best

of their ability and honestly, the results might not be valid, and thus, a correlation

between the variables is affected. The researcher assumed that all participants read all of

the provided instructions carefully and thoroughly and accurately interpreted the

questions. Inaccurate interpretation of the instructions and questions could lead to

undesirable responses that could influence the outcome of the study. The researcher also

assumed that leaders across the organization would be interested in participating in the

study. If the leaders were not interesting in participating and did not honestly answer the

questions, the outcome would be an inaccurate description of the organization, and

support from the employees to participate in the study might be lacking, as there would

be a lack of support from leadership. The population for this study included all those in

emergency room leadership positions who were willing to participate. The assumption

was that the sample consisted of nonclinical and clinical area leaders and employees in

the emergency rooms. The results of the study would lack generalization to similar

environment if the participants were from different departments within the organization.

The researcher assumed that the sample of employees identified to participate in the

study were from the emergency department and met the tenure requirements. Employees

not having direct patient care interaction might not affect patient satisfaction; however,

from a holistic approach, if those employees were dissatisfied, their dissatisfaction could

trickle down to the employees with direct patient contact and could indirectly affect those employees' satisfaction. The researcher assumed that the employees selected for the study had been working for sufficient time, as outlined in the study. If there was not adequate, time spent between leadership and employees, the level of satisfaction perceived by either party can affect the way the participants answered the questions on the survey instruments. Since, servant leadership characteristics influence employee and customer satisfaction in the service industries, the assumption was the presence of servant leadership characteristics in the healthcare sector would achieve similar results.

Limitations. The research design, as defined by the sample size, population, and geographical location, affects the ability to generalize the research findings to settings, populations, and geographical locations different from the current study (Cooper & Schindler, 2003). Potential participants' perceptions of the reasons for this study might have involved misinterpretation; therefore, the willingness to participate was subject to limitation. Despite the participating hospitals belonging to the same corporation and city, the differences in geographically location, and the differences in cultural diversity and leadership styles add a uniqueness to both emergency departments that were out of the researcher control. This uniqueness of the participants and their perception of servant leadership within their work environment can influence their interpretation and answer of the questions on the survey instruments. The participant's level of knowledge and interaction with their leaders may have affected how they perceived servant leadership characteristics within their work environment. This could have potentially affected the way the participants interpreted the survey questions.

The observers' responses to Laub's (1999) Organizational Leadership Assessment and the short form of the MSQ collected, reflected the participant's perceptions, and their knowledge of the leaders' practices was potentially subject to participant bias. The study focused on the perceptions of emergency department employees regarding characteristics associated with servant leadership in the hospital emergency department. Individuals surveyed to determine their perception of servant leadership characteristics within the emergency department encompassed employees at all levels within the department, from top management to midlevel supervisors to work staff. Employees' perceptions of servant leadership might have varied depending upon their level of employment within the organization (Drury, 2004).

Delimitations. The delimitations of the study are those elements that the researcher has direct control over. The researcher limited the population surveyed in this study to employees and leaders working in emergency rooms and involved in patient care. The researcher limited the study sample to those leaders and observers who had worked in the emergency rooms for at least 6 months and were working at least 20 hours per month at the time of the study. Leaders and employees excluded from the study were those not employed for at least 6 months. To increase the likelihood that employees were able to experience a sufficient amount of time working with the leader or supervisor to appraise his or her performance, the researcher consciously decided to exclude those leaders employed for fewer than 6 months.

To limit participant bias, the researcher decided to exclude the members of the HCO's Institutional Review Board (IRB) and the chief executive officer, as they were aware of to the questions and hypotheses of the study. The researcher limited the study

geographically to New York City public hospital emergency rooms, thereby posing limitations as to the generalizability of the information derived from the study. He limited the population to employees who had a direct reporting relationship to the leader, were among the leader's peer group, or had a close working relationship with the leader for at least 6 months who worked at least 20 hours per month at the time of the study. The researcher limited participants to those who met the aforementioned criteria and who were randomly invited and willing to participate. Limitation of individuals randomly invited was based upon the consent of the leader as required by the organization's IRB.

Summary and Organization of the Remainder of the Study

This chapter presented the research plan used in examining the correlation between the presence of servant leadership and job satisfaction in New York City public hospital emergency rooms. Chapter 1 contains information regarding the background of the study, problem statement, and purpose of the study. A discussion of the significance of this quantitative, correlation study for the existing body of knowledge regarding leadership is presented. The researcher presented the research questions investigated and the hypotheses explored. Chapter 1 presented information regarding the ways in which this study can advance the body of scientific knowledge, the rationale for the study, and the nature of the research designed. The researcher further provided in Chapter 1 the definition of relevant terms, assumptions, limitations, and delimitations of the study.

Servant leadership characteristics improve employee satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). The remainder of this document is as follows: Chapter 2 presents a review of the past and current research literature regarding servant leadership,

organizational performance, and employee, and patient satisfaction. Chapter 3 describes

the methodology of the study, the design of the study, instrumentation, validity and

reliability information, data collection and analysis procedures, and ethical

considerations. The fourth chapter analyzes the data collected. The fifth chapter includes

the findings, recommendations, and implications of the data collected.

Chapter 2: Literature Review

Introduction to the Chapter and Background to the Problem

The purpose of this study was to determine if a relationship existed between employee perceived levels of servant leadership characteristics in supervisors and employee job satisfaction in New York City public hospital emergency departments. This chapter presents the theoretical framework for the study and develops the topic, specific research problem, questions, and design elements. The review of literature included research covering the theoretical framework for this study. The literature review examines the background of the study, the theoretical framework of the study, theories of servant leadership, and employee job satisfaction. Overall, the literature review provides the foundation for the study exploring the relationship between servant leadership characteristics in supervisors and employee job satisfaction. In addition, this chapter reviews the literature on servant leadership as related to employee satisfaction and organizational outcome or performance. Any link between the two variables, employee job satisfaction and patient satisfaction is revealed in the review of the literature.

The background for the study provided a foundational framework that linked trends from prior studies to the current research. As the researcher explored the relationship between servant leadership characteristics and employee job satisfaction, the concept of leadership as related to the emergency department formed the background for this research. In addition, the current problems facing emergency departments in New York City in meeting the challenge of improving efficiency formed the foundation for studying the presence of servant leadership characteristics in emergency departments and the relationship of this type of leadership to employee job satisfaction. This chapter

consists of five sections that present review of literature related to (a) an overview of leadership theories, (b) employee job satisfaction, (c) employee job satisfaction and patient satisfaction, (d) servant leadership and organizational outcome, and (e) summary information.

Survey of the literature. The literature review for this chapter derived from online databases, textbooks, peer-reviewed journals, and Google scholarly articles. The researcher conducted a comprehensive literature review using Grand Canyon University's Library. The databases utilized included *ABI/INFORM Global, Academic Search Complete*, and *Dissertations & Theses: The Humanities and Social Sciences Collection, ebook Collection, ebrary, EBSCO, Emerald Management, ERIC, IBISWorld, Sage Research Methods*, and *ProQuest Central*. The following key words and combination of key words utilized in the database search were leadership, servant leadership, job satisfaction, patient satisfaction, employee satisfaction and patient satisfaction, servant leadership and employee satisfaction, and servant leadership and organizational outcome. The search for the most part was limited to the last 5 years except servant leadership theory since Greenleaf theory of servant leadership dated back in the early 1970s. The search for key words and combination of key words yielded 156 peer review articles, 30 dissertations, 21 books, and 15 other sources.

Background of the study. Over the last 4 decades, researchers have conducted studies in the field of servant leadership and employee job satisfaction (Barbuto & Wheeler, 2006; Farling, Stone, & Winston, 1999; Greenleaf, 1977; Liden, Wayne, Zhao, & Henderson, 2008; Page & Wong, 2000; Patterson, 2003; Russell & Stone, 2002; Sendjaya & Sarros, 2002; Sendjaya et al., 2008; Spears, 1998). Many other significant

studies focused on leadership theories (Bennis, 1959; Burns, 1978; Higgs, 2003; Kirkpatric & Loche (1991); Lord, DeVade, & Alliger, 1989; Mann, 1974; Stogdill, 1974; Zaccaro, Kemp, & Bader, 2004). These foundational studies on the theory of leadership paved the way for other researchers to build upon expanding the field of leadership.

In the last decade, studies focusing on servant leadership were conducted (Barbuto & Wheeler, 2006; Farling, Stone, & Winston, 1999; Liden, Wayne, Zhao, & Henderson, 2008; Page & Wong, 2000; Patterson, 2003; Russell & Stone, 2002; Sendjaya & Sarros, 2002; Sendjaya et al., 2008; Spears, 1998).   Other researchers expanded the theory of servant leadership and job satisfaction by utilizing the Laub's (1999) Organizational Leadership Assessment (Amadeo, 2008; Anderson, 2005; Chu, 2008; Drury, 2004a; Hannigan, 2008; Hebert, 2003; Herman, 2008; Johnson, 2008; OLA Group, 2012). Laub's (1999) survey instrument measures various constructs of servant leadership that aided in this study to uncover any correlation among the servant leadership constructs and job satisfaction. Despite numerous studies conducted examining the correlation of servant leadership and job satisfaction in the service industry, no studies were found examining the correlation of servant leadership and job satisfaction in the emergency departments of public hospitals in New York City.

The increasing popularity of the servant leadership model and theory in the past have also given rise to the development of numerous survey instruments to measure servant leadership characteristics (Barbuto & Wheeler, 2006; Dennis & Bocarnea, 2005; Ehrhart, 2004; Liden, Wayne, Zhao, & Henderson, 2008; Sendjaya, Sarros, Santora, 2008; Van Dierendonck & Nuijten, 2011;Wong & Page, 2007). Of all the methods to measure servant leadership, Laub's Organizational Leadership Assessment has enjoyed

popularity in being the most used tested and validated survey instrument to measure servant leadership (Van Dierendonck & Nuijten, 2011).

In summary, since the inception of servant leadership theory, there has been an abundance of research on servant leadership and job satisfaction in the service industry showing a positive correlation between these two variables (Amadeo, 2008; Anderson, 2005; Barbuto & Wheeler, 2006; Chu, 2008; Drury, 2004a; Ehrhart, 2004; Hannigan, 2008; Hebert, 2003; Herman, 2008; Jaramillo et al., 2009; Joseph & Winston, 2005; OLA Group, 2012; Walumbwa et al., 2010, Johnson, 20080. The researcher used The Minnesota Satisfaction Questionnaire (Short Form) because it would be easier to assess job satisfaction with the use of an existing scale (Spector, 1997). With such increasing results of a positive correlation between servant leadership and job satisfaction in the service industry, prompted the researcher to conduct a similar study in the healthcare field.

Theoretical Foundations

Strohmeier (2014) contended that the use of pertinent theoretical frameworks in research studies increases the capability for significant construction of data interpretation. The primary variables in this quantitative correlation research included servant leadership and employee job satisfaction, in the emergency department. The main areas of literature review that guided the study were servant leadership, employee job satisfaction, emergency departments, and organizational outcomes. The literature also addressed the theories of organizational outcome, employee satisfaction, and patient satisfaction as related to servant leadership.

Greenleaf's (1977) theory of servant leadership and research on job satisfaction formed forms the theoretical foundation for this study. Greenleaf's theory on servant leadership comprises a foundational framework of 10 characteristics: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of people, and building community (Spears, 2010). The main premise of the theory is that an effective leader is a servant first before being a leader (Greenleaf, 1977).

The first area of the theoretical foundation focuses on leadership theories and models as they have developed through history, as well as current leadership trends. The theories and models examined establish a theoretical framework for servant leadership. The second area involves leadership theories relevant to this study, specifically, Robert Greenleaf's servant leadership. This review provides background information about the importance of different leadership styles leading to servant leadership. The third area reviews theories of job satisfaction and its relationship with servant leadership, organizational outcome, and patient satisfaction. The next section introduced the tenets of the theoretical foundation for the literature review.

Servant leadership. Greenleaf's theory of servant leadership provided several principles and characteristics associated with a servant leader, which formed the foundation for this study (Spears, 2005): listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of people, and building community. The main ideology of Greenleaf's theory of servant leadership is that an effective leader is a servant first, who sacrifices his or her self-interest for the greater good of others served (Spears, 2005).

Servant leadership was the foundational theory for this study. The Organizational Leadership Assessment instrument measures servant leadership characteristics, . All the constructs of servant leadership represent a common theme: the need to serve and the motivation to lead, empowerment and development of people, humility, authenticity, interpersonal acceptance, stewardship, and providing direction (Spears, 2005). Prior empirical studies have established that organizations with a servant leadership culture have increased employee commitment, job satisfaction, fairness, and trust. Followers with a servant leader reflect a promotion focus, met psychological needs, and improved organizational citizenship behavior (Melchar & Bosco, 2010). Teams with a servant leader yield better performance and display more collaborative behavior (Ehrhart, 2004; Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 201; Van Dierendonck, 2011).

Job satisfaction. Research on job satisfaction began early in the 1930s and rapidly progressed over several decades (Locke, 1969). Employees' job satisfaction refers to individuals' perceptions (Locke, 1976), attitudes (Tsai, 2011), response (Cetin, 2006; Locke, 1969), and affective attachment when assessing the level of satisfaction based upon a comparison of their work expectations and the actual outcomes of their contributions. Other authors referred to job satisfaction as a reflection of one's needs being fulfilled (Abdulla, Djebarni, & Mellahi, 2011; Aziri, 2011; Hayes, Bonner, & Pryor, 2010). Many researchers have attempted to define job satisfaction (Brooke, Russell, & Price, 1988; Carlson, Dawis, England, & Lofquist, 1962; Comm & Mathaisel, 2000; DeLeon & Taher, 1996; Dawis, England, & Lofquist, 1964; Herzberg, 1968; Johnson & Johnson, 2000; Kallebarg, 1977; Locke, 1976; Scarpello & Vandenberg, 1992; Spector, 1997; Tang, Kim, & Tang, 2000; Ulrich & Lake, 1991; Vroom, 1964;

Wiesmann, Alexander, & Chase, 1980). Research on the subject of job satisfaction has

advanced and reflected on the seminal works of Maslow (1943), Herzberg (1968), and

Alderfer (1972) who established the foundation for researchers to follow building on the

theory of job satisfaction.

Empirical research from prior studies provided the theoretical foundation for this

research: employee and job satisfaction and its correlation with the constructs of servant

leadership. Job satisfaction includes a sense of gratification and fulfillment of basic work

needs (Frick & Sipe, 2009). Patient satisfaction is another theoretical foundation for this

study.. Bannister, Wickenheiser, and Keegan (2014) described patient satisfaction as a

person's attitude and perception of his or her total experience with regard to care received

in a healthcare setting. Satisfaction comprises both cognitive and emotional factors that

relate to previous experiences and expectations (Bannister et al., 2014). The patient

achieves satisfaction when his or her perception of the quality of care received in a

healthcare setting has been positive, and delivered as expected.

The overcrowding of New York City hospital emergency rooms is a result of the

closure of other hospitals within the area. Additional factors impacting overcrowding

include an aging of the population, increasing emergency room visits, poor access to

primary care, an increase in uninsured individuals, a shortage of medical providers, and

the poor state of the economy in the United States (CDC, 2010; Moskop et al.; 2009). All

of these factors influence employee satisfaction and patient satisfaction (Nawar et al.,

2007). In addition, effective leadership that promotes satisfied employees and satisfied

customers is lacking in the healthcare industry (Nawar et al., 2007). Servant leadership

characteristics produce positive results in improving employee and customer satisfaction

in the service industries (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). Thus, research investigating the implementation of servant leadership characteristics in the healthcare industry appeared to be worthwhile for determining any correlation between employee satisfaction and patient satisfaction. This study adds to the body of knowledge regarding characteristics of servant leadership and its effects on employee satisfaction.

Understanding the concept of leadership and its ability to influence employee satisfaction and organizational performance represents an ongoing challenge for healthcare administrators in New York City public health hospitals (Kovner & Neuhauser, 2004). Kovner and Neuhauser argued that the healthcare industry has faced the following challenges: financial pressures, shortages of staff, safety concerns for employees and patients, and increased usage of healthcare services. Addressing these challenges requires that healthcare leaders hone their leadership and competency skills and implement creative strategies to motivate and retain high-performing employees.

Emergency departments. The emergency room is the entrance point for most patients visiting a public hospital. In the United States, there is a crisis at the emergency room, where overcrowding and long wait times are the main concerns of patients as well as hospital administrators (Committee on Pediatric Emergency Medicine, 2004). According to the CDC, there were approximately 115 million visits to the emergency department in 2005, representing an increase of 20% from 1995 (Nawar et al., 2007). Overcrowding of EDs has resulted in an increase in the number of patients walking out of the ED without medical care. In such cases, the hospital must spend additional resources to recall such patients to avoid negative outcomes for the patients as well as the hospital.

Among the reasons identified for an increase in emergency room visits are the following: increase in the number of uninsured patients, decrease in the number of emergency departments across the nation, poor primary care physician access, poor patient compliance, and aging of the population (CDC, 2010; Moskop et al.; 2009). In addition, longer length of emergency department stays due to downsizing the numbers of hospital beds, and a shortage of nurses, resulted in increased emergency department visits (Nawar et al., 2007). Each of the aforementioned factors ultimately results in poor patient satisfaction and poor employee performance associated with increasing emergency department patient loads and a mismatch of patient volume to emergency department resources. Improving patient satisfaction with public hospital emergency rooms in New York City might require a change in the culture of the hospitals' management styles. The practice of servant leadership teachings, not only inspire employees to improve patient satisfaction, but also influences their performance in a positive way (Neill & Saunders, 2008). Exploring the need for servant leadership in the healthcare sector may help to improve employee satisfaction, which will translate into improved patient satisfaction and overall organizational performance. Hence, the results may have added benefit in helping to improve patient relations and, ultimately, the public image of the hospital.

In the past, financial incentives to boost employee productivity—promotions, salary increases, and annual bonuses—have been offered by the hospital administration. These incentives usually have resulted in improved organizational performance (Nawar et al., 2007). In the New York City area, however, the poor state of the economy, greater numbers of uninsured patients, rising costs for malpractice insurance and employee healthcare benefits, and increased litigation against hospitals have caused some of the

hospitals to be closed (Kovner & Neuhauser, 2004). The closure of hospitals in New York City has resulted in more patients' visiting the public hospitals where they receive care despite their inability to pay. The increase in public hospital patient visits has created a financial burden on the hospitals, resulting in the discontinuation of many of the financial incentives for employees. In times of such crisis, effective leadership can make a difference in improving organizational performance.

The seven identified reasons for increased emergency department visits may lead to poor patient satisfaction and poor employee performance due to a greater patient load in the emergency room and a mismatch of patient volume to available resources (CDC, 2010; Moskop et al.; 2009). Improving patient satisfaction with public hospital emergency rooms in New York City may require changing the culture of the public hospitals with regard to their management styles (Kovner & Neuhauser, 2004). The use of servant leadership principles may improve employee job satisfaction and thus, inspire employees to improve performance. Servant leadership, employee satisfaction, and patient satisfaction formed the theoretical foundation for this study that sought to uncover any correlations among servant leadership, employee satisfaction, and patient satisfaction.

Schwartz and Tumblin (2002) argued that despite the changes in the healthcare market, such as increasing healthcare costs, increasing financial risks for patients and providers, the implementation of managed care, and the influence of medicine reports on hospital errors, healthcare institutions in the United States are led by leaders who practice outdated transactional styles of leadership. Schwartz and Tumblin stated in order to meet the demand of the healthcare industry in the twenty-first century, the leadership style

needs to be changed; they noted that servant leadership offers a greater role in transforming the healthcare industry. This literature review sought to uncover the importance of servant leadership as related to other leadership styles and its effect on employee satisfaction in New York City public hospital emergency rooms.

Organizational outcomes. To remain viable in a fierce and competitive business environment, organizations face the challenge of ensuring that corporate culture is aligned with organizational performance (Hartnell, Ou, & Kinicki, 2011). Organizations have learned that aligning corporate culture and leadership characteristics influences organizational performance. In addition, nonalignment or an increasing culture gap between the employee and the organization influences the success of the organization. Thus, the purpose of this chapter is to provide a comprehensive review of the literature that examines the relationship between servant leadership and organizational performance. The following section presents an in-depth review of the theory of servant leadership and its effect on organizational performance.

Although numerous studies showed a positive correlation between servant leadership and employee satisfaction in the service industries (Anderson, 2005; Barnes & Spangenburg, 2011; Chan & Mak, 2014; Han et al., 2010; Laub, 1999; Miears, 2004; Sendjaya et al., 2008; Thompson, 2002; Vondey, 2010; Walumbwa et al., 2010), few studies support this finding in the healthcare setting (Amadeo, 2008). Other studies have shown a positive correlation between servant leadership characteristics and organizational commitment (Chan & Mak, 2014; Goh & Zhen-Jie, 2014; Mahembe & Engelbrecht, 2014). No studies have shown the relationship between servant leadership characteristics and employee job satisfaction in hospital emergency departments. This

study adds to the body of knowledge by focusing on the impact of servant leadership in improving employee satisfaction in public hospital emergency rooms in New York City.

The research questions in this research study focused on the correlation between two variables: servant leadership and employee job satisfaction. The review of literature focuses on Greenleaf (1977), servant leadership theory and Spear's expansion of servant leadership characteristics. The research questions are in alignment servant leadership and job satisfaction with an emphasis on the correlation of the two variables in the emergency departments of public hospitals in New York City.

Review of Literature

The review of literature examines the theories of leadership as they evolved throughout the years leading to the development of the servant leadership theory. The following section includes a discussion of the concepts of employee satisfaction and the relationship between servant leadership characteristics, employee satisfaction, and organizational outcomes. Overall, the review of literature provides the groundwork for this study exploring the relationship between servant leadership characteristics, as perceived by employees in the emergency department, and job satisfaction. The first section of the literature review focuses on a general overview of leadership.

Overview of leadership. Attempting to define leadership is similar to defining beauty versus ugliness, happiness versus sadness, and difficulty versus simplicity; the meanings of these concepts vary from individual to individual. The reason for the lack of a universal definition of leadership is that each person is unique in his or her thinking, perception, and views of leadership from an individualized perspective that is influenced by personal experiences and rooted in cultural upbringing. For this reason, a person is a

leader only as perceived by his or her follower. Lord and Maher (1993), who asserted that

perceptions are vital and that only those leaders perceived by their followers as effective

are allow the privilege to lead effectively, emphasized the importance of a follower's

perception. Leaders are only as effective as far as their followers are willing to accept

their leadership. Although there is a wealth of literature attempting to define leadership

and followership, individual perception continues to be responsible for a leadership

concept that lacks universality. One's uniqueness in perception continues to elude

researchers in mastering the concept of leadership. Despite the lack of a universal

leadership theory, servant leadership is one of the many types of leadership that has

become popular in improving employee satisfaction and overall organizational

effectiveness.

The evolution of leadership reflects the evolution of corporate United States of

America, from the industrialized era in the 1900s, which transformed into the knowledge

era in the twenty-first century, driven by globalization and technological advancement

(Uhl-Bien et al., 2011). The business environment is experiencing rapid changes and

fierce competition due to increased globalization, increased technological advancement, a

growing field of knowledgeable and competent workers, and changing political and

economic climates; all of these factors contribute to a demand for the right type of

leadership needed to increase organizational effectiveness.

In defining leadership, Selznick, McEwan, Yukl, and VanFleet (2010) asserted

that there are common traits among leaders who exert influence on organizational

direction and success. Winston and Patterson (2007) defined leadership as a process

whereby an individual influences a group of individuals to achieve a common goal. This

definition moved from the individual traits theory to a more inclusive relationship between the leader and the followers. Leadership is based on process, influence, group context, and a common goal (Winston & Patterson, 2007). Incorporation of these principles of leadership provides an environment that cultivates mutual respect for all those involved in the leadership relationship: the leader and the followers.

According to Higgs (2003), the twenty-first century has witnessed an obsession with identifying the right leadership characteristics to breed success. Researchers have argued that leadership theory is one of the most observed and studied areas in social psychology. Nevertheless, despite the wealth of knowledge related to leadership theory, leadership continues to remain an elusive phenomenon (Bennis, 1959; Burns, 1978; Higgs, 2003; Stogdill, 1975). The effect of leadership influence on organizational performance has continued to be of interest to researchers and organization leaders. To understand the newer theories of leadership, one needs to reflect upon the older theories and the transition to the newer theories of leadership. Bass (2009) defined leadership in terms of interactions between group members that involve structuring and restructuring a situation according to the perceptions and expectations of those involved. Dansereau et al. (1995) described three concerns derived from Bass's definition of leadership—leaders, followers, and their interactions—with a clear interest in the perceptions of the members in this relationship. This perceptual interest involves the following leadership types: charismatic (Andrews, McConnell, & Wescott, 2010), romantic (Meindl, 1995), and information processing (Van Quaquebeke & Eckloff, 2013). With regard to the importance of perception in forming a mental image of what one interprets as leadership, Fairholm (1998) argued that understanding leadership involves the perceived

environmental stage in which the follower is. One's unique and differing perception dictates ones' thought process; this concept is at the core of cultural difference in that each person filters personal perceptions through his or her cultural values and experiences (Fairholm, 1998). Fairholm further contested that each person views leadership differently based on his or her current form or level of psychological existence, including cultural and virtual environments.

Burns (1978) stated that despite leadership theory being one of the most studied areas in psychology, the leadership literature remains a field of study that is least understood. Bennis (1959) claimed that although leadership contended for the number one spot in areas of social psychology, there was more written and less understood about leadership than any other area in behavioral sciences. Despite such an explosion of literary work on leadership since its conceptualization, Stogdill (1974) contended that the definitions of leadership are as numerous as those who have attempted to define the concept. Although the conceptualization of the word *lead* occurred even before biblical times, the term *leadership* has been in use only since the late 1700s, and scientific research on this topic only began in the twentieth century (Van Seters & Field, 1990).

Winston and Patterson (2007) defined leadership as a person or group of people who influence individuals through training and providing the tools necessary to achieve a common goal. The leader also prepares followers mentally and spiritually, motivating them to work together in achieving the organizational mission and objectives. An effective leadership-followership relationship exists when there is a collective unity between the two parties that forms a bond, referred to as the *dharma* by Chatterjee (2003). Chatterjee defined leadership as the ability to form relationships through common

values; the researcher emphasized the importance of common values by stating that

common values allow people to work together to achieve a collective goal. With regard

to the integration of leader and follower, Chatterjee stated that leaders needed to integrate

diverse human motives into a unified purpose, just as nature integrates many trees into

one forest.

Tariq, Hanif, and Yousaf (2013) further expounded upon the relationship between

followers and servant leaders. Tariq et al. noted that attributes of followership and servant

leadership have equal effects, moderating the relationship; they asserted that the attributes

of followership enhance the role of servant leadership and, correspondingly, the attributes

of servant leadership increase the role of followers in the leadership process.

Chin (2010) stated that theories of leadership have neglected to address issues in

relation to diversity. Chin argued that as the population in the United States and the world

becomes more diverse, the context of leadership will have to become diverse, paying

attention to perceptions and expectations of diverse leaders by diverse followers. Chin

claimed that current models of leadership have little to say about equality, social justice,

or diversity and that they lack initiative for inclusiveness. The social structure of society

has evolved by increasing equality and justice for all, thereby allowing for an increasing

cultural diversity that is demanding a change in leadership context to meet the needs of

various cultural expectations and perceptions by creating diverse and effective leader-

follower relationships.

Bennis (1959) contended that the concept of leadership evades researchers or

evolves with varying degrees of ambiguity and intricacy. The complexity of the concept

of leadership has, therefore, fostered an endless proliferation of definitions and yet not

sufficiently defined. Leadership is a process, influential, group context, and achieving a

common goal (Winston & Patterson, 2006). Leaders achieve influence over their

followers by ethically conveying a clear vision for the future that resonates with their

followers' values and beliefs. Although the followers' values and beliefs may be in

contrast to the current organization, influential leaders allow their followers to see the

relevant future in their present-day actions (Winston & Patterson, 2006). Incorporation of

these principles of leadership provides an environment that cultivates mutual respect for

all those involved in the leadership relationship: the leader and the followers.

The review of literature examines the relationship between servant leadership

characteristics and employee and patient satisfaction. The previous section explored the

various schools of thoughts with regard to the definition of leadership, as well as the need

for the right type of leadership to improve employee and customer satisfaction and

organizational outcomes. Following is an overview of the leadership continuum: trait

theory, situational theory, contingency theory, path-goal theory, leader-exchange theory,

charismatic leadership, servant leadership, and transformational and transactional

theories.

Trait theory. The trait theory of leadership is one of the first approaches of

systematically defining leadership (DeRue, Nahrgang, Wellman, & Humphrey, 2011).

Over the past decades, researchers have studied the personality traits associated with

leadership. Table 1 depicts the evolution of the trait theory.

Table 1

Leadership Traits and Characteristics as Defined by Various Researchers

Stogdill (1948)	Mann (1949)	Stogdill (1974)	Lord, DeVader, and Alliger (1986)	Kirkpatric and Loche (1991)	Zaccaro, Kemp, and Bader (2004)
Intelligence	Intelligence	Achievement	Intelligence	Drive	Cognitive abilities
Alertness	Masculinity	Persistence	Masculinity	Motivation	Extroversion
Insight	Adjustment	Insight		Integrity	Conscientious ness
Responsibility	Dominance	Initiative		Confidence	Emotional stability
Initiative	Extroversion	Self-confidence		Cognitive ability	Openness
Persistence	Conservatism	Responsibility		Task knowledge	Agreeableness
Self-confidence		Cooperativen ess			Motivation
		Influence			Social intelligence
		Sociability			Self-monitoring
					Emotional Intelligence
					Problem Solving

Source: Adapted from French, Jr., J. R. P, & Raven, B. (1962). *The Bases of Social Power.* In D. Cartwright (Ed.), *Group Dynamics: Research and Theory* (pp. 259-269), New York, NY: Harper and Row; Zaccaro, Kemp, & Bader (2004).

Despite the lengthy list of personality traits associated with leaders, the following

five major leadership traits emerged in the research as common among all theorists:

intelligence, self-confidence, determination, integrity, and sociability. The trait theory of

leadership is a belief system that great leaders possess some innate qualities that make

them great, hence the concept of the great man theory of leadership (DeRue, Nahrgang,

Wellman, & Humphrey, 2011). This theory led to the assumption that only great leaders

possess certain key qualities and characteristics; thus, the role of leaders belonged to a few elites rather than the general population. An explosion of studies on leadership during the twentieth century, however, did not support the trait theory and found that there were actually substantial discrepancies among traits of great leaders during that time (Winston & Patterson, 2006).

The trait theory further supports the idea that great leaders are born, not developed (Reithel and Finch (2007). In addressing the question of developed or innate qualities of leadership, Reithel and Finch (2007) claimed that some characteristics of effective leaders are a direct result of learning and development; whereas some innate traits might make effective leadership more likely, other competencies for effective leadership are developed. Spisak, Nicholson, and van Vugt (2011) found that leadership correlates significantly with task competencies rather than mere personal traits, thereby also refuting the trait theory.

With regard to the subject of trait theory, previous researchers argued that although the situation in which the leader functions determines which leadership traits are applicable, five basic personality traits emerge in leadership (Colbert, Judge, Choi, & Wang, 2012). These factors, commonly called the Big Five, are neuroticism, extraversion, openness, agreeableness, and conscientiousness (Colbert, Judge, Choi, & Wang, 2012). Reithel and Finch (2007) criticized Bowden (1927), who equated leadership with personality, and Jennings (1960), who attempted to explain leadership based on inheritance, for lacking validity in the identification of great leaders based on personality traits. Prior studies were clear in establishing that there were no similarities in personality among past leaders (Ayman & Korabik, 2010; Gillet, Cartwright, & van

Vugt, 2011; Reithel & Finch, 2007; Spisak et al., 2011). Personality traits are difficult to imitate, thus making this type of leadership traits difficult for future leaders to develop based on these personality traits (Reithel & Finch, 2007). In addition, the trait theory is not useful in training and developing leaders because this type of leadership theory assumes that leaders are not subject to changes in their personal attributes; their personality traits are fixed, and thus they cannot adapt to changing situations (Reithel & Finch, 2007). Furthermore, Ayman and Korabik (2010) contested that the trait theory or great man theory of leadership is gender biased, thereby not allowing for women leaders in a predominantly male leadership culture.

   Situational and contingency model of leadership. With the new knowledge and growing disapproval of the trait theory, the contingency and situational theory became more apparent as a more appropriate theory of leadership involving a situation in which the leader and follower interact. The contingency theory, developed by Fiedler (1964), is similar to the situational theory of Hersey and Blanchard (1988) developed in the late 1960s. According to Fiedler (1964), the leader's ability is contingent upon situational factors, including the leader's chosen style and motivation, as well as the abilities of followers. Similarly, Hersey and Blanchard (1988) attempted to match the leader's style with specific situations. The situational model calls for leaders to be aware of their followers' level of competency, offering one of four support measures to allow the followers to grow and become effective workers: directive, coaching, supportive, and delegation (Blanchard, 2008). This model of leadership has been well marketed and accepted as an effective leadership model; however, this model has proven to be difficult

for leaders to accurately assess situations and adapt their styles accordingly (Zaccaro, 2007).

On the other hand, the contingency theory led to researchers becoming more interested in studying the changing environment in which leaders function. Storey (2011) found that managers who adapted their leadership styles to match the situation were more effective and gained promotion often than those managers that did not adapt their styles. Although the contingency theory has been successful in widening the scope of leadership applications and functions within the research of effective leadership, the field of contingency theory has not provided adequate methods for rectifying situations in which there is a mismatch between leaders and the situation (Storey (2011). In addition, the contingency theory does not offer any explanation as to why some leaders are more effective in certain situations and less effective in others. The approach is also contingent upon the leader's style and his or her ability to interact with people (Storey, 2011).

Path-goal theory of leadership. The path-goal theory focuses on employees' motivation and calls for the leader to motivate employees in achieving their goals (Dixon & Hart, 2010). The path-goal theory attempts to explain how leaders motivate their staff to be productive and satisfied with their work (Dixon & Hart, 2010). Dixon and Hart argued that this type of leadership is contingent upon the leader behavior in terms of how leaders effectively motivate their subordinates as well as the characteristics of the subordinates and the task the employees accomplished. The path-goal theory derived from the expectancy theory in which the subordinates expect to receive some personal gratification from their work. They expect that their effort will be worthwhile, they will

be motivated to perform the task, and the outcome of their work will make a difference (Dixon & Hart, 2010).

From a theoretical approach, the leader who engages in the path-goal theory chooses a leadership style that is either directive, supportive, participative, or achievement oriented, whichever is best suited for the subordinate and the task that he or she is assigned (Dixon & Hart, 2010). For example, if the subordinate is dogmatic or authoritarian and the task is ambiguous, unclear, and complex, directive leadership is appropriate for providing guidance and psychological structure. On the other hand, if the subordinate has high expectations and a need to excel when the task is ambiguous, challenging, and complex, an achievement-oriented leadership style is appropriate to provide a challenge (Dixon & Hart, 2010).

House (1996) added the following five leadership behaviors to the path-goal theory: work facilitations, group-oriented decision process, work-group representations, networking, and value-based leader behavior. According to the path-goal theory, the leader helps the subordinate to accomplish goals by defining the goals, clarifying the pathway, removing obstacles from the path, and providing support. As with situational model, the path-goal has strengths and weaknesses. This theory provides a systematic guide to understand the directive, supportive, participative, and achievement-oriented characteristics of leaders and their influence on followers (House, 1996). Researchers have criticized heavily this leadership model, however, for being too difficult to implement, and the path-goal theory of leadership does not take into account the follower's involvement in the leadership process (Dixon & Hart, 2010). In addition, the

path-goal theory does not show a direct correlation between the leaders' behavior and their ability to motivate and inspire employees (Dixon & Hart, 2010).

Leader-member exchange theory. The leader-member exchange (LMX) leadership style addresses leadership as a process focused on interactions between leaders and followers (Kang, Stewart, Kim, & Lim, 2012). The early literature about LMX and the vertical dyads revealed two groups based upon established relationships with the leader. Informal leader-member relationship is the in-group, which is closer to the leader and does more for the leader. A formal employment contract on the other hand, described the out-group. Subordinates in the in-group receive more information, influence, confidence, and concern from their leader than do those in the out-group (Kang, Stewart, Kim, & Lim, 2012). Members of the in-group are perceived to be more dependable, reliable, and highly involved, and they receive more communication than the out-group does. They are, in a sense, the leader's right hand. Later studies described a more inclusive approach for the LMX theory, focusing on leader-member exchanges that allow for leadership making (Kang et al., 2012).

This type of approach indicates that a leader should develop high-quality exchanges for his or her subordinates, providing an opportunity for all members to be a part of the in-group and, thereby, eliminating inequality and injustice (Kang et al., 2012). The LMX comprises three phases—the stranger phase, the intermediate phase, and the partner phase—each of which affects the roles, influences, exchanges, and interests of the subordinates over time to develop a leader-member relationship that is participatory (Kang et al., 2012). Phase 1 is bounded by rules and contractual agreements; Phase 2 offers improved career-oriented social exchanges, and Phase 3 consists of high-quality

leader-member exchanges reflecting trust, respect, and obligation toward each other's growth (Kang et al., 2012).

Both the path-goal and the leader-member exchange theories of leadership minimize the subordinate's perception of fairness in terms of distributive justice, procedural justice, and interactional justice (Kang et al., 2012). For a multicultural society, involving multiple generations in the work force, the LMX theory appears to support the privileged groups referred to as in-groups, thereby appearing to be unfair and discriminatory (Kang et al., 2012). The path-goal theory fails to show how a leader's behaviors directly affect subordinates' motivational levels. In addition, the path-goal theory does not provide for subordinate involvement in the leadership process (Kang et al., 2012).

The path-goal and LMX leadership theories shift to focus on the perspectives of subordinates. With path-goal theory, the message is that the leader adapts behaviors and characteristics suited to the situation. With LMX, the message is that teams come in a variety of forms, and leaders must adapt to each subordinate member individually. Leaders and subordinates pick their teams with care. Effective leaders establish a meaningful relationship with all members of the team, pick their inner circle with care, and reward them for their loyalty while carefully maintaining the commitment of the other team members (Kang et al., 2012). Team members who seek to become part of the inner circle show loyalty and avoid deposing the leader. Effective leaders listen to all team members actively and with consideration (Kang et al., 2012).

Charismatic leadership. Holloway (2012) defined charismatic leaders as individuals with an ability to inspire and influence their followers to believe in their

cause. The first description of charismatic leaders was in 1947 by Weber, who asserted that followers perceive their charismatic leaders as leaders with exceptional skills or talents. Such leaders possess the following characteristics: high degree of self-confidence, strong conviction about ideas, high energy and enthusiasm, expressiveness and excellent communication skills, and active role building and modeling (Holloway, 2012).

Transformational leadership. A transformational leader is one who seeks to instill a positive experience and change in their followers (Burns (1978). Wang, Oh, Courtright, and Colbert (2011) cited Burns (1978), an expert in transformational leadership, who stated that the transforming leader looks for potential motives in followers, seeks to satisfy higher needs, and engages the full person of the follower. The process of transformational leadership is one that seeks to transform the followers into leaders themselves while at the same time transforming leaders into moral agents (Wang et al., 2011). Bass expanded Burn's theory of transformational leadership by arguing that transformational leadership is defined base on its impact on followers (Bass, 2009). Gardner, Cogliser, Davis, and Dickens (2011) further contended that transformational leaders are differentiated from authentic leaders by being optimistic, hopeful, developmentally oriented, and composed of high moral character, whereas authentic leaders have a deep sense of self and are deeply rooted in their values and beliefs. Although authentic leaders possess these characteristics too, authentic leaders are not necessarily transformational (Gardner et al., 2011). Stone, Russell, and Patterson (2004) postulated that the principal difference between transformational leadership and servant leadership is the focus of the leader. The transformational leader focuses on the organization and the employee's behavior and commitment toward the organizational

objectives, whereas the servant leader's focus is on the followers, and the attainment of organizational objectives is a secondary outcome.

Psychodynamic approach to leadership. This approach to leadership is quite different from the trait, style, and situational theories of leadership. The trait theory of leadership assumes that certain leadership traits are best suited for a leader. The style leadership theory asserts that a certain style of leadership is better than others, and the situational leadership style states that with this type of leadership theory it is best to match the leadership style with the needs of the subordinates (A. J. Johnson, 2008; Lee, 2010). The psychodynamic approach to leadership encourages and emphasizes the notion that certain key personality types are best suited for certain situations (A. J. Johnson, 2008; Lee, 2010). The psychodynamic approach to leadership is deeply rooted in the personality theories defined by Sigmund Freud and Carl Jung. Freud wrote about three personality types: erotic, obsessive, and narcissistic. Erich Fromm added a fourth type: marketing (A. J. Johnson, 2008; Lee, 2010).

Freud defined the erotic personality type as consisting of those who seek love and want to love, preferring others to like them, accept rather than respect and admire them (A. J. Johnson, 2008; Lee, 2010). The obsessive personality type of leader lives up to standards, following and obeying rules. The narcissistic personality, on the other hand, defines his or her values and standards and decides what is right or wrong and what to do. The marketing personality type wants to adapt to the situation and aligns himself or herself with the right people (A. J. Johnson, 2008; Lee, 2010).

Carl Jung defined the personality theory of leadership by identifying four major personality types: extraversion versus introversion, sensing versus intuition, thinking

versus feeling, and judging versus perceiving (A. J. Johnson, 2008; Lee, 2010). These four personality types give rise to 16 possible personality type combinations that reflect how a leader interacts with subordinates (A. J. Johnson, 2008; Lee, 2010). The psychodynamic approach reflects strengths and weaknesses related to the leadership role. This approach emphasizes self-awareness and tolerance for others and at the same time engages both the leader and follower in establishing an effective working relationship. Nevertheless, this approach is limited because the psychodynamic approach relies on the personality types to dictate the relationship between the leader and the follower. In addition, the psychodynamic approach does not provide a structure for training leaders and followers to be competent in their roles (A. J. Johnson, 2008; Lee, 2010).

Servant leadership: Historical background. The public turmoil and subsequent leadership crisis of the late 1960s and 1970s created the framework for Greenleaf's development of a groundbreaking approach to leadership theory. Greenleaf, in his 1970 book *The Servant as Leader*, explained this new theory when he wrote that a servant leader begins with the feeling of wanting to serve and then experiences the conscious desire to lead. Greenleaf further stated that the servant leader's different characteristic is the willingness to care about other people's needs, happiness, and livelihood first in the process of becoming servants.

Greenleaf subsequently elaborated on his theory. In his 1977 book, *Servant Leadership,* Greenleaf suggested that the most significant factor of leadership is the leader's perception that he or she is servant first. The effort of the follower's drive and the impact of the leader in supporting human self-transformation are key factors within the servant leadership theory.

Greenleaf (1977) formed many of his thoughts on servant leadership within the context of his readings of the novelist-philosophers Hermann Hesse and Albert Camus. In the late 1960s, Greenleaf's relationship with numerous universities acquainted him with the works of Hesse. To understand modern-day college students, Greenleaf read Hesse's novels and biography, including *Journey to the East* (1956), which manifested the turning point toward the serenity that Hesse accomplished in his later years when he wrote his greatest novel, *Magister Ludi* (1998)*,* for which he earned the Nobel Prize for literature.

Hesse's (1956) *Journey to the East* trailed a group of individuals that included a servant named Leo. The separation of Leo from the unit during the challenge, disbanded the group. Later, as the group reflected upon the journey and considered what went wrong, they recognized that Leo provided the leadership. They came to an agreement that the separation of Leo from the group led to the downfall of the voyage. The acknowledgement that Leo, the servant on the journey, was truly the leader of the group was the source for Greenleaf's inspiration of servant leadership. Hesse's account of Leo's servant leadership assets elucidated the idea:

> Leo went on ahead, and again, as I did many years ago when I watched him and the way he walked, I had to admire him as a good and perfect servant. He walked along the lanes in front of me, nimbly and patiently, indicating the way; he was the perfect guide, the perfect servant at his task, the perfect official. (Hesse, 1956, p. 83)

Greenleaf (1977) reflected on Leo as the perfect servant leader in the expansion of his theory; his reflection appeared to provide him with motivation. Greenleaf's interest in the writings of Albert Camus connected another essential element to his groundbreaking

servant leadership theory advancement (Greenleaf, 1977). Greenleaf validated Camus's view of individualism and the concept that the creative ability is present in each of us. This vitality of the individual became an essential component of Greenleaf's theory for human self-transformation within the servant leadership model (Greenleaf, 1977).

Greenleaf continued to advance his theory in the framework of his research on organizational leadership and taught at prominent universities including the Harvard Business School and the Massachusetts Institute of Technology (Greenleaf, 1977). Through his investigation and analysis of leadership, Greenleaf tested the commonly held acceptance of the controlling perception of leadership. Greenleaf was a creative thinker who was brave enough to defy the extensive view of the subservient nature of followership. As the architect and leading sponsor of the servant leadership model, Greenleaf was relentless as he established the virtues of this new and untested leadership theory (Greenleaf, 1977). With the death of Greenleaf in 1990, the expansion of his leadership theory declined, and the need for empirical research was established (Greenleaf, 1977).

Servant leadership defines service to followers, the principle of leadership, as the chief responsibility of leaders (Greenleaf, 1977). Greenleaf stressed that the servant leader is a servant first with the main intent to ensure that others' utmost priority needs are being served, which empowers followers, while being served, to become healthier, wiser, freer, more autonomous, and more likely to become servants themselves (Greenleaf, 1977). Four principles of moral authority involving conscience, forms the core essence of moral authority: (a) sacrifice, (b) commitment to a worthy cause, (c) belief that ends and means are inseparable, and (d) relationships (Greenleaf, 1977).

Servant leadership preaches collaboration, trust, foresight, listening, and the ethical use of power and empowerment.

Construct of servant leadership. Table 2 highlights numerous studies focused on the framework and conceptual stream of influential models that provide for a better understanding of the servant leadership concept. Whereas Spears (1998) appeared to offer the foundational piece for servant leadership identification, over the past 10-15 years, other themes have attempted to describe servant leader (Barbuto & Wheeler, 2006; Farling, Stone, & Winston, 1999; Liden, Wayne, Zhao, & Henderson, 2008; Page & Wong, 2000; Patterson, 2003; Russell & Stone, 2002; Sendjaya & Sarros, 2002; Sendjaya et al., 2008; Spears, 1998).

Table 2

Servant Leadership Model Components

Year	Author (s)	Themes
1998	Spears	Empathy, healing, listening, awareness, persuasion, foresight, conceptualization, commitment, stewardship, community building
1999	Farling, Stone, and Winston	Vision, trust, service, influence, credibility
1999	Laub	Valuing people, developing people, building community, displaying authenticity, providing leadership, sharing leadership
2001	Russell	Vision, trust, empowerment, credibility, modeling, pioneering, appreciation of others, service
2003	Patterson	Agapo love, trust, vision, service, empowerment, altruism, humility
2006	Barbuto and Wheeler	Altruistic calling, emotional healing, persuasive mapping, wisdom, organizational stewardship
2008	Sendjaya, Sarros, and Santora	Voluntary subordination, authentic self, covenantal relationship, responsible morality, transcendental spirituality, transforming influence
2008	Liden, Wayne, Zhao, and Henderson	Emotional healing, creating value for the community, conceptual skills, empowering, helping subordinates grow and succeed, putting subordinates first, behaving ethically

Over the past decades, empirical evidence has demonstrated support for the

success of servant leadership in areas of corporate social responsibility, self-sacrificing

leadership, and ethical leadership. In the field of corporate social responsibility, servant

leadership has been shown to improve financial performance (Fry, Hannah, Noel, &

Walumbwa, 2011; Pless, Maak, & Waldman, 2012). Empirical evidence has

demonstrated that, as self-sacrificing leaders, servant leaders foster positive emotions

among followers with a stronger willingness to cooperate, exhibit more prosocial

behavior, and are perceived as more effective (De Cremer, 2006; De Cremer, Mayer,

Schouten, & Bardes, 2009; Van Knippenberg & Van Knippenberg, 2005). Kish-Gephart,

Harrison, and Trevifio (2010) contended that servant leaders are ethical leaders, who promote and foster a cognitive moral development, and they are low on Machiavellianism; furthermore, they encourage an ethical climate and achieve social consensus.

Characteristics of servant leadership. According to Spears (2005), the characteristics of servant leadership are as follows: listening, empathy, healing awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. The principles of servant leadership have the following applications as follows: servant leadership as an institutional model (servant leadership crosses all boundaries and is applicable to all institutions), and education and training for not-for-profit trustees (radical shift in how they approach their role). In addition, servant leadership provides building community leadership programs, service learning programs (experiential education—learning by doing), leadership programs including formal and informal education and training, and personal growth and transformation (Spears 2005).

Spears (2005, 2010) extracted 10 key characteristics required to develop servant leaders:

1. Listening. Effective communication for the servant leader is listening to followers regarding information that is conveyed, is a key component of

2. Empathy. The servant leader seeks to empathize with others and become competent in being empathetic listeners.

3. Healing. Learning to heal oneself and others as a servant leader is a great asset for being a strong force for transformation and integration.

4. Awareness. Increased general awareness, especially self-awareness, helps to make an effective servant leader.

5. Persuasion. Instead of using coercion and power, the servant relies on persuasion in building consensus within the group.

6. Conceptualization. This concept helps the servant leader to think long term rather than short term in setting the course or direction of the organization or followers.

7. Foresight. This is the ability of the servant leader to reflect upon the past, consider the present, and be able to anticipate the future.

8. Stewardship. Stewardship involves understanding the roles of each person and exercising a deep commitment to serving the needs of others.

9. Commitment to the growth of people. This is similar to the transformational leader who seeks to transform his or her followers to a higher level of performance. The servant leader seeks to do everything within his or her power to enhance the lives of followers on a professional, personal, and spiritual level.

10. Building community. The servant leader has the desire to unite people and build communities that share a common goal.

Spears (2005, 2010) argued that although the 10 characteristics do not represent an extensive list, they provide the foundation of servant leadership values and principles for anyone who is interested in learning about the practice of servant leadership. The development and practice of servant leadership have produced within the past 10 years a proliferation of research by authors wanting to measure and validate the results and

success of the servant leadership model with organizations. Table 3 depicts the

measurement tools developed within the past 10 years to measure servant leadership in

organizations. Table 4 identifies the main characteristics of each author's instrument for

measuring servant leadership.

Table 3

Servant Leadership Measures

Year	Author (s)	Construct
1998	Laub	60 items, six dimensions
2000, 2003, 2007	Wong and Page	99 items, 12 dimensions
2004	Ehrhart	14 items, one dimension
2005	Dennis and Bocarnea	42 items, five dimensions
2006	Barbuto and Wheeler	23 items, five dimensions
2008	Liden, Wayne, Zhao and Henderson	28 items, seven dimensions
2008	Sendjaya, Sarros and Santora	35 items, six dimensions
2011	Van Dierendonck and Juijten	30 items, eight dimensions

Table 4

Measurement Tools and Key Characteristics

Instrument by Author(s)	Key characteristics
Laub (1999)	Developing people, sharing leadership, displaying authenticity, valuing people, providing leadership, building community
Wong & Davey (2007)	Serving and developing others, consulting and involving others, humility and selflessness, modeling integrity and authenticity, inspiring and influencing others
Barbuto & Wheeler (2006)	Altruistic calling, emotional healing, persuasive mapping, organizational stewardship, wisdom
Dennis & Bocarnea (2006)	Empowerment, trust, humility, agapao love, vision
Liden et al. (2008)	Empowering, helping subordinates grow and succeed, putting subordinates first, emotional healing, conceptual skills, creating value for the community, behaving ethically
Sendjaya et al. (2008)	Transforming influence, voluntary subordination, authentic self, transcendental spirituality, covenantal relationship, responsible morality
Van Dierendonck and Nuijten (2010)	Empowerment, humility, standing back, authenticity, forgiveness, courage accountability, stewardship

All of the constructs of servant leadership have one common and central theme: the need to serve first, then lead while in the process of motivating, empowering, and developing people through humility, authenticity, interpersonal acceptance, stewardship, and direction. Empirical studies have demonstrated that organizations with a servant leadership culture have increased employee commitment, job satisfaction, fairness, and trust. Followers with a servant leader are more engaged, develop a sense of ownership with long-term investment in the organization, have their psychological needs met, and help to improve organizational citizenship behavior (Ehrhart, 2004; Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 2011; Van Dierendonck, 2011). Teams with servant leaders

have yielded better performance and have exhibited more collaborative behavior

(Ehrhart, 2004; Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 2011; Van Dierendonck,

2011). The following section presents a discussion of the empirical evidence of servant

leadership and job satisfaction followed by discussion of employee and patient

satisfaction. Reed, Vidaver-Cohen, and Colwell (2011) introduced a new scale to

measure executive servant leadership (ESLS), situating the need for this scale within the

context of ethical leadership and its impacts on followers, organizations, and the greater

society. The authors asserted that the ESLS could test hypotheses about organizational

moral climate, ethical organizational culture, corporate responsibility, and institutional

theory. Verdorfer and Peus (2014) investigated the psychometric properties of a German

version of the multidimensional Servant Leadership Survey (SLS) developed by Van

Dierendonck and Nuijten (2011); the results suggested that the translated servant

leadership instrument represents a valid and reliable measure that have useful application

in the area of leadership research with German-speaking samples.

Although leadership has taken on many forms and meanings throughout the last

four decades, each theory has contributed to defining leadership as it relates to employee

satisfaction and organizational development. Many research in the past have shown that

leadership does influence employee satisfaction and hence, employee satisfaction.

Despite the many theories of leadership in existence, servant leadership has taken on a

new meaning and approach that is different from its counterparts in influencing employee

satisfaction and organizational performance (Van Dierendonck, 2011). The practice of

servant leadership is the only leadership theory between all leadership theories that

defines itself as a servant first (Spears 2005). A true servant leader aspires to serve first

and places him or herself above others. Servant leadership has evolved among all the other theories of leadership looking to bring out the best in others by leading by example (Spears 2005). Since its development, many empirical studies have demonstrated that servant leadership characteristics improves employee satisfaction and hence organizational performance (Ehrhart, 2004; Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 2011; Van Dierendonck, 2011). Although the presence of servant leadership characteristics has influenced employee satisfaction and organizational outcome in the service industry, no study existed which examined the effect of the presence of servant leadership characteristics in the emergency department of public hospitals. This study extended the research of servant leadership in the healthcare industry specifically the emergency department of public hospitals examining the relationship between servant leadership characteristics and employee satisfaction.

Employee job satisfaction. Research on job satisfaction began early in the 1930s and rapidly progressed over several decades (Locke, 1969). Employees' job satisfaction refers to individuals' perceptions (Locke, 1976), attitudes (Tsai, 2011), responses (Cetin, 2006; Locke, 1969), and affective attachment when assessing the level of satisfaction based upon a comparison of their work expectations and the actual outcomes of their contributions. Other authors referred to job satisfaction as a reflection of one's needs being fulfilled (Abdulla, Djebarni, & Mellahi, 2011; Aziri, 2011; Hayes, Bonner, & Pryor, 2010). Wofford (2003) reported numerous articles and studies attempting to define job satisfaction. Table 5 presents Wofford's compilation of definitions of job satisfaction used by previous researcher.

Table 5

Definitions of Job Satisfaction

Researcher(s)	Definition
Carlson, Dawis, England, & Lofquist (1962); Scarpello & Vandenberg (1992)	Job satisfaction might be the extent to which the individual's expectations concerning work have been fulfill.
Vroom (1964)	Job satisfaction is based on employees' evaluations of whether they get what they want from a job.
Dawis, England, & Lofquist (1964)	The Minnesota Theory of Work Adjustment defines job satisfaction in terms of the relationship between reinforcers in the work environment and a person's needs: the closer the relationship between the reinforcers and the person's needs, the higher the level of job satisfaction.
Herzberg (1968)	Job satisfaction is based on a human relations theory, which posits that employees develop positive job attitudes if their jobs allow them to fulfill their needs.
Locke (1976)	Job satisfaction refers to employees' affective relations to their work role and is a function of the perceived relationship between what one wants from one's job and what one perceives it is offering.
Ulrich & Lake (1991)	Job satisfaction is a positive emotional state produced from a person's experience associated with his or her job.
Kallebarg (1977); Spector (1997)	Job satisfaction represents an affective response to the job situation, defined as how much an employee likes her or his work.
Wiesmann, Alexander, & Chase (1980)	Job satisfaction is the degree of positive affect toward the overall job or its components.
Brooke, Russell, & Price (1988)	Job satisfaction represents an individual's general attitude towards his or her job.
Scarpello (1992)	Job satisfaction can be conceptualize as the disparity between what the employee desires from a job and what he or she actually receives from the work.
DeLeon & Taher (1996)	Job satisfaction is a function of its intrinsic rewards, extrinsic rewards, and employees' needs, expectations, and characteristics.
Comm & Mathaisel (2000)	Job satisfaction is the difference between perception of work and expectations about and importance of work.
Tang, Kim, & Tang (2000)	Job satisfaction is an affective response to specific aspects of the job.
Johnson & Johnson (2000)	Job satisfaction is the employees' response to the conditions of the workplace.

Source: Wofford (2003). *A Study of Worker Demographics and Workplace Job Satisfaction for Employees in a Global Engineering and Construction Organization*.

Wang (2005) reported three main theories of job satisfaction developed by researchers, outlining the basic requirements that employees need to fulfill for satisfaction:

1. Maslow's (1943) Hierarchy of Needs identifies five categories of intrinsic human needs (physiological, safety, belongingness, esteem, and self-actualization) in a ranked array. If all of the needs are dissatisfied, and the person is subject to physiological needs only, all other needs may become nonexistent or less significant.

2. Herzberg's (1968) motivation-hygiene (or two-factor) theory classifies motivators or satisfiers (achievement, recognition, and responsibility) that result in job satisfaction when present and hygiene or maintenance factors (e.g., company policy and administration, supervision, and coworkers) that cause displeasure when not present.

3. Alderfer's (1972) Existence, Relatedness and Growth ERG theory, in which three types of needs—existence (e.g., food, clothing, shelter, and safety), relatedness (e.g., sharing feelings and communication), and growth (self-development and need for creative and productive work)—are established in an approximate hierarchical order.

Researchers often depict Maslow's hierarchy of needs in the shape of a pyramid with the most basic needs at the bottom and the need for self-actualization at the top. Maslow (1943) argued that the most fundamental individual needs such as the physical need for survival, must be fulfilled first before a person can desire the higher levels of needs. Maslow's theory of satisfaction set the stage for other theorists to build upon the

theory of satisfaction in developing other models for job satisfaction. Herzberg (1968)

categorized six job motivators for employees: achievements, recognition, work itself,

responsibility, advancement, and growth. Herzberg, Mausner, and Snyderman (1959) also

categorized 10 hygiene factors experienced by employees when displeased with work:

company policy and administration, supervision, relationship with supervisor,

relationships with peers, and relationships with subordinates, work conditions, salary,

personal life, status, and security. Herzberg et al. argued that job satisfaction

improvement requires the fulfillment of the six motivators first; fulfilling the hygiene

elements alone will not achieve job satisfaction. Herzberg (1968) finally stated that one

could categorize job satisfaction broadly into intrinsic and extrinsic factors. Although

Alderfer's (1972) theory of satisfaction is an extension of Maslow's work, the theory

differs from that of Maslow by consisting of three categories instead of five. Alderfer

further contended that for one to achieved job satisfaction, one needed not fulfill the

needs in a ranked order. These earlier theories of job satisfaction have set the stage for

understanding what elements of the work environment and employees' work ethics

impact customer satisfaction in the service industries.

Employees in service-based industries heavily influence customer satisfaction. As

the U.S. and other countries continue to shift from manufacturing to information- and

service-based industries, employees play a significant role in driving organizational

performance. Organizational performance is strongly influenced by employees'

interactions with customers. Therefore, organizations need to understand the concepts of

employee engagement and satisfaction as well as how the two influence patient–customer

satisfaction. Naturally, there is a connection between patient safety and satisfaction and

employee satisfaction (Mohr, Young, Meterko, Stolzmann, & White, 2011). Satisfied employees are generally happier and hence better engaged with their patients; this situation ultimately translates into a safer environment for employees and patients and improved quality of delivered care (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Mohr, Young, Meterko, Stolzmann, & White, 2011; Tsai, 2011)

A positive working environment gives rise to satisfied employees, which leads to better performance and better patient care (Aiken et al. 2012; Leggat, Bartram, Casimir, & Stanton, 2010; Lu, Barriball, Zhang, & While, 2012; McHugh et al., 2011; Mohr et al., 2011;Tsai, 2011). Empirical researchers in the past have validated the positive correlation between satisfied employees and improved patient care. Hospitals receive Medicare and Medicaid reimbursements based on the quality of delivered care, patient safety, and patient satisfaction (Centers for Medicare & Medicaid Services, 2008).Thus, employee attitudes and satisfaction affect patient safety and patient experience. An unsatisfied staff can have substantial financial consequences on payments from Medicare and Medicaid, the two largest payment systems for what (Centers for Medicare & Medicaid Services, 2008).

Research on healthcare employees has indicated five key drivers of employee satisfaction (Aiken et al. 2012; Lu et al., 2012; McHugh et al., 2011; Mohr et al., 2011):

1. Management shows they care about their employees.

2. Management listens to employees.

3. Employees receive help with job stress.

4. Employees perceive evaluations to be fair.

5. Employees perceive that their work makes a difference to patients and the organization.

Employee satisfaction depends strongly on the type of relationship between managers or supervisors. Avey, Avolio, and Luthans (2011) argued that the implementation of the wrong type of leadership might lead to worsening of working conditions for employees. Research on employee retention has shown that the quality of management can significantly affect employee satisfaction (Grissom, 2012; Heathfield, 2010; Musso, Garay, Kyndt, & Cascallar, 2014). According to Heathfield, most employees leave their job because of the relationship with their reporting supervisor. There is a strong positive correlation between employee retention and a well-liked supervisor (Musso et al., 2014. A few ineffective supervisors, however, can negatively influence the entire group (Grissom, 2012; Heathfield, 2010; Musso et al., 2014). Researchers at Kansas State University (2009) found that happy employees were more productive.

Employee satisfaction also affects the organizational bottom line (Harter, Schmidt, Asplund, Killham, & Agrawal, 2010; Reisel, Probst, Swee-Lim, Maloles, & König, 2010). Harter et al. found by using a large longitudinal database that managerial behavior could influence employee perceptions of their working conditions, thereby directly affecting the organizational bottom line. Employees' perceptions of their working environment also affect customer loyalty, employee retention, revenue, sales, and profit. Perceptions of specific work conditions that engage employees in their work provide concrete direction on how best to manage people to obtain desired results (Harter et al., 2010).

Reisel et al. (2010) argued that dissatisfied employees could negatively affect an organization's financial performance by increasing employee turnover and decreasing productivity. Goliath supported Frehill's 2010 survey findings indicating that the poor economic state of the United States was responsible for an increased number of dissatisfied employees (as cited in Jing & Avery, 2011, 2013). Effective leadership can greatly influence the experiences of employees. This study sought to support the role of servant leadership principles in improving employee satisfaction, which in turn improves patient satisfaction in New York City public hospital emergency rooms. As employee satisfaction affected the organizational bottom line, this research explored the presence of servant leadership characteristics to uncover any link between employee satisfaction and organizational performance.

Despite the variation in the literature defining job satisfaction, Frick and Sipe (2009) argued that job satisfaction must include a sense of gratification. Riesel et al. reported an all-time low in employee satisfaction in the United States in 2010. Between 2000 and 2010, the number of unsatisfied employees rose. Despite the 2009 recession reporting the worse unemployment rates, the number of working employees experiencing little or no satisfaction in their jobs increased (Riesel et al., 2010).

Lussier and Achua reported in 2013 that 77% of all employees in the United States were unhappy or dissatisfied with their jobs. Researchers found that employee dissatisfaction across all income brackets, with the exception of higher dissatisfaction rates among employees under age 25, was evenly distributed (Aversa, 2010; Mayo Clinic Staff, 2010; Reisel et al., 2010). Despite an overwhelming abundance of definitions for job satisfaction, there is little consensus regarding how to measure job satisfaction.

Job satisfaction is measure in terms of general job satisfaction or in terms of various components such as intrinsic or extrinsic satisfaction (Landy & Conte, 2014). General satisfaction can be measure and analyze statistically by combining instrument scores based on important aspects of the job (Landy & Conte, 2014). Instruments such as the Job Descriptive Index (JDI) measure both overall and different aspects of job satisfaction. The Mohrman-Cooke-Mohrman Job Satisfaction Scale (MCMJSS) instrument measures eight aspects of perceived job satisfaction (Landy & Conte, 2014). Four items measure extrinsic job satisfaction, and four items measure intrinsic job satisfaction (Landy & Conte, 2014). In this study, the MSQ survey instrument (short version) measured intrinsic, extrinsic, and general job satisfaction. Bartlett's Test for Consistency validated the MSQ instrument (Weiss et al., 1967) as reliable for measuring three areas of satisfaction: intrinsic satisfaction with .86 alpha, extrinsic satisfaction with .80 alpha, and general satisfaction with .90 alpha. The Thompson (2002) results indicated a positive significant relationship between the OLA job satisfaction score and the MSQ results at the $p < .01$ level as well as a statistically significant correlation score, $r(114) = +.721$, $p < .01$, for the Pearson correlation test on scores from the two scales. In addition, the Organizational Leadership Assessment (Laub, 1999), which contains six items to measure job satisfaction in an organization, was used in this study.

Despite the many definitions of employee job satisfaction and prior research examining the relationship between employee job satisfaction and organizational outcome over the last 5 decades, employers today are still looking for ways to improve employee job satisfaction and organizational effectiveness. Finding the right balance between being an effective leader and influencing employee's satisfaction has eluded

many organizations. Prior empirical studies have shown a strong correlation between servant leadership characteristics and employee job satisfaction in the service industry (Ehrhart, 2004; Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 2011; Van Dierendonck, 2011). This research expanded the presence of servant leadership theory to the healthcare industry looking to uncover any link between the presence of servant leadership characteristics and employee job satisfaction in the emergency departments of public health hospitals.

Servant leadership and job satisfaction. Servant leaders not only extend their loyalty to their organization but also to their followers (Ehrhart, 2004). Ehrhart (2004) argued that servant leaders consider their ethical and moral duty not only to the success of their organizations, but also to their followers. By empowering followers to become more self-actualized to reach a shared vision, servant leaders work to improve the welfare of their followers and the overall organization. In a study of employee outlook on job satisfaction, Bowling, Eschleman, and Wang (2010) found that employee happiness clearly influenced employee job satisfaction. Hence, servant leadership is likely to contribute to employees' job satisfaction especially because employees' expectations and the satisfaction of their needs ties to employee job satisfaction. Servant leaders work to meet employees' expectations and needs through their trustworthiness, which is established by (a) sincerely empowering followers, (b) honoring commitments, (c) being consistent in decision making, (d) establishing trust that is built on integrity and competence, and (e) developing coaching skills (Joseph & Winston, 2005). Hence, the need for servant leadership characteristics as perceived by the employee may prove to be

an added benefit in improving employee satisfaction and, ultimately, organizational outcome.

Laub (1999) proposed that servant leadership was likely to correlate positively with employee job satisfaction, as was later reinforced in studies by Girard (2000) and Drury (2004). Drury established a statistically substantial and positive relationship between servant leadership and employee job satisfaction, explaining that the participants—170 senior leaders, managers and supervisors, faculty, and hourly workers in a university—liked their jobs and work environment to the same magnitude that they observed servant leadership in the organization. Nevertheless, faculty participants reported the highest scores for their job satisfaction and perceptions of their leaders' servant leadership, whereas hourly workers scored lowest in each. Thus, as advocated by Drury, to improve generalization and support for servant leadership's relationship with job satisfaction, the relationship between these two variables needs duplication in different types of organizations with different scales.

Thompson (2002) argued that employees who work in an organization that promotes the values of servant leadership experience high levels of job satisfaction. Thompson conducted a quantitative correlation study examining the impact of servant leadership characteristics on employee satisfaction in church-related colleges. Using the Organizational Leadership Assessment and short version of the MSQ, Thompson found a statistically significant positive correlation between servant leadership and job satisfaction among 116 employees surveyed. Anderson (2005) conducted a similar mixed-methods research study to determine the extent that employee job satisfaction correlated with perceptions of servant leadership in the Church Educational System

(CES). The quantitative portion of the study used the Organizational Leadership Assessment (OLA) tool to discover that a strong correlation existed between individual job satisfaction and perceptions of servant leadership.

Although there are no prior studies conducted on servant leadership and employee job satisfaction in the emergency departments of public hospitals, there are few prior empirical studies in other healthcare settings that found similar results between servant leadership and job satisfaction. Amadeo (2008) also conducted a quantitative research study with a correlational design to determine (a) the extent that registered nurses (RNs) perceived servant leadership behaviors in nonprofit, acute health-care settings and (b) the relationship between perceptions of servant leadership behaviors and individual job satisfaction. A stratified sample of 313 RNs from two nonprofit acute care hospitals in the northwestern U.S. completed the OLA instrument. The findings indicated a strong correlation between perceptions of servant leader behaviors and RN job satisfaction in acute healthcare settings. L. R. Johnson (2008) also found similar results showing a strong correlation between servant leadership and job satisfaction. The quantitative, correlational study examined whether or not a relationship existed among servant leadership, emotional intelligence, and job satisfaction for high-tech employees in the aerospace industry. The results of the research indicated a strong positive significant correlation between the six constructs of servant leadership and job satisfaction as measured by the OLA (L. R. Johnson, 2008).

In other empirical research, Chu (2008) conducted a quantitative correlational study to explore any relationship between employees' perception of servant leadership and job satisfaction at a call center. The findings showed that in the call center, servant

leadership strongly correlated to individuals' job satisfaction. The researcher found no significant statistical differences when controlling the factors of gender, seniority, and job position, but education level and licensure requirement did influence employees' perceptions of servant leadership principles and job satisfaction (Chu, 2008). Miears (2004) also found similar results of a strong correlation between servant leadership and job satisfaction. Miears conducted a correlational study to determine if the OLA instrument is a reliable instrument for measuring servant leadership and job satisfaction in a public school and to determine if there is a link between the level of servant leadership and the level of job satisfaction perceived in the public school environment. A random sample of Texas public schools teachers completed the OLA survey online. The OLA instrument had a strong internal reliability, and the teachers' job satisfaction improved when they perceived the presence of servant leadership (Miears, 2004).

Farris (2010) investigated servant leadership and job satisfaction among management, executive staff, and faculty at Alabama's five regional universities employing a quantitative correlation method and utilizing the Servant Leadership Assessment Instrument (Dennis & Bocarnea, 2005) and The Mohrman-Cooke-Mohrman Job Satisfaction Scale (Mohrman, Cooke, Mohrman, Duncan, & Zaltman, 1977). Six hundred and ten participating employees produced usable surveys. Farris stratified the employees by job level, level of education, length of employment, age, and gender. Their perception of their president or chancellor's level of servant leadership correlated to their own intrinsic and extrinsic job satisfaction. Employee intrinsic job satisfaction was slightly higher than extrinsic job satisfaction. The highest correlations between an employee's being led by a servant leader and resulting job satisfaction were found in

those employees who were older, were more educated, had worked longer, and/or were employed in positions of greater responsibility within the organization.

McDonnell and Gordon (2012), who designed another study to examine the extent, if any, of the correlation between servant leadership and job satisfaction, found a positive correlation between each of the constructs of servant leadership and job satisfaction. The instruments McDonnell and Gordon used to measure the correlation between servant leadership and job satisfaction were the Organizational Leadership Assessment (Laub, 2010) and the MCMJSS (Mohrman et al. 1977). The 60 survey questions from the Organizational Leadership Assessment represent six constructs: valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership (Laub, 2010). Each of these constructs correlated with job satisfaction based upon a correlation coefficient. Despite a strong literature presence of positive correlation between servant leadership and organizational effectiveness, as well as job satisfaction, a gap existed in information about servant leadership and its impact on healthcare providers.

In a more recent study by Caffey (2012), the relationship between servant leadership of principals and beginning teacher job satisfaction and intent to stay was investigated with quantitative research methods utilizing the Servant Leadership Assessment Instrument (Dennis & Bocarnea, 2005) and the Servant Leadership Relational Assessment created by the researcher. The participants included Missouri certified teachers at various grade levels and areas of certification. Pearson correlations (r) showed a statistically significant, positive relationship between servant leadership and beginning teacher job satisfaction. In addition, Pearson correlations (r) showed a

statistically significant, positive relationship between servant leadership and beginning teacher intent to stay. Wilson and Campbell (2012), who conducted a quantitative, non-experimental descriptive study of servant leadership and job satisfaction in a multicultural hospitality organization, further supported the correlation between servant leadership and job satisfaction. Thirty-nine employees completed the Organizational Leadership Assessment, and the data analyzed through the utility of SPSS v. 20. The results revealed that a statistically significant relationship existed between servant leadership and job satisfaction as perceived by culturally diverse employees within a hospitality organization.

Ding, Lu, Song, and Lu (2012) added to the research on servant leadership by designing empirical studies involving 186 samples using the structural equation model (SEM) method that examined the relationship of servant leadership and employee loyalty, with employee satisfaction being the mediating role. The researchers found a positive relationship between servant leadership and employee satisfaction. In another study Guillaume (2012), who examined the impact of servant leadership on workplace and job satisfaction at a selected private university, found a positive relationship between servant leadership and job satisfaction. Barnes and Spangenburg (2011) conducted an empirical study investigating the effects of servant leadership on job satisfaction and organizational commitment in distance education programs. The researchers found a positive relationship between perceived servant leadership behaviors and organizational commitment and between perceived servant leadership behaviors and job satisfaction within distance education organizations.

Chambliss (2013) added to the body of literature on servant leadership by investigating the relationship between job satisfaction of teachers and the level of servant leadership of their campus administrators in an empirical study in a southeast Texas school district. The researcher utilized Laub's Organizational Leadership Assessment, and the researchers found a statistically significant and positive correlation between job satisfaction of teachers and servant leadership of their campus administrators.

Servant leadership characteristics also positively correlated with job satisfaction across different cultures. Cifuentes and Secrest (2013) examined the relationship of leadership style to Latino employees' satisfaction with leadership and job motivation. Cifuentes and Secrest utilized the Multifactor Leadership Questionnaire (MLQ) and the Servant Leadership Questionnaire (SLQ), which measured transformational, transactional, and servant leadership styles, as well as satisfaction with leadership and motivation. Cifuentes and Secrest collected data on Latino employees' perceptions of their supervisors' leadership styles and their satisfaction with leadership and motivation. Statistical analysis of the collected data indicated that characteristics of transformational, transactional, and servant leadership were highly important to these Latino employees and were highly correlated to their motivation and satisfaction with leadership (Cifuentes & Secrest, 2013).

Engelhart and Devore (2012) added to the body of literature supporting the relationship between servant leadership characteristics and employee satisfaction. The researchers conducted a mixed study investigating the relationship of servant leadership to teacher satisfaction and teacher retention among elementary school principals. The researchers utilized the Leadership Skills Inventory (Hunter, 2004), the Missouri School

Improvement Plan Advanced Faculty Questionnaire ([MODESE], 2011), and the

teachers' retention survey question. The researchers found that there was a positive

impact on teachers' satisfaction when the elementary school principal demonstrated

characteristics of a servant leader. English and Hoffmann (2011) found similar results in

the school environment in investigating the relationship between servant leadership and

teachers' job satisfaction. The researchers set out to quantify the correlation between

teachers' perceived level of servant-leadership practices of elementary principals and the

reported level of teachers' job satisfaction within elementary schools in southern

California. The study revealed that teachers were more satisfied in their jobs when they

worked for principals who had high levels of servant-leadership qualities as related to

supervision in the areas of (a) wisdom, (b) organizational stewardship, (c) altruistic

calling, (d) emotional healing, and (e) persuasive mapping (English & Hoffman, 2011).

Goodwin and Forbes (2011) extended the research of servant leadership into

nonprofit organizations, conducting a descriptive study of the growing presence of

servant leadership. The researchers attempted to bridge the gap of empirical research

consistent with the perception and presence of servant leadership characteristics within

contemporary organizations. The population studied for this research included the

employees of a metropolitan YMCA in Texas, and the data collection utilized an online

version of Laub's Organizational Leadership Assessment. The results indicated a

significant relationship between servant leadership characteristics and employee job

satisfaction. Sweet and Lathan (2013) found similar findings utilizing the servant

leadership theory and transformational leadership theory as a framework to investigate

the attitude and lived experience of nonprofit employees in the rural community. The

researchers found that leadership influenced job satisfaction and organizational commitment.

Research on servant leadership on job satisfaction among government employees found similar results. Erickson and Olson (2013) conducted a mixed-method study of servant leadership and job satisfaction in a state government setting. The quantitative portion of the study determined any correlation between servant leadership and job satisfaction as perceived by employees who did not hold leadership positions. The quantitative data obtained using the Servant Leadership Assessment Instrument (SLAI) and the Mohrman-Cooke-Mohrman Job Satisfaction Survey (Mohrman, Cooke, Mohrman, Duncan, & Zaltman, 1977). The quantitative results revealed a highly positive correlation between servant leadership attributes and job satisfaction. The qualitative results revealed that, without communication, servant leadership cannot work or affect job satisfaction and that all servant leadership attributes are highly linked (Erickson & Olson, 2013).

The review of leadership theories has provided the foundation for this study in relation to the various types of leadership models contributing to the development of servant leadership theory, indicating a distinction from other leadership theories with respect to servant leadership. Unlike the other types of aforementioned leadership theories explored, servant leadership focuses on being a servant first, then a leader (Pearson, 2013). This emphasis on being a servant first places great importance on the role and on the followers—the employees. Yeo, Ananthram, Teo, and Pearson (2013) contended that the type of relationship that exists between the leader and follower often influences the perceptions of an individual. The study indicated that high-quality leader-

member collaboration leads to fewer employee turnovers, improved performance evaluations, promotions that are more frequent, increased employee commitment, increased positive job attitudes, increased employee participation, more desirable work assignments, and the establishment of more support and attention to followers (Yeo et al., 2013). As these results reflect the leader's role in individuals' perceptions of job satisfaction, the relationship between leaders and employees and the impact on patient care and patient satisfaction in the emergency department was worth exploring.

Vito, Sureth, and Richards (2011) further investigated the perception of servant leadership among subordinates. Vito et al. conducted an empirical study investigating the emphasis on servants in public service. The researchers collected the opinions of 126 police managers from 23 U.S. states regarding their ideal leadership style as expressed through the items of the Leader Behavior Description Questionnaire (The Ohio State University, 1962). The study revealed that the police managers believed leaders should follow the principles of servant leadership and that they rejected the doctrines of both the autocratic, command and control method and the hands-off, detached style of laissez-faire leadership.

Bovee and Corkill (2012) conducted another empirical study examining school leadership retention and investigating servant leadership and school leader satisfaction in the North American Division (NAD) of Seventh-day Adventist P-12 schools. Using a quantitative correlation method, Bovee and Corkill found a significant positive correlation between servant leadership and leader job satisfaction, reinforcing the notion of a relationship between servant leadership characteristics and job satisfaction. Mckenzie and Jin (2012) reported similar results from a correlational study of servant

leadership and teacher job satisfaction in a public education institution. The researchers conducted a quantitative study with a correlational design to determine (a) the extent that teachers perceived servant leadership behaviors in a public education setting and (b) the relationship between perceptions of servant leadership behaviors and teacher job satisfaction. Teachers from seven high schools in the Rocky Mountain region of the U.S. completed the Organizational Leadership Assessment; the results reflected a positive correlation between perceptions of servant leader behaviors and teacher job satisfaction in a public school district (Mckenzie & Jin, 2012).

The literature review on servant leadership and employee job satisfaction has revealed a positive correlation. Many empirical studies conducted in the service industry have demonstrated that the presence of servant leadership characteristics improved employee job satisfaction and ultimately organizational effectiveness. Prior studies have shown that organizational leaders who are selfless and put their employee interest before their own, creates a working environment with improved employee satisfaction and achieved organizational goals (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). Thus, this research aimed at examining any similar link between the presence of servant leadership characteristics and employee job satisfaction in the emergency departments of public health hospitals.

Emergency departments: patient care and patient satisfaction. As the United States and other advanced economies continue to be affected by globalization and a shift from a manufacturing to information- and service-based economies, the interactions between employees and customers continues to play a vital role in organizational performance and success (Collet et al., 2014; Dempsey, Reilly, & Buhlman, 2014).

Although there are many organizations in the service industries that engage in employee-customer relationships in providing a service, the healthcare industry is one of growing concern. As the United States population ages and hospitals continue to close, the healthcare industry continues to grow and represent a significant part of the gross domestic product (GDP) (Dolan, 2013). The increase in healthcare demand has become the focus of healthcare administrators trying to provide high quality healthcare with limited resources. Thus, healthcare administrators have recognized the importance of employee engagement and satisfaction as well as the level of satisfaction in relation to customer-patient satisfaction (Collet et al., 2014; Dempsey, Reilly, & Buhlman, 2014).

Hospital administrators, third-party providers, patient advocacy groups, and the Joint Commission on Accreditation of Healthcare Organization (JCAHO) are mandating that emergency departments (EDs) use patient satisfaction as a quality care indicator in the clinical setting (Press Ganey Associates,2010). According to Press Ganey Associates (2010), an organization that measures patient satisfaction in emergency departments across the U.S., despite the downturn in the U.S. economy and a continued decline in capacity and increase in ED overcrowding, patient satisfaction in U.S. hospital emergency departments remained the same in 2009. Press Ganey researched employee and patient satisfaction and found a direct correlation between the two. Satisfied employees delivered better care, which resulted in better outcomes and higher patient satisfaction; working for an organization that valued patients and delivered quality drove employee satisfaction, retention, and loyalty (Press Ganey Associates, 2010).

Although technological advancement can improve the quality of healthcare, people achieve the greatest improvement. Researchers Gill and Gill (2012) and Daniel

(2012) have shown that unsatisfied healthcare employees negatively affect the quality of healthcare and, ultimately, patient satisfaction. Brunetto et al. (2013) found connectivity between internal conditions and environment affecting the service capability of staff that influences nurse satisfaction and, ultimately, nurses' retention. All of those factors can reduce the quality of patient care and ultimately affect the level of patient satisfaction. Dolan (2013) further argued that healthcare workers enter the profession wanting to serve and help their patients first, but only after the experience of becoming managers and leaders do the tenets of servant leadership play an important role in providing patients and communities with effective and efficient healthcare services.

Vital and Alves (2010) argued that employee dissatisfaction negatively affects the quality of care and eventually has an adverse effect on patient loyalty and hospital success. Elg, Stenberg, Kammerlind, Tullberg, and Olsson (2011) showed in a study of Swedish healthcare that a positive correlation existed between quality of care and employee and patient satisfaction. In 2005, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released information linking employee morale with patient satisfaction scores, demonstrating that lack of employee satisfaction and commitment affects employees' turnover as well as patient satisfaction. Also reported was a strong correlation between the delivery of high-quality care and healthcare costs. Satisfied employees are less stressed and have lower turnover, fewer leaves of absences, and lower instances of work-related disability and violence claims. All of these factors help to improve patient care.

Nurses who are satisfied with their jobs display higher levels of patient safety and fewer medication errors, thereby resulting in higher patient satisfaction (McHugh et al.,

2011; Pettker et al., 2011). A healthcare organizational leader fostering an environment that provides quality care in turn be directly linked to higher patient satisfaction scores (Moneke & Umeh, 2013). Many researchers have demonstrated that healthcare leaders who cultivate a working environment fostering higher employee engagement contribute to improved patient satisfaction and customer loyalty (Collet et al., 2014; Dempsey, Reilly, & Buhlman, 2014; Dickson, & Tholl, 2014; Hawkins, Glenn, Oswald & Conway, 2013; Koh, Brach, Harris, & Parchman, 2013; Roberts, 2013). This evidence supports the notion that effective leadership leads to higher employee satisfaction, which in turn leads to improved patient satisfaction. Lin et al. (2011) investigated the role of leader behaviors in hospital-based emergency departments with regard to unit performance and employee work satisfaction; they found that task-oriented leaders do affect employee satisfaction, thus further emphasizing the role of leaders in influencing employee satisfaction in emergency departments. In addition, Lin et al. (2012) investigated the relationship between hospital-based emergency department culture and work satisfaction and intent to leave for emergency physicians and nurses and found a direct relationship between the culture of the work environment and employee satisfaction. Trastek, Hamilton, and Niles (2014) argued that servant leadership is the best model for health care organizations because it focuses on the strength of the team, developing trust, and serving the needs of patients. As servant leaders, healthcare providers may be best equipped to make changes in the organization and in the provider-patient relationship to improve the value of care for patients (Trastek et al., 2014).

This study investigated the effectiveness of servant leadership and its effects on employee satisfaction. Peltier et al. (2009) found that effective leadership improved

employee engagement and that higher employee engagement affected employees'

performance, patient satisfaction, and overall organizational performance. Higher

employee engagement levels resulted in improved employee productivity, better

relationship with management, stress reduction, improved employee satisfaction, and

increased employee retention. Higher employee engagement resulted in improved patient

satisfaction by improving the quality of care delivered, thus increasing patient satisfaction

and loyalty. Higher employee engagement and satisfaction affected the organizational

financial performance by lowering employee recruitment, retention, and training costs

and improved patient loyalty, thereby leading to repeat visits and fewer lawsuits and

negative behaviors (Peltier et al., 2009). Slockett and Rhodes (2012) further explored the

role of servant leadership among healthcare workers. The researchers wanted to identify

general practice physicians as servant or non-servant leaders and determine the

relationship, if any, between their leadership style and work life satisfaction and to

provide support for servant leadership development and increasing work life satisfaction

among physician leaders. Slockett and Rhodes conducted a quantitative study utilizing

the Servant Leadership Profile - Revised and Areas of Work Life Scale instruments. The

study did not demonstrate any correlation between the servant leadership score and

overall work life satisfaction; however, the study did reveal that characteristics of

inspiring and visionary leadership demonstrated higher than average scores for the

servant leadership group. This finding suggests that developing characteristics of servant

leadership may increase work life satisfaction and reduce burnout among physicians

(Slockett & Rhodes, 2012).

The medical providers clearly understands that what patients remembers most about their experience in the emergency department is how well they were treated and not so much as to what medical care they received. Hence cultivating a culture within the emergency department that strives to ensure patient's experience is a positive one is of vital importance to managers and leaders. Prior studies have shown that unhappy employees affect the quality of care and safety in the healthcare environment. Healthcare organizations with unhappy employees experience a higher turnover rate than their counterparts with happy employees. Hence creating a working environment with satisfied employees within the emergency departments is of utmost importance to managers and leaders. Since there is strong evidence in the service industry-linking servant leadership and employee satisfaction, examining the role of servant leadership characteristics and employee satisfaction within the emergency department may produce similar results.

Servant leadership and organizational outcome. According to Akdemir, Erdim, and Polat (2010), there is no single way of defining organizational performance and there is no consensus in the literature defining organizational performance. Akdemir et al. argued that despite the many definitions of organizational performance, the perfect or ideal structure of highly performing organizations depends upon the following qualities: the organization's context of focus, goals, priorities, skills, experience level, and culture. Despite the many definitions of organizational performance, Akdemir et al. identified the following major characteristics prevalent among highly performing organizations: well-understood vision and values, flexibility and proper use of discipline, clear and specific goals, strong communication, trust and confidence, fun, decision making at the lower level, effective training, and performance feedback. The researchers also conducted that

high-performing organizations has the following characteristics: stronger and more consistent customer focus, multiple methods of measuring improvement, strategic change management, encouragement of innovation and openness to technology, team-based work, participative leadership, and effective incentive system, and recruiting and hiring the best talent. In addition, work-life balance, workplace diversity, motivation, compensation and performance appraisal, knowledge management, meaningful jobs, effective succession planning, effective planning and analysis, and finally, ethical decision making and peer respect were characteristics of high performing organizations (Akdemir et al., 2010). Tebeian (2012) investigated the impact of motivation through leadership on group performance and found that both servant leadership and transformational leadership motivate employees to improve their job performance and ultimately organizational performance.

Henri and Journeault (2010) established a multidimensional approach to measure organizational performance and utilized measurement systems to monitor goals, key measures, results, and expectations. The researchers measured performance using financial variables such as equity, net cash flow, return on investment and equity, operating income, sales, and growth. Other researchers argued that financial measures are not the only way to assess performance and that a balanced scorecard combining performance measures of finance, customer relations, business process, and learning and growth reflect a more comprehensive assessment of organizational performance (Allard, 2010). Bateman and Snell (2012) argued that some organizations used the balanced scorecard to measure outcomes that reflected more than just financial measures. Driskell and Brenton (2011) also supported this approach by claiming that there are many ways to

measure the effectiveness of an organization related to performance. Lee and Yu's (2004) definition of organizational performance was more precise in asking what factors were most critical to a specific industry.

Allard (2010) argued that although every organization has a culture, not all organizations experience performance culture. Risher (2011) contended that a performance culture reflects an organizational culture with performance at the center of the organization goals and objectives. Researchers found four major cultural traits to be highly prevalent among high-performing organizations: mission, consistency, involvement, and adaptability, as well as a combination of these four traits (Allard, 2010). Moorhead and Griffin (2013) contended that high-performing organizations are those that have established values, developed a vision, reinforced cultural behaviors, and initiated implementation strategies.

In addition, Jing and Avery (2011), as did Jing et al. (2013), contended that there are methodological discrepancies among studies based on performance measurement. Many researchers failed to make the connection between financial performance and employee satisfaction (Jing & Avery, 2011; Jing et al., 2013; Keller, 2011). Researchers Ambali, Suleiman, Bakar, Hashim, and Tariq (2011) found a positive correlation between the attributes of servant leadership—including integrity, humility, empathy, foresight, diligence, building community, and organizational commitment of staff—and the commitment of the staff toward the organization's activities and implemented programs. Organizational commitment and trust also positively correlated with the presence of servant leadership characteristics. Goh and Zhen-Jie (2014) investigated the influence of servant leadership on organizational commitment in market research firms in Malaysia

and found a positive relationship between the two variables. A study by Kantharia (2014), which compared transformational and servant leadership styles with reference to Indian ethos found that servant leadership has the advantage over other leadership styles in providing foundational philosophy for theories congruent with the growth of humankind.

Parris and Peachey (2013) added to the body of literature on servant leadership and organizational performance by conducting a systematic literature review of servant leadership theory in organizational contexts; their work revealed that servant leadership is a viable leadership theory that helps organizations and improves the well-being of followers. Sani, Çaliskan, Atan, and Yozgat (2013) conducted an empirical study to test the impact of academicians' servant leadership behaviors on students' academic performance and organizational citizenship behavior in a Turkish university. The study found that servant leadership behavior among academicians had a significant impact on trust among students at all levels in the university, improved organizational citizenship, and improved individual performance (Sani et al., 2013).

Carder, Curtis, and Beuthin (2012) also investigated the relationship between servant leadership and organizational commitment. Carder et al. conducted a mixed-method study using the 28-item Servant Leadership Scale (SLS) created by Liden et al. (2008) to examine perceptions of servant leadership among Nazarene pastors, along with the Meyer, Allen, and Smith (1993) commitment scales to measure organizational commitment of volunteer board members. The study revealed a positive relationship between servant leadership characteristics and organizational commitment. Rubino and Kelly (2012) further explored the relationship between servant leadership and employee

satisfaction and organizational commitment. The researchers conducted a quantitative correlational study investigating the descriptions of organizational servant leadership practices, job satisfaction, and organizational commitment at faith-based higher education institutions. The participants were employees from faith-based higher education institutions located in the United States; 68 employees responded to an 84-item survey instrument. The study found a significant relationship between the organizational practice of servant leadership and employee affective and normative commitment (Rubino & Kelly, 2012).

The literature review on servant leadership theory and organizational outcome, found a correlation between servant leadership presence and organizational effectiveness in the service industry. Prior empirical studies have link organizational outcome with employee job satisfaction. While there are many prior studies showing a correlation between servant leadership characteristics, organizational outcome, and employee job satisfaction in the service industry, no study found in the literature review demonstrate this finding in the emergency department. This research expanded the literature on servant leadership, organizational outcome, and employee job satisfaction to the healthcare industry.

Summary

The review of literature examined topics related to servant leadership; employee, customer, and patient satisfaction; and organizational performance. The literature review revealed strong evidence of the utility of servant leadership characteristics in the business and service industries in helping to improve employee and customer satisfaction. Nevertheless, few studies examined servant leadership characteristics in the healthcare

industry and their use in improving employee and patient satisfaction. The purpose of this research was to use the findings of a positive correlation between servant leadership characteristics and employee and customer job satisfaction in the service industry and attempt to achieve similar findings in the healthcare sector between servant leadership characteristics and employee satisfaction.

The literature review demonstrates strong evidence of a positive correlation between servant leadership and employee and customer satisfaction. Nevertheless, the majority of this evidence is concentrated in the business sector. This study adds to the body of literature on servant leadership characteristics and employee satisfaction by investigating the correlation of servant leadership and employee satisfaction in the healthcare industry, specifically at the level of emergency rooms in city hospitals in New York City. In addition, no studies had examined the OLA instrument in measuring servant leadership in hospitals emergency rooms with respect to improving employee satisfaction and hence patient satisfaction. This study expands the utility of the OLA instrument in studying servant leadership characteristics and employee satisfaction in emergency rooms in city hospitals in New York City.

This chapter has presented a review of the current literature on leadership theories, employee satisfaction, patient satisfaction, organizational performance, and servant leadership and job satisfaction. The literature indicated that healthcare leadership style plays an important role in motivating employees and improving patient satisfaction by improving the quality of care delivered. Previous researchers have demonstrated a correlation between the principles of servant leadership and employee and job satisfaction. The literature reviewed here has shown that servant leadership leads to

improved employee satisfaction and engagement, which further leads to improved customer satisfaction and organizational performance. Prior studies have linked employee satisfaction in the healthcare setting to improved patient satisfaction and organizational financial performance.

Although servant leadership characteristics improved employee satisfaction in the service industries, researchers conducted very few studies to support this finding in the healthcare industry, specifically public health hospital emergency rooms. This study sought to support prior findings of a positive correlation between servant leadership characteristics and employee satisfaction, but in New York City public hospital emergency rooms. Prior empirical research has provided evidence for the support of servant leadership characteristics in improving employee and job satisfaction leading to improved organizational performance (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). Despite numerous studies on servant leadership in the business industry demonstrating a positive correlation between servant leadership characteristics and employee satisfaction, Schwartz and Tumblin (2002) argued that empirical evidence for the application of servant leadership in the healthcare sector was lacking. This research attempted to close that gap by providing empirical evidence to check for a positive correlation between servant leadership and the improvement of employee satisfaction in the healthcare sector. The study attempted to uncover any link between servant leadership characteristics and employee satisfaction, ultimately leading to improved patient satisfaction.

The literature review of the principles of servant leadership has revealed a gap in analyzing the implementation and effects of servant leadership on healthcare leaders and

its impact on improving employee and patient satisfaction in the emergency rooms of public health hospitals. Although there are numerous research studies in the service industries regarding the correlation of servant leadership and employee and customer satisfaction, very few studies have revealed the effect of servant leadership on the delivery of healthcare and the impact on patient satisfaction. A gap existed with regard to the utilization of servant leadership principles in the emergency rooms of public health hospitals in an urban environment and the ability to affect employee satisfaction and delivery of patient care in the emergency departments of New York City public hospitals. The study sought to offer further empirical support for the correlation between servant leadership and employee and patient satisfaction. Chapter 3 provides discussion on the quantitative methodology elements, research questions and hypotheses, and population and sample of the study.

Chapter 3: Methodology

Introduction

The purpose of this quantitative study with a correlational design was to examine the relationship between servant leadership practice and employee satisfaction in New York City public hospital emergency rooms. The construct of servant leadership had shown some significance in the leadership literature. A reasonable number of prior studies on servant leadership explained the principles and performance of servant leadership (Han et al., 2010; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). Each of the aforementioned studies demonstrated a significantly positive relationship between servant leadership and organizational effectiveness. This research investigated the application of servant leadership and its effectiveness for improving employee satisfaction in the delivery of health care in New York City public hospital.

Specifically, this quantitative study examined any correlation between servant leadership characteristics and employee satisfaction as measured by Laub's Organizational Leadership Assessment and the Minnesota Satisfaction Questionnaire (MSQ), respectively. The sample consisted of 117 employees in the emergency rooms from two North Brooklyn New York City public hospitals. The factors under investigation were (a) six constructs of servant leadership: valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership, and (b) intrinsic, extrinsic, and general satisfaction among employees. The information derived through this study helps explain the correlations found between servant leadership and employee satisfaction. This chapter focuses on the research design and methods developed to examine the relationship between servant leadership (the

independent variable) and employee satisfaction (the dependent variable). Further, this chapter focuses on the research questions and hypotheses, population and sample selection, instrumentation, validity and reliability of the instruments, data collection procedures, data analysis, ethical considerations, limitations, and summary of the process.

Statement of the Problem

It was unknown to what extent the perception of servant leadership characteristics in the emergency department correlated with employee satisfaction in public hospitals' emergency rooms in New York City. Bass (2009) contended that establishing effective organizations with improved organizational performance, while establishing strong relationships between leaders and followers has prompted leaders to experiment with various leadership styles. Mahembe and Engelbrecht (2014) argued that one type of leadership theory that is gaining popularity in bridging the gap between organizational performance and employee satisfaction is servant leadership. Wren (1995) stated that the practice of servant leadership theory improved leaders' ability to lead effectively. Thompson (2002) argued that organizations with higher level of job satisfaction usually embrace the principles of servant leadership.

Prior research on servant leadership and its role in improving organizational effectiveness and employee satisfaction revealed a strong correlation between servant leadership and employee satisfaction (Thompson, 2002); however, the impact of servant leadership and its relationship to employee satisfaction in the emergency rooms of two New York hospitals had not been conducted. Blanchard (2007) found a positive correlation between the practice of servant leadership and improved job performance. The positive impact of servant leadership might also improve job performance in public

hospital emergency rooms in New York City and hence, help to improve patient satisfaction.

Organizational leaders play a major role in forming and establishing the organizational culture. Schneider (1976) argued that there is a difference between norms and culture. Norms outline for people how to behave, whereas culture influences thinking, feelings, and sense making. How one balances the individual culture, the organizational culture, and effects on organizational performance depends upon organizational leadership.

This research study focused on the relationship of servant leadership and the job satisfaction of employees who worked in two hospital emergency departments. The intent of the researcher was to uncover any correlation between servant leadership and employee satisfaction. The results of this research have the potential to inform leaders on the utility of servant leadership principles and guidance in improving employee satisfaction and hence, improve patient satisfaction and overall organizational performance.

Research Questions and Hypotheses

The researcher developed the research questions and hypotheses during the review of literature. The review of literature revealed that no prior research examined the relationship between servant leadership and job satisfaction within a healthcare industry, specifically in the emergency departments of public hospitals in New York City. Thus, the research's final research question and hypotheses developed from the problem and purpose statement.

The purpose of this study was to examine the relationship between servant leadership and employee satisfaction scores among healthcare leaders and employees in a healthcare setting. The Organizational Leadership Assessment instrument and the short form of the MSQ were used to collect data. Specifically, this study addressed the following research questions and hypotheses:

R1: To what extent is employees' perception of servant leadership characteristics within the organization emergency department correlated with their level of job satisfaction?

H_1: A statistically significant positive correlation exists between the level of employee's perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the level of employee's perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

R2: To what extent is each of the six component variables of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership) correlated with employee's level of job satisfaction correlate with?

H_{2A}: A statistically significant positive correlation exists between employees' job satisfaction and the servant leadership construct of valuing people as

measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between employees' job satisfaction and the servant leadership construct of valuing people as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_{2B}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of developing people as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of developing people as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_{2C}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of building community as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of building community as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_{2D}: A statistically significant positive correlation exists between employees' job satisfaction and the servant leadership construct of displaying authenticity as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between employees' job satisfaction and the servant leadership construct of displaying authenticity as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_{2E}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of providing leadership as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of providing leadership as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_{2F}: A statistically significant positive correlation exists between the employees' job satisfaction and the servant leadership construct of shared leadership as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the employees' job satisfaction and the servant leadership construct of shared leadership as measured by the

Organizational Leadership Assessment and employee job satisfaction as
measured by the short form of MSQ.

R3: To what extent are the employees' perceptions of servant leadership
characteristics correlated with their intrinsic motivation, extrinsic motivation,
and general job satisfaction?

H_{3A}: A statistically significant positive correlation exists between employees'
perceptions of servant leadership characteristics and their intrinsic job
satisfaction as measured by the Organizational Leadership Assessment and
employee intrinsic job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between employees' perceptions of servant leadership
characteristics and their intrinsic job satisfaction as measured by the
Organizational Leadership Assessment and employee intrinsic job satisfaction
as measured by the short form of MSQ.

H_{3B}: A statistically significant positive correlation exists between employees'
perceptions of servant leadership characteristics and their extrinsic job
satisfaction as measured by the Organizational Leadership Assessment and
employee extrinsic job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between employees' perceptions of servant leadership
characteristics and their extrinsic job satisfaction as measured by the
Organizational Leadership Assessment and employee extrinsic job satisfaction
as measured by the short form of MSQ.

H_{3C}: A statistically significant positive correlation exists between employees'
perceptions of servant leadership characteristics and their general job

satisfaction as measured by the Organizational Leadership Assessment and employee general job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between employees' perceptions of servant leadership characteristics and their general job satisfaction as measured by the Organizational Leadership Assessment and employee general job satisfaction as measured by the short form of MSQ.

Research Methodology

This study involved the use of quantitative methodology. The researcher intended to test whether or not there was a significant relationship between servant leadership and employee satisfaction. The quantitative study focused on whether or not a correlation exists between the variables, as well as, the magnitude or strength of any relationships found based upon data collected to test hypotheses (Neuman, 2003). The researcher examined the relationships between measures of servant leadership and employee satisfaction, because those variables were well suited to explain the effects of servant leadership on employee satisfaction. This research utilized a quantitative methodology for this study for the following reasons (Cooper & Schindler, 2003):

- The hypotheses were value free, and the researcher's own values, biases, and subjective preferences had no place in the quantitative approach.

- The quantitative methodology allowed the researcher to state the research problem in specific and set terms.

- The researcher specified the independent and dependent variables under investigation.

- The method allowed the researcher to follow firmly the original set of research goals, arriving at objective conclusions, testing hypotheses, and determining the issues of causality.

- Controlled observations contributed to high levels of reliability for the gathered data.

- The method eliminated or minimized subjectivity of judgment.

Quantitative methodology encompasses empirical analysis of data collected from a random sample of people from precise populations to incur generalizable observation for the entire population based on the degree of relationships (Cooper & Schindler, 2003). For this study, a quantitative rather than a qualitative methodology was appropriate to identify any correlation between two variables. The independent variable was servant leadership, and the dependent variable was job satisfaction. The researcher sought to identify statistical relationships based on objective data using structured and validated data collection instruments. The data collection instruments tested set variables and hypotheses to uncover any correlations to make predictions and generalization on the population as a whole.

The researcher studied behavior and perceptions under controlled conditions to derive any correlations based on statistical analysis. On the other hand, qualitative methodology employs inductive reasoning to study the reality of perceptions and observations as determined by the researcher (Cooper & Schindler, 2003). Qualitative researchers serve as the data collection instrument and observe and/or interview in the field (Cooper & Schindler, 2003). The researcher did not choose to collect subjective data to explore, discover, and construct patterns, features, and themes. The aim of this study

was not to examine the breadth and depth of the phenomena or study behavior and perceptions of the participants in their natural environment but rather to study the perceptions of employees under controlled conditions. The purpose of this study was not to derive a rich description of participant perceptions regarding the topic of job satisfaction and servant leadership. Instead, the goal was to collect numeric data and to determine if a correlation existed between the two variables. Thus, a quantitative method deemed more appropriate than a qualitative method for this study.

Research Design

A quantitative methodology encompasses empirical analysis of data that collected from a random sample of people from precise populations to incur generalizable observation for the entire population based on the degree of relationships (Cooper & Schindler, 2003). For this study, a quantitative rather than a qualitative methodology was appropriate to identify any correlation between two variables. The independent variable was servant leadership, and the dependent variable was job satisfaction. According to Cooper and Schindler (2003), correlational research designs are established on the assumption that reality is best defined as a link of interrelating and mutually causal relationships. In general, the quantitative methodology delivered numerical results showing a correlation between employee-perceived servant leadership, and employee job satisfaction. The purpose of this study was not to derive an in depth description of participant perceptions concerning the topic of job satisfaction and servant leadership. Instead, the goal was to gather numeric data and to determine if a correlation existed between the two variables utilizing tested and reliable survey instruments. Thus, a quantitative method deemed more appropriate than a qualitative method for this study.

This quantitative correlation research utilized the data obtained from the Organizational Leadership Assessment instrument and the short form of the MSQ to determine if a statistically significant correlation exists between servant leadership and employee satisfaction. The researcher assessed the degree of employee satisfaction based upon data collected from the hospital participants in real time using the Organizational Leadership Assessment and the MSQ-short form instruments. The short form of the MSQ consists of questions with response choices ranging from *very satisfied* (1) to *very dissatisfied* (5). The Organizational Leadership Assessment instrument consists of Likert-type questions with response choices ranging from *disagree* (1) to *agree* (5). The Organizational Leadership Assessment instrument also collects information on department and role or position in the organization. Prior to collecting any data, the researcher secured permission from each hospital's CEO. Employees received invitations to participate in the study through e-mails and departmental meetings to participate in the study. The researcher obtained data from all participating employees using the Organizational Leadership Assessment and MSQ instruments. Because both instruments employed Likert scales and collected data regarding demographics and ranks of participants, the data collected were interval in nature.

Through this approach, the researcher verified the variables and measured numerically the information found from data collected to test hypotheses (Neuman, 2003). This design involved empirical testing of the relationships between measures of servant leadership and employee satisfaction scores. The researcher assessed and analyzed two variables in this study. The researcher sought to determine whether a correlation existed between servant leadership, the independent variable (IV), and

employee satisfaction, the dependent variable (DV) variable. Correlation does not indicate that one variable causes the other, even if the relationship between the variables is strong (Neuman, 2003). The Organizational Leadership Assessment instrument measured the independent variable of servant leadership characteristics, and the MSQ instrument measured the dependent variable of employee satisfaction. The Organizational Leadership Assessment contains 66 questions and six constructs: (a) valuing people, (b) developing people, (c) building community, (d) displaying authenticity, (e) providing leadership, and (f) sharing leadership. The researcher measured each construct through a specific set of questions on the Organizational Leadership Assessment survey and an additional six questions measuring job satisfaction. The short form of the MSQ contains 20 questions that measured the dependent variable of employee satisfaction. Demographic variables included in the study were gender, age, tenure, and level of education. The researcher looked for any correlation between the two variables, servant leadership characteristics and employee satisfaction.

The research used a quantitative approach with a correlational design to analyze the correlations if any between two variables.. The researcher defined the variables and measured them using two survey instruments that derived inferences from the sample population (Cooper & Schindler, 2003). The use of the Organizational Leadership Assessment and MSQ surveys provided numerical data that determined a correlation between the level of employee-perceived servant leadership, and employee job satisfaction. The study provided a research design that defined exact numerical correlational data and determined the relationship among the set variables. The researcher

desired the accuracy of correlational numerical data to complete the study, thus

quantitative research method approach was the best design for this research study.

Population and Sample Selection

New York City public hospital emergency rooms served as the setting for this

study. The researcher obtained permission to use the premises and involve the subjects

prior to collecting data (see Appendix B). The investigator selected employees from two

city hospital emergency rooms to participate in this study. Participants in the study

comprised of employees of the following ranks: directors, managers, midlevel providers,

physician assistants (PAs), nurse practitioners (NPs), patient care assistants (PCAs),

clerks, and nurses in the emergency room of two city public hospitals in New York City.

One hundred and seventeen employees completed the survey instruments, of which three

were excluded for incompletion. The midlevel employees, PCAs, clerks, and nurses were

appropriate for this study because of their direct patient contact that influences patient

care and satisfaction reports. All directors and supervisors must have met the minimum of

2 years of service. The employees received an e-mail inviting them to participate in the

study; embedded in the e-mail was information regarding the study.

The participants of the study received e-mails and hard copies of letters

explaining the nature and purpose of the study, the reason the researcher chose the

participants for the study, and the voluntary nature of the study. In addition, the

participants of the study received information of the lack of foreseeable risks of

participating in the study and the ability of the participant to withdraw from the study

without any penalties or consequences. The researcher did not require a signed consent

form because the surveys were anonymous and the participants were informed through an

invitation letter and departmental meetings that their voluntarily participation would be considered implied consent to participate in the study. The researcher implied that those who chose to voluntarily complete the survey forms were consenting to participate in the study. The consent form is presented in Appendix B. In addition, the researcher presented a brief synopsis of the study at departmental meetings and encouraged employees to participate in the study. All employees had the opportunity to participate in the study; however, the study excluded those with fewer than 6 months of employment. Meyer and Allen (1991) contended that newly hired employees do not provide reliable responses with regard to organizational commitment in longitudinal studies. Thus, the researcher excluded participants employed for fewer than 6 months from the study.

The researcher collected data related to the independent variable of servant leadership characteristics as reflected by the six constructs of the Organizational Leadership Assessment: valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership. The dependent variable of employee satisfaction was reflected in the three areas of the MSQ short form—intrinsic satisfaction, extrinsic satisfaction, and general satisfaction. The departments involved in the study employed approximately 150 people; each employee received the survey for participation in the study. Use of the Organizational Leadership Assessment requires a set sample size for a specified population, as specified by the Organizational Leadership Assessment organization, to achieve statistical reliability. To calculate the required sample size a power analysis using G*Power 3.1.5 was conducted. Per convention, as suggested by Cohen (1988, 1992a, 1992b), the researcher set statistical significance as $\alpha = .05$ and power at .90 ($\beta = .10$) for this study. Given that there were

two variables and a medium effect of .30, a sample of 88 was required to achieve statistical power at .90. To account for participant attrition and incomplete data sets, the sample included a minimum of 150, generating 114 valid responses. The researcher asked all employees to participate in the study by completing the survey instruments. The researcher sought to have a response rate that surpassed the sample requirement noted by Bartlett et al., (2003).

Instrumentation and Sources of Data

The two instruments used to collect the data, shown in in Appendix E and Appendix G, were Laub's (1999) Organizational Leadership Assessment and the MSQ. The Organizational Leadership Assessment survey measured the independent variable, organizational servant leadership characteristics. The MSQ survey, short version, measured employee satisfaction, the dependent variable. Appendix C presents the form related to permission to use the Organizational Leadership Assessment instrument, and Appendix D presents information regarding permission to use the MSQ.

The Organizational leadership Assessment Instrument. The Organizational Leadership Assessment Instrument is a self-report survey created by Laub (1999) to measure expectations for servant leadership within organizations. Researchers have made wide use of Laub's Organizational Leadership Assessment instrument in the study of servant leadership (Drury, 2004). The instrument consists of statements, scored on a unidirectional, 5-point Likert-type scale, with response choices ranging from *strongly disagree* to *strongly agree.* The instrument includes six constructs or potential sub scores: valuing people (respect and empathic listening), developing people (modeling appropriate behaviors), building community (team/community building and allowing for

individuality), displaying authenticity (honesty and integrity), providing leadership (vision of the future), and sharing leadership (shared power and vision). Appendix E includes the Organizational Leadership Assessment instrument. Appendix F presented the six constructs of the Organizational Leadership Assessment instrument. The data obtained using the Organizational Leadership Assessment instrument provided information about the six variables to determine the level of servant leadership characteristics present in the emergency departments under study.

The researcher used the scale developed by Laub (2003) to analyze the data obtained through the Organizational Leadership Assessment instrument. Laub (1999) developed his instrument by conducting a Delphi survey process with 14 servant leadership experts and producing a consensus regarding the characteristics of a servant leader. He then developed 60 key characteristics of the servant leader, and based upon the characteristics, he constructed an operational definition of servant leadership. Laub field-tested the instrument with 828 participants from 41 organizations and achieved a reliability measure of .98 (Laub, 1999). This field test, along with the ongoing research conducted with the Organizational Leadership Assessment, has provided for strong psychometric properties of validity and reliability. This scale provides a look at the different levels of job satisfaction experienced by the workforce, the managers, and the top leaders of the organization. The researcher used the Organizational Leadership Assessment Instrument to collect data, which were analyzed for any correlation between servant leadership characteristics and employee satisfaction in the emergency department.

The Minnesota Satisfaction Questionnaire (Short Form). The researcher used the Minnesota Satisfaction Questionnaire (MSQ) because it would be easier to assess job

satisfaction with the use of an existing scale (Spector, 1997). The MSQ instrument

measures job satisfaction on a multifaceted level. Researchers have used the nationally

recognized MSQ instrument in a variety of settings, and they have reported it as being a

reliable and valid instrument to measure job satisfaction. Its developer created

(University of Minnesota, 1977) the MSQ as a measure of satisfaction for a number of

different aspects of the work environment. The developer designed the instrument to

parallel a companion measure of vocational needs, the Minnesota Importance

Questionnaire (MIQ), an instrument developed by researchers in the Work Adjustment

Project to measure the importance of a reinforcer to the potential satisfaction of an

individual. Weiss and Lofquist (1984) described the MSQ as written on a fifth-grade

reading level, noting that the instrument can be administered in nearly any work situation.

Researchers derived the long form of the MSQ from earlier attitude measures used in the

Work Adjustment Project. The MSQ survey instrument consists of 100 items in a Likert-

response format and yields 20 responses scored using a 5-point scale: *very satisfied* (5-VS),

satisfied (4-S), *neither satisfied nor dissatisfied* (3-N), *dissatisfied* (2-DS), and *very*

dissatisfied (1-VDS). The short form of the MSQ has 20 items, developed by selecting

those items from the long form of the MSQ that correlated the highest with the total score

of their respective scales. The items are also in a Likert response format, and expected

completion takes no more than 5 minutes. Table 6 describes the scales measured by the

MSQ (University of Minnesota, 1977).

Table 6.

Minnesota Satisfaction Questionnaire (Short Form): Items on the Short Form Used to Measure Scales from the Long Form

Scales from the long form MSQ	Items on short form that measure the scales
Ability utilization	The chance to do something that makes use of my abilities
Achievement	The feeling of accomplishment I get from the job
Activity	Being able to keep busy all the time
Advancement	The chances for advancement on this job
Authority	The chance to tell other people what to do
Company policies and practices	The way company policies are put into practice
Compensation	My pay and the amount of work I do
Coworkers	The way my coworkers get along with each other
Creativity	The chance to try my own method of doing the job
Independence	The chance to work alone on the job
Moral values	Being able to do things that do not go against my conscience
Recognition	The praise I get for doing a good job.
Responsibility	The freedom to use my own judgment
Security	The way my job provides for steady employment
Social service	The chance to do things for other people
Social status	The chance to be "somebody" in the community
Variety of responsibilities	The chance to do different things from time to time
Working conditions	The working conditions
Supervision, technical	The competence of my supervisor in making decisions
Supervision, human relations	The way my boss handles his/her workers

Description of the MSQ scales. There are three job satisfaction scales on the short

form of the MSQ: intrinsic, extrinsic, and general job satisfaction. The intrinsic and

extrinsic scales result from factor analysis of data obtained from the administration of the

MSQ (Short Form) to a heterogeneous group of 1460 employees. Participants choose

responses to the MSQ items based on a 5-point Likert scale. Possible responses are (1)

very dissatisfied, (2) *dissatisfied*, (3) *can't decide whether I am satisfied or dissatisfied*,

(4) *satisfied*, and (5) *very satisfied*. Some sample items on the intrinsic scale include:

Being able to keep busy, The chance to work alone, The chance to do different things, The chance to be "somebody" in the community and Being able to do things that do not contradict conscience. Some sample items from the extrinsic scale are supervisor relations with coworkers, supervisor competency, company policies and how they are put into practice and Pay in relationship to work done. The general satisfaction scale includes the scores of these 18 items plus two others: working conditions and coworker relations. Mean scores are calculated for each subscale: intrinsic, extrinsic, and general job satisfaction.

Validity. According to Sullivan (2011), validity describes the accuracy of an instrument or set of instruments with respect to the variables in question. In general, the validity of a study is determined by how well the study measures what it intends to measure and how well the results can be applied to similar situations (Cooper & Schindler, 2003). Cooper and Schindler (2003) contended that internal validity refers to measurement of the intended construct and external validity refers to being able to apply the results to similar groups.

Internal validity. Cooper and Schindler (2003) identified the following issues related to internal validity: selection bias, maturation testing, and problems with instrumentation or data collection, subject morality, statistical regression, treatment difficulties, compensation issues, environmental changes, and researcher influences. This researcher allowed all employees to participate and did not select who should be recruited, thereby minimizing selection bias and statistical regression. No treatment or investigation of longitudinal issues regarding the factors of interest was applied. No environmental changes or file ranking changes of participants were anticipated during the

data collection process of the study. Environmental changes would include change in

structure of the emergency department or change in management or leadership. The study

included no treatment, nor was the nature of the study longitudinal. Hence, maturation or

test bias was not an issue during the study (Cooper & Schindler, 2003). The study

required no special equipment or techniques, and responses were self-reported using

Likert-type scales. No compensation was offered, and the researcher did not interact with

the participants and thus did not influence the respondents. The internal validity of this

study was dependent upon the reliability of the instruments used (Cooper & Schindler,

2003).

    External validity. Cooper and Schindler (2003) described external validity as the

applicability of the outcome of the study to other settings and subjects. The realism of the

study, similarity with existing conditions, reactivity, and research settings are some of the

issues related to external validity (Cooper & Schindler, 2003). Cooper and Schindler

collected data from participants working under the same conditions and within the same

working environment. The internal validity of this study depended on the reliability of the

instruments used; the relevancy of the instruments in assessing the variables

demonstrated their validity.

    Validity of the Organizational Leadership Assessment. The validity of an

instrument refers to the degree to which the instrument measures what the instrument

intended to measure, whereas the reliability of an instrument refers to the degree of

accuracy of the instrument in reproducing the same results (Cooper & Schindler, 2003).

Babbie (2013) described validity as the ability to deduce meaningful and justifiable

interpretations about a sample or population from scores. There are two types of validity:

internal (content, criterion, and construct) and external (generalization of results) (Leedy & Ormrod, 2001). Construct validity for the original OLA with regard to the necessary and essential characteristics of servant leadership was determined by an expert panel; these characteristics are reflected in the 60 items within the instrument. Experts utilized a Delphi process to bring consensus regarding the constructs representing the servant-minded organization. They conducted face validity tests, involving more than 100 adult graduate students, on the perceived accuracy of the six organizational descriptions. There were consistently high perceptions of accuracy across all six of the extended full-page descriptions. Laub (1999) therefore, viewed the descriptions as accurate in depicting, on average, the various organizational levels. This process also served to confirm that the scoring break points for the six organizational levels were placed properly (Laub, 1999). Babbie (2013) contended that potential threats to the validity of a survey instrument include the chance of dishonest or inaccurate responses, the inability to clarify any questions as requested by participants, and the lack of flexibility in responding to questions. To help avoid these threats to internal validity, a large sample was used in this study.

To categorize and outline the characteristics of servant leaders, Laub (1999) began by listing 46 characteristics of servant leaders established in the literature and employing the Delphi technique, a methodical way of collecting experts' opinions and working toward an agreement. Laub chose a panel of 14 recognized experts in the field of servant leadership to join in a three-round Delphi survey (Anderson, 2005; Laub, 1999, 2003; Miears, 2004; Thompson, 2002). From the experts' answers, Laub established six definitional constructs and 74 characteristics (Laub, 1999, 2003; Thompson, 2002). Laub

noted that, based on the Delphi process and the expertise of the panel members, the

validity of the Organizational Leadership Assessment was strong. Table 7 shows the six

definitional constructs measured by the instrument.

Table 7.

Servant Leadership and Servant Organizational Model

Valuing people	By believing in people By serving other's needs before his or her own By receptive, non-judgmental listening
Developing people	By providing opportunities for learning and growth By modeling appropriate behaviors By building up others through encouragement and affirmation
Building community	By building strong personal relationships By working collaboratively with others By valuing the differences of others
Displaying authenticity	By being open and accountable to others By a willingness to learn from others By maintaining integrity and trust
Providing leadership	By envisioning the future By taking initiative By clarifying goals By facilitating a shared vision
Sharing leadership	By sharing power and releasing control By sharing status and promoting others.

(Laub, 1999, p. 83)

Validity of the MSQ survey. The MSQ (Short Form) was derived from the long

form. Weiss et al. (1967) concluded that validity could be inferred from the long form to

the short form. The instrument performed according to the expectations expressed in the

theory of work adjustment (Weiss et al., 1967) represents evidence for the validity of the

MSQ. According to Kiefer et al. (2005), the reliability of the MSQ instrument ranges

from .84-.91 for the intrinsic subscale, from .77-.82 for the extrinsic subscale, and from

.87-.92 for the general satisfaction scale. Evidence for the validity of the MSQ was

derived mainly from the instrument performing according to expectations or the

instrument construct validity. Evidence of concurrent validity of the MSQ was collected

from 25 occupational groups ($n = 2,955$) (Kiefer et al. 2005).

Reliability. The validity of the results obtained from the study depended upon the

reliability of the data collected. The researcher collected the data over a 2 week-period,

under the same settings and same conditions. This process helped to eliminate any

discrepancies or changes in the collection of data that would affect the reliability of the

results. Respondents completed both survey instruments under the same conditions and

within the same time, and the researcher collected them, thus limiting any variations in

the data collection that might affect the reliability of the data collected. Giving the same

instrument with the same survey questions to all participants assured the internal

reliability of the data collected. Hence, the researcher did not control the selection of data

collected. The researcher had no social interaction with the participants of the study and

did not have any authority over the participants that would affect their employment status

or relationship on the job. Hence, the researcher was not able to influence the

participants' responses to the survey questions.

Reliability of the Organizational Leadership Assessment. The Organizational

Leadership Assessment has shown high reliability. In the original field test, the

Organizational Leadership Assessment obtained a reliability score of .9802 using the

Cronbach's alpha coefficient. Horsman (2001), Thompson (2002), and Ledbetter (2003)

also conducted reliability tests on the Organizational Leadership Assessment showing

scores equal or higher, thereby verifying the reliability of the instrument. Additional studies using the Organizational Leadership Assessment instrument showed high levels of reliability (Horsman, 2001; Laub, 1999; Miears, 2004; Thompson, 2002). Laub indicated that the Organizational Leadership Assessment instrument had a reliability of .98 and contended that the instrument is a reliable instrument to conduct research in the field of servant leadership.

   Reliability of the MSQ instrument. Weiss, Dawis, England, and Lofquist, (1967). obtained norms for the short form of the MSQ by administering questionnaires to groups of assemblers, electrical assemblers, clerks, engineers, machinists, janitors and maintenance men, and sales clerks They chose participants by selecting individuals from the above groups listed in the Minneapolis and St. Paul city directories. Of the 4,191 contacted, 3074 (73.3%) agreed to be interviewed. A review of the normative data (see Table 2 in Appendix J 2) revealed that each of the occupational groups scored close to the others on each of the three scales. This finding indicated that the survey could be used to measure job satisfaction in a variety of occupations.

   The researcher found the reliability for the MSQ (Short Form) for all other groups to be .77 or above for all three scales. He used Cronbach's alpha to test the reliability of the three subscales in this study. Alphas ranged from .81 for extrinsic satisfaction to .91 for general job satisfaction. Based on these data, he judged the scales to have acceptable levels of internal consistency. According to Kiefer et al. (2005), the reliability of the MSQ instrument ranges from .84-.91 for the intrinsic subscale, from .77-.82 for the extrinsic subscale, and from .87-.92 for the general satisfaction scale.

Data Collection Procedures

The researcher collected data from two hospitals within the same corporation. Appendix B presents the permission letters from both hospitals (Hospital A and Hospital B). The researcher also obtained informed consent from all leaders and employees prior to their volunteering to participate in the study. Nevertheless, the researcher interpreted participants' returning the completed surveys as indication of their consent to participate in the study; therefore, he did not require a signed consent form. Both the leaders' and employees' consent forms outlined the purpose of the study, risks, benefits, confidentiality, withdrawal privilege, and investigator's statement. Copies of the forms are presented in Appendix B. The study involved the use of two instruments to collect the data: the Organizational Leadership Assessment and the short form of the MSQ.

Both the short form of the MSQ and the Organizational Leadership Assessment instrument consist of Likert-type questions. The MSQ contains questions with response choices ranging from *very satisfied* (1) to *very dissatisfied* (5), and the Organizational Leadership Assessment instrument consists of questions with response choices ranging from *disagree* (1) to *agree* (5). Using these instruments allowed the researcher to obtain information from both the leaders and the employees regarding the presence of servant leadership and servant leadership principles and practices as perceived by the employees. He informed the employees of both participating hospital emergency departments of the study at departmental meetings, and he e-mailed information about the nature of the study, the organization's leadership support, affirmation of confidentiality and anonymity, and instructions on completing the survey to all employees.

The researcher gave an envelope with hard copies of the Organizational Leadership Assessment and MSQ surveys containing unique identifying codes to any employee who met the criteria of working for one of the departments for more than 6 months and who were willing to participate in the study. The researcher coded medical providers with the letter and numbers P001, P002, P003…, and numbers starting from 001; nurses with N001, N002, and N003…; and ancillary staff with A001, A002, and A003…. He also gave the participants the option to complete the surveys in the privacy of their homes. Each survey and its envelope had the same code. The researcher placed surveys in the employees' mailboxes, or their administrators gave the surveys to their employees. Respondents returned all completed surveys to a sealed box labeled with the researcher's name and located in a visible area in the emergency department.

To ensure the validity and reliability of the data collection process, the researcher collected the data in the same way for all participants. The instruments used in the study have exhibited face, content, and construct validity. The researcher reminded the participants to answer the questions to the best of their ability and to be honest about their responses in each section of the survey for both instruments. He collected the completed Organizational Leadership Assessment and MSQ surveys and stored them in a safe place in the emergency room. These measures ensured that the surveys were properly safeguarded.

Data Analysis Procedures

The data collected were analyzed using the SPSS 19.0 software program to conduct the analysis procedures. The researcher used the data collected to answer three research questions in this study, analyzing each research question and hypothesis using a

Spearman's rho correlation. The following research questions and hypotheses guided this study. Each research question consisted of hypotheses and null hypotheses that were analyzed using SPSS.

R1: To what extent is employees' perception of servant leadership characteristics within the organization emergency department correlated with their level of job satisfaction?

H_1: A statistically significant positive correlation exists between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

H_0: No correlation exists between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ.

R2: To what extent is employees' level of job satisfaction, correlated with each of the six component variables of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership)?

H_{2A}: A statistically significant positive correlation exists between employees' job satisfaction and the servant leadership construct of valuing people.

H_0: No correlation exists between employees' job satisfaction and the servant leadership construct of valuing people.

H_{2B}: A statistically significant positive correlation exists between the employees'

job satisfaction and the servant leadership construct of developing people.

H_0: No correlation exists between the employees' job satisfaction and the servant

leadership construct of developing people

H_{2C}: A statistically significant positive correlation exists between the employees'

job satisfaction and the servant leadership construct of building community.

H_0: No correlation exists between the employees' job satisfaction and the servant

leadership construct of building community.

H_{2D}: A statistically significant positive correlation exists between employees' job

satisfaction and the servant leadership construct of displaying authenticity.

H_0: No correlation exists between employees' job satisfaction and the servant

leadership construct of displaying authenticity.

H_{2E}: A statistically significant positive correlation exists between the employees'

job satisfaction and the servant leadership construct of providing leadership.

H_0: No correlation exists between the employees' job satisfaction and the servant

leadership construct of providing leadership.

H_{2F}: A statistically significant positive correlation exists between the employees'

job satisfaction and the servant leadership construct of shared leadership.

H_0: No correlation exists between the employees' job satisfaction and the servant

leadership construct of shared leadership.

R3: To what extent are the employees' perceptions of servant leadership

characteristics correlated with their intrinsic, extrinsic, and general job

satisfaction?

H_{3A}: A statistically significant positive correlation exists between employees' perceptions of servant leadership characteristics and their intrinsic job satisfaction.

H_0: No correlation exists between employees' perceptions of servant leadership characteristics and their intrinsic job satisfaction

H_{3B}: A statistically significant positive correlation exists between employees' perceptions of servant leadership characteristics and their extrinsic job satisfaction.

H_0: No correlation exists between the employee's between employees' perceptions of servant leadership characteristics and their extrinsic job satisfaction.

H_{3C}: A statistically significant positive correlation exists between employees' perceptions of servant leadership characteristics and their general job satisfaction.

H_0: No correlation exists between employees' perceptions of servant leadership characteristics and their general job satisfaction.

The Organizational Leadership Assessment instrument was used to collect data for analysis related to Research Questions 1 and 2 and the corresponding hypotheses. He used responses to all of the questions on the Organizational Leadership Assessment survey in the analysis for Research Question 1 and the related hypothesis. The Organizational Leadership Assessment instrument was also used to collect data related to Research Question 2 and the corresponding hypotheses, analyzing each variable using specific data sets from the Organizational Leadership Assessment instrument. Items 1, 4,

9, 15, 19, 52, 54, 55, 57, and 63 on the Organizational Leadership Assessment instrument was used to analyze Hypothesis 1 for Research Question 2; Items 20, 31, 37, 40, 42, 44, 46, 50, and 59 to analyze Hypothesis 2; Items 7, 8, 12, 13, 16, 18, 21, 25, 38, and 47 to analyze Hypothesis 3; Items 3, 6, 10, 11, 23, 28, 32, 33, 35, 43, 51, and 61 to analyze Hypothesis 4; Items 2, 5, 14, 22, 27, 30, 36, 45, and 49 to analyze Hypothesis 5; and Items 17, 24, 26, 29, 34, 39, 41, 48, 53, and 65 to analyze Hypothesis 6. The MSQ-short version was used to collect data to answer Research Question 3 and the corresponding three hypotheses. He used all questions on the MSQ to analyze Research Question 3, Hypothesis 3; Items 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, and 20 on the MSQ to analyze Research Question 3, Hypothesis 1; and Items 5, 6, 12, 13, 14, and 19 on the MSQ survey to analyze Research Question 3 and Hypothesis 2.

After collecting the data, the researcher entered the raw data into the SPSS software and selected labels with value and measure type—nominal, ordinal, or scale. The researcher assigned a value of 1 to providers, 2 to nurses and PCAs, and 3 to ancillary staff. Once he had entered the raw data into the SPSS software, he obtained descriptive data for skewness and kurtosis and frequency analysis for both instrument data sets. The researcher then inspected the data sets for both instruments for normal distribution using Kolmogorov-Smirnov and Shapiro-Wilk tests. He also inspected both instruments' subscores for the various variables for normality and conducted descriptive analysis.

Because the data collected through both instruments were not normally distributed, the researcher used a Spearman's rho correlation to examine the correlation between each of the six constructs of servant leadership and overall job satisfaction to

discover if there were any significant relationships between the constructs of servant leadership and employee satisfaction. He used a Cronbach's alpha to attain a reliability estimate and calculated an item-to-total correlation for each item to determine the magnitude of the correlation of each item with the total instrument. Per convention, he used an alpha level of .05 to set the significance level. He used the demographic data collected during this study to describe the sample population; specifically, he calculated means, standard deviations, ranges, variances, minimum and maximum values of the instrument variables, skewness, and kurtosis for all the questions and subscores of both instruments.

The researcher collected data related to each research question and hypothesis from the employees and patients using the outlined data procedures and the Organizational Leadership Assessment and MSQ survey instruments. The Organizational Leadership Assessment survey instrument collected data from the management and employees to measure servant leadership as perceived by management and employees in the ER. The Organizational Leadership Assessment was designed with six unique constructs to be measured against the level of employee job satisfaction (Laub, 1999). This study was a quantitative study and comprised only statistical analysis of the data obtained; thus, the researcher employed no nonstatistical analysis.

Ethical Considerations

Ethical considerations with regard to data collection and analysis are important in research (Neuman, 2003). By assigning a numerical number to each participant, the researcher ensured confidentiality and anonymity of the leaders, employees, and patients to encourage and maximize the honesty of participant ratings. To distinguish

among management, employees, and patients, each category started with a different

letter and number. The researcher did not ask participants in this study to provide any

personal information, such as their names, to whom they reported, or medical

conditions; their responses were anonymous. He informed the employees in this study

of the purpose and the potential use of the information derived from the study. The

intent of the study was to seek ways to enhancing employee satisfaction through the

presence of servant leadership in the emergency room.

The researcher recruited participants on a voluntary basis without monetary

rewards. Therefore, prior to conducting the study, the researcher assured participants

that results of the data would be disseminated widely and used to implement or revise

programs and that the researcher would use the least intrusive and least costly data

collection methods possible. Participation in the study was voluntary, and participants

could withdraw from the study at any time without penalty. Although there might be

no direct benefits to participants, participation in the research might help to improve

working relationships between employees and management and give employees and

patients an understanding of the types of leadership styles with intent to help improve

relationships and organizational performance. The researcher gave no monetary

reward to any participant to participate in this study.

The researcher secured the collected data in a file cabinet with lock and key

located in his personal office. He planned to store the completed surveys in locked

storage provided by the organization for 7 years, as required by each hospital's IRB.

After that time, all data were to be destroyed. The researcher collected no personal

information from any participants. He assumed informed consent from the participants

who took part in the study and completed the surveys, and he used the collected information solely for the purpose of the study, without harm to any participants. To avoid any conflict in the data collection process, the researcher ensured that there was clear communication regarding the intent of the study, the type of data collected, the use of the data, and instructions for completing the survey instruments.

Poor job satisfaction may transfer to poor work ethics and can lead to an ethical concern when treating patients. The setting of this study was the emergency room where patients have the right to receive medical care in a safe environment with compassion, respect, and empathy despite employees' level of job satisfaction. Thus, the outcome of the study might be affected or skewed. The researcher neither interacted with nor evaluated the performance of the participants of the study and hence did not influence their responses. In addition, the respondents were not compensated in any way for their participation.

The researcher planned to publish the results of this study after several criteria were met:

- The study presented the results of primary scientific research.

- The results reported had not been published elsewhere.

- The statistics and other analyses were performed to a high technical standard and were described in sufficient detail.

- The conclusions were presented in an appropriate fashion and were supported by the data.

- The study was presented in an intelligible fashion and was written in standard English.

- The research met all applicable standards for the ethics of experimentation and research integrity. The research adhered to appropriate reporting guidelines and community standards for data availability.

Following completion of the study, the researcher planned to provide a summary of results and conclusions to participating hospitals and to make the results publicly available via the corporate website. Participants and others with an interest in the final report had an opportunity to request a copy when completing the informed consent form.

Limitations

In addition to the limitations discussed in Chapter 1, the following limitations of the study are present:

1. The research methodology was limited to a quantitative approach and did not involve a qualitative portion. Thus, the researcher was limited in investigating new or unexplored areas and could not participate or offer valuable insights in the work environment among the ER employees.

2. Any findings from this study are limited to New York City public hospitals and therefore the sample population poses limitations to the generalizability of other organizations with different leader and observer samples and cultures.

3. The sample comprised emergency room leaders and supervisors, midlevel providers, nurses, and PCAs, and, therefore, did not represent the entire population of employees at New York City public hospitals.

4. The uniqueness of the demographics of the patient sample in New York City poses limitations to generalizability to other organizations in different geographical location.

5. The completion of the survey instruments was limited to the perceptions of the participants of the study and thus relied on their honest responses to the questions. Time to complete the survey and ability to understand the survey questions were limited to the participant's interpretation.

6. The data analysis was limited to statistical analysis, which is a more rigid approach and is inflexible to a process of discovery (Cooper & Schindler, 2003.

7. These limitations were unavoidable; the researcher could rely only on participants' being honest in their responses and his belief that the analysis of the data was conducted in an ethical manner.

Summary

The primary focus of this research was to examine the relationship between servant leadership characteristics, as perceived by the employees of the emergency room, and employee satisfaction. This chapter has presented the quantitative methodology for examining the relationships between servant leadership and employee satisfaction. The areas discussed included the introduction and statement of the research problem, the research questions and hypotheses, methodology, design, population and sampling, instrumentation including self-rated and observer-rated measures, data collection procedures, data analysis, ethical considerations, and limitations. The researcher collected data after securing all the appropriate permissions and consents using both electronic

format and hard copy of instrument surveys. To protect participants' survey response, he stored the surveys in a safe location in the ER for statistical analysis.

The researcher examined internal and external validity for the study and provided reliability statistics for each instrument. He took measures to ensure internal validity, external validity, and construct validity of this study. The respondents worked in the same environment, the researcher invited all employees within the department under study to participate, and he applied no compensation, treatment, or longitudinal investigation. The Organizational Leadership Assessment obtained a reliability score of .9802 using the Cronbach's alpha coefficient. Horsman (2001), Thompson (2002), and Ledbetter (2003) also conducted reliability tests on the Organizational Leadership Assessment showing scores equal or higher, thereby verifying the reliability of the instrument

The researcher ensured that the data collected and the results yielded were valid and reliable. He enhanced the validity by minimizing participants' selection and recruitment, thereby limiting selection bias. There were no collections of long-term data, no changes to the setting or conditions of the data collection process, and no changes in the ranks of the participants. In addition, the researcher did not offer any medical treatment to participants; thus, no maturation or test bias would pose a threat to the validity of the data collected. The researcher offered no compensation, thus limiting any influence on the researcher's part in the collection of the data. The study was not longitudinal and did not involve multiple researchers. Hence, the data collected were not subject to threats to internal reliability.

The researcher invited all employees to participate; thereby limiting the researcher's potential to handpick participants of the study. He required respondents to complete consent forms to ensure their own willingness to participate in the study; however, the completion of the survey instruments implied participants' consent. This process helped to avoid ethical concerns, such as compensation and interaction by the researcher. The researcher did not collect information noting the respondent's identity, thereby preventing any repercussions to the respondent by employer. He informed participants of the study of the purpose of the study, thereby eliminating any fears of penalties or negative effects from the employer or supervisor.

This present study has several limitations. The researcher cannot generalize to individuals not having the characteristics of participants, to individuals in other settings, or to past or future situations. The results may not be generalize to other subunits of the organization and cannot be used to describe the organization as a whole. The findings gained from this study will potentially help individual leaders of the organization gain an appreciation of their own leadership characteristics and might better prepare them to become more successful in the organization. Chapter 4 includes information about the quantitative data collection and analysis procedures. Chapter 5 presents discussion of the summary, conclusions, and recommendations.

Chapter 4: Data Collection and Analyses

Introduction

The purpose of this quantitative research with a correlational design was to examine the perceptions of emergency department staff in New York City public hospitals with regard to the existence of servant leadership behaviors to determine the correlation, if any, between servant leadership behavior and job satisfaction among doctors, midlevel providers, nurses, and ancillary staff. The correlation of servant leadership characteristics and employee-perceived servant leadership characteristics in the emergency department was not known. The researcher used a quantitative approach as the research methodology in the study. This chapter presents the data collected and analyses used to answer the research questions. Research questions guided the research efforts to determine (a) the extent that servant leadership characteristics affected employee satisfaction; (b) the degree to which employees' perceptions of servant leadership characteristics correlated with the six constructs of servant leadership; and (c) the degree of the employees' perceptions of servant leadership characteristics when gender, tenure, and job position were controlled. The researcher examined the results of two surveys, the Organizational Leadership Assessment and the MSQ. The researcher performed frequency and normality analysis, descriptive analysis, and a Spearman's rho analysis, on the data collected through both instruments to determine any correlations among the independent and dependent variables. The chapter concludes with a summary of major findings of the research. The initial sections of this chapter present a statistical description of the data collected, the data analysis procedure employed, and the results, followed by a summary, conclusions, and recommendations based upon the research.

Descriptive Data

Table 9 depicts the demographic characteristics of the respondents. The study sample included 114 participants from both hospitals. The composition consisted of 2.6% top leadership, 7% supervisors, and 90.4% workers. The workers comprised doctors, physician assistants, nurses, patient care associates, and clerical staff. There was a 65.5% survey return rate. Most respondents had been in service with either hospital for about 5 years; 41.2 % of the participants were males, and 58.8% were females. The participants comprised 29% doctors and midlevel providers, 57% nurses and patient care associates, and 14% clerical staff. With regard to the highest level of education attained, 37.7% of the sample held a doctorate degree, 41.2% had attained a bachelor's or master's degree, 15.8 % had attained an associate's degree, and 5.3% had attained a high school diploma. Table 8 presents demographic data of the participants.

Table 8

Respondent Characteristics

Variable	Attribute		Respondent	
			Number	Percentage
Role	Top Leadership		3	2.6
	Supervisor/Management		8	7.0
	Workforce		103	90.4
		Total	114	100
Gender	Male		47	41.2
	Female		67	58.8
		Total	114	100
Years of	6 months to 11 months		13	11.4
Service	1 year to 5 years		49	43.0
	6 years to 10 years		21	18.4
	11 years to 15 years		17	14.9
	16 years to 19 years		01	0.90
	20 year or and more		13	11.4
		Total	114	100
	Providers		33	29.0
Functions of	Nurses & PCAs		65	57.0
Respondents	Clerical Staff		16	14.0
		Total	114	100
Years of	High School		06	5.3
Schooling	Associates		18	15.8
	Degree		47	41.2
	Post Graduate		43	37.7
		Total	114	100

Figure 2 illustrates the trend among the various groups of participants when compared on the six constructs of SL and the variables of job satisfaction.
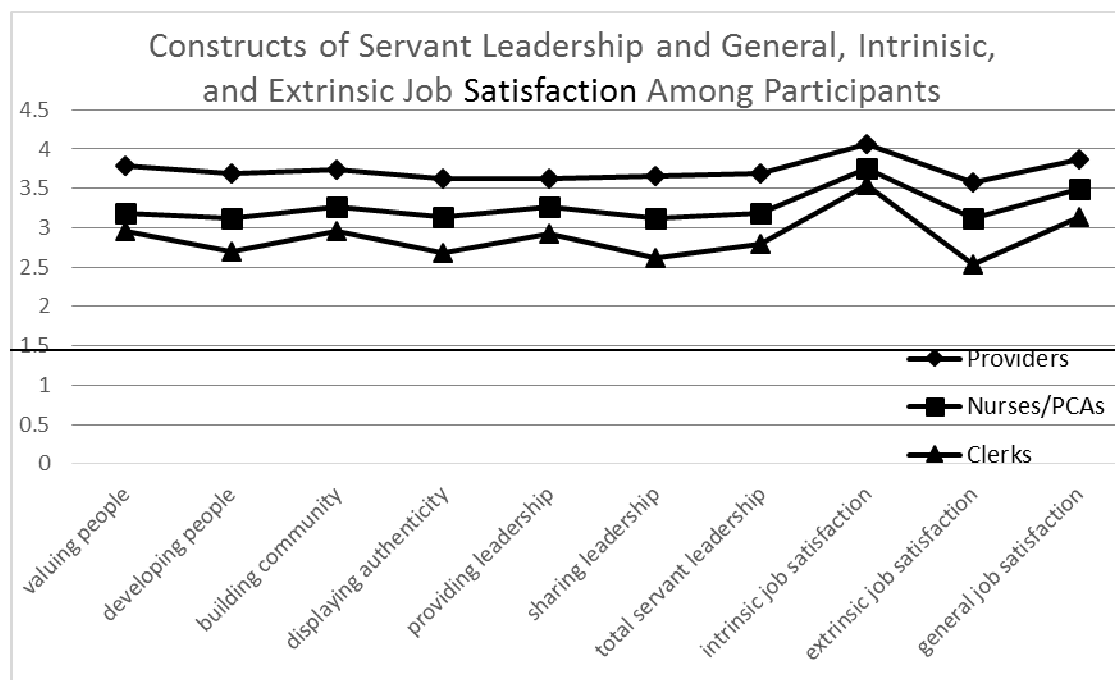

Figure 2. The trend of the three different groups of participants' responses regarding servant leadership and the three job satisfaction variables.

Independent and dependent variable data analysis. Table 9 displays the differences among the various groups in their perceived level of servant leadership characteristics and general job satisfaction. Within the descriptive analysis of the perception of servant leadership and job satisfaction, the researcher made the following observations: Top leadership had a higher perception of servant leadership (SL) characteristics than did management and workforce; however, the correlation between the perception of SL and job satisfaction was lower among the top leadership group. The providers, in comparison to the nurses and ancillary staff, reflected the greatest perception of SL and job satisfaction. The male participants seemed to experience a

slightly higher perception of SL and job satisfaction than did the females. The results also

indicated an overall declining trend between years of education, years of service, SL, and

job satisfaction. The more years of schooling or the higher the level of education, and the

longer the years of tenure, the less the respondents perceived SL and job satisfaction.

Table 9 presents descriptive results for the subgroups.

Table 9

Descriptive Results for the Subgroups

Subgroup	Perception of servant leadership				Job satisfaction			
	Min.	Max.	Mean	*SD*	Min.	Max.	Mean	*SD*
Role								
Top leadership	2.88	4.15	3.65	.674	2	3.20	2.65	.606
Management	1.77	3.93	3.24	.785	2.60	4.60	3.70	.630
Workforce	150	5.00	3.27	.701	1.10	5.00	3.57	.653
Function								
Providers	2.37	5.00	3.69	.575	2.75	4.95	3.87	.483
Nurses and PCAs	1.50	4.97	3.18	.641	1.10	5.00	3.49	.679
Ancillary staff	1.77	3.88	2.80	.775	2.00	4.25	3.10	.641
Gender								
Male	2.37	5.00	3.54	.575	2.55	4.95	3.76	.536
Female	1.50	4.97	3.09	.724	1.10	5.00	3.40	.706
Education								
High school	2.42	3.93	3.43	.596	2.90	4.60	3.84	.708
Associates	2.53	5.00	3.84	.566	3.20	4.95	3.96	.429
Bachelor's/Masters	1.50	4.22	3.25	.555	2.55	4.40	3.57	.467
Postgraduate	1.67	4.97	3.04	.787	1.10	5.00	3.32	.819
Tenure								
6months - 11months	2.42	5.00	3.72	.596	2.90	4.60	3.98	.507
1 - 5 years	1.50	4.93	3.35	.618	2.55	4.95	3.64	.504
6 - 10 years	1.67	4.22	3.20	.624	2.00	4.70	3.58	.562
11 -15 years	1.83	4.97	3.27	.772	1.10	5.00	3.35	.993
16 - 19 years	1.78	3.88	2.85	.815	2.00	4.25	3.28	.856
20 plus years	2.28	1.77	3.25	.756	2.60	3.30	2.82	.360

Upon further inspection of the results among the various groups of participants in the research, the researcher made the following observations, as Table 13 indicates. Examination of the results revealed a trend in rank order among the three groups of participants for all of the variables. Providers ranked first, nurses and PCAs second, and then ancillary staff when compared on the six constructs of SL (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership) and the intrinsic, extrinsic, and general job satisfaction scales. Table 10 depicts descriptive data for subgroups.

Table 10.

Descriptive Data for the Subgroups According to the Six Constructs of SL, Total
Organizational Leadership Assessment and General Job Satisfaction

Subgroup		Min	Max.	Mean	SD
Valuing people					
	Providers	2.00	5.00	3.79	.558
	Nurses and PCAs	1.40	5.00	3.18	.649
	Ancillary staff	1.50	4.00	2.95	.784
Developing people					
	Providers	1.78	500	3.69	.688
	Nurses and PCAs	1.00	5.00	3.12	.798
	Ancillary staff	1.00	4.11	2.69	.925
Building community					
	Providers	2.50	5.00	3.74	.566
	Nurses and PCAs	1.20	5.00	3.27	.679
	Ancillary staff	160	4.30	2.95	.841
Displaying authenticity					
	Providers	2.00	5.00	3.63	.662
	Nurses and PCAs	1.42	5.00	3.13	.714
	Ancillary staff	1.67	4.00	2.68	.799
Proving leadership					
	Providers	2.22	5.00	3.62	.636
	Nurses and PCAs	1.33	4.78	3.27	.639
	Ancillary staff	1.89	4.11	2.93	.753
Sharing leadership					
	Providers	1.60	5.00	3.65	.672
	Nurses and PCAs	1.00	5.00	3.12	.807
	Ancillary staff	1.00	4.10	2.61	1.02
Total servant leadership					
	Providers	2.37	5.00	3.69	.575
	Nurses and PCAs	1.50	4.97	3.18	.641
	Ancillary staff	1.77	3.88	2.80	.755
Intrinsic job satisfaction					
	Providers	2.83	5.00	4.06	.523
	Nurses and PCAs	1.17	5.00	3.75	.644
	Ancillary staff	2.67	4.50	3.55	.542
Extrinsic job satisfaction					
	Providers	2.50	5.00	3.58	.633
	Nurses and PCAs	1.00	5.00	3.12	.918
	Ancillary staff	1.00	4.00	2.53	.972
General job satisfaction					
	Providers	2.75	4.95	3.87	.483
	Nurses and PCAs	1.10	5.00	3.49	.679
	Ancillary staff	2.00	4.25	3.13	.641

Job satisfaction. The following information presents the 20 questions measuring

general job satisfaction with descriptive statistics. Questions 1, 2, 3, 4, 7, 8, 9, 10, 11, 15,

16, and 20 measured intrinsic job satisfaction. Questions 5, 6, 12, 13, 14, and 19

measured the extrinsic aspect of job satisfaction. All of the questions combined measured

general job satisfaction. Table 11 contains the range, mean, and standard deviation for

each of the questions. The researcher obtained the intrinsic, extrinsic, and general job

satisfaction score by averaging the results from each of the relevant questions for each

respondent. The mean intrinsic job satisfaction score was 3.81, with a standard deviation

of 0.91, and the mean for extrinsic job satisfaction was 3.17 with a standard deviation of

0.96. The mean for general job satisfaction was 3.35 with a standard deviation of 1.01.

Table 12 presents descriptive statistics for each variable used in the analysis.

Table 11

Job Satisfaction Descriptive Statistics

Question/Topic	Min.	Max.	Mean	Standard Deviation
Being able to keep busy all the time	1	5	3.98	0.892
The chance to work alone on the job	1	5	3.49	1.050
The chance to do different things from time to time	1	5	3.71	0.966
The chance to be somebody in the community	1	5	3.77	0.883
The way my boss handles his/her workers	1	5	3.33	1.094
The confidence of my supervisor in making decisions	1	5	3.50	1.015
Being able to do things that don't go against my Conscience	1	5	3.78	0.923
The way my job provides for steady employment	1	5	4.11	0.807
The chance to do things for other people	1	5	4.20	0.811
The chance to tell people what to do	1	5	3.48	0.833
The chance to do something that makes use of my abilities	1	5	4.01	0.762
The way company policies are put into practice	1	5	3.22	1.095
My pay and the amount of work I do	1	5	2.84	1.334
The chances for advancement on this job	1	5	3.05	1.135
The freedom to use my own judgment	1	5	3.79	0.953
The chance to try my own methods of doing the job	1	5	3.63	0.962
The working conditions	1	5	3.06	1.221
The way my co-workers get along with each other	1	5	3.29	1.070
The praise I get for doing a good job	1	5	3.09	1.231
The feeling of accomplishment I get from work	1	5	3.82	1.069
Intrinsic job description	1	5	3.81	0.910
Extrinsic job description	1	5	3.17	0.960
General job satisfaction	1	5	3.35	1.005

Table 12

Descriptive Statistics for the MSQ Subscores of Job Satisfaction

Variable	Min.	Max.	Mean	SD
Intrinsic job satisfaction	1	5	3.813	.618
Extrinsic job satisfaction	1	5	3.173	.909
General job satisfaction	1	5	3.557	.663

Servant leadership perceptions. The following information presents the 66

questions on the Organizational Leadership Assessment instrument measuring the

perception of servant leadership characteristics with descriptive statistics. Questions 1, 4,

9, 15, 19, 52, 54, 55, 57, and 63 measured the first construct, valuing people. Questions

20, 31, 37, 40, 42, 44, 46, 50, and 59 measured the second construct of servant

leadership, developing people. Questions 7, 8, 12, 13, 16, 18, 21, 25, 38, and 47 measured

the third construct, building community. Questions 3, 6, 10, 11, 23, 28, 32, 33, 35, 43, 51,

and 61 measured the fourth construct, displaying authenticity. Questions 2, 5, 14, 22, 27,

30, 36, 45, and 49 measured the fifth construct, providing leadership. Questions 17, 24,

26, 29, 34, 39, 41, 48, 53, and 65 measured the sixth construct of servant leadership,

sharing leadership. The Organizational Leadership Assessment also utilized questions 56,

58, 60, 62, 64 and 66 to measure jog satisfaction as a subscale. However, these questions

will not be used to measure job satisfaction, the MSQ instrument will be used to measure

job satisfaction. The researcher felt that six questions on the Organizational Leadership

Assessment instrument was not sufficient to provide a true reflection of job satisfaction,

hence the MSQ was chosen instead. All of the questions combined measured overall

perceptions of servant leadership. Table 2 in Appendix J-2 depicts the range, mean, and

standard deviation for each of the questions. The researcher obtained the general

perception of servant leadership score by averaging the results from each of the questions below for each respondent. Table 13 presents descriptive statistics for each variable used in the analysis.

Table 13

Descriptive Statistics for the Organizational Leadership Assessment Six Subscores of Servant Leadership

Variable	Min.	Max.	Mean	*SD*
Valuing people	1	5	3.33	0.710
Developing people	1	5	3.23	0.847
Building community	1	5	3.36	0.719
Displaying authenticity	1	5	3.21	0.770
Providing leadership	1	5	3.33	0.687
Sharing leadership	1	5	3.20	0.864
Servant leadership	1	5	3.27	0.702

Data Analysis Procedures

The researcher analyzed the collected data with SPSS software version 19 to determine any correlation between servant leadership characteristics and employee satisfaction. In addition, he used frequency statistics to describe the demographic data. Prior to analyzing the research questions, he employed data hygiene and data screening to ensure that the variables of interest met appropriate statistical assumptions. Thus, the variables were first evaluated for outliers, missing data, normality, and linearity. To determine if each of the items on the instruments was normally distributed, a visual inspection of the descriptive statistics derived from SPSS determined skewness and kurtosis. The researcher considered any value for skewness and kurtosis of +/- 1 a departure from normality.

Test for normality. Descriptive statistical analysis of the level of skewness and kurtosis for all the items on the MSQ and Organizational Leadership Assessment

instrument revealed that the data were not normally distributed. Both skewness and

kurtosis values for most data items were +/- 1. The researcher performed further

normality testing using the Kolmogorov-Smirnov and the Shapiro-Wilk tests. Both tests

revealed a significant *p* value of < 0.05 indicating that the dataset for the MSQ and the

Organizational Leadership Assessment were not normally distributed. In addition, the

normality testing of the subscores for both the MSQ and the Organizational Leadership

Assessment data sets indicated that they were not normally distributed. Both sets of

subscores revealed a significant *p* value at 0.05 for the Kolmogorov-Smirnov and

Shapiro-Wilk tests. Tables 14 and 15, respectively, show the normality tests for both

instrument subscores.

Table 14

Tests of Normality for MSQ Subscores

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	*df*	Sig	Statistic	*df*	Sig
Intrinsic job satisfaction	.069	114	.200*	.961	114	.002
Extrinsic job satisfaction	.103	114	.005	.975	114	.031
General job satisfaction	.094	114	.015	.980	114	.079

*This is a lower bound of the true significance

Table 15

Tests of Normality for Organizational Leadership Assessment Subscores and General Servant Leadership

| | Kolmogorov-Smirnov | | | Shapiro-Wilk | | |
	Statistic	df	Sig	Statistic	df	Sig
Value people	0.85	114	.042	.982	114	.119
Developing people	.099	114	.008	.967	114	.006
Building community	.101	114	.006	.968	114	.009
Displaying authenticity	.111	114	.001	.982	114	.125
Providing leadership	.093	114	.016	.977	114	.043
Sharing leadership	.081	114	.065	.977	114	.002
Servant leadership	.065	114	.200*	.977	114	.048

*This is a lower bound of the true significance

The tests for normality for subscores on both instruments also revealed a significant *p* value at 0.05, which indicated that the subscores for both instruments were not normally distributed. The researcher investigated missing data by running frequency counts in SPSS; no data was missing.

The study involved three research questions with associated hypotheses. The researcher tested the hypotheses through data analysis. He used the Organizational Leadership Assessment to measure the independent variable of evidence of perceived servant leadership characteristics and the MSQ instrument to measure the dependent variable of job satisfaction. The Organizational Leadership Assessment instrument was found to be highly reliable (20 items; α=.971. The coefficients for the Organizational Leadership Assessment ranged from $\alpha = .959$ to $\alpha = .976$, with .971 representing the reliability coefficient of the total Organizational Leadership Assessment instrument. The MSQ was also found to be highly reliable (20 items; α=.924). The coefficients for the MSQ ranged from $\alpha = .790$ to $\alpha = .960$, with .924 representing the reliability coefficient of the total MSQ-short version instrument.

Results

      Since normality tests indicated that the data were not normally distributed, the Spearman rank was used instead of the Pearson correlation. The Spearman rank correlation method was utilized to analyze the data because this approach makes no assumptions about the distribution of the data. Ten research hypotheses were tested in the current study (H_1, H_{2A}, H_{2B}, H_{2C}, H_{2D}, H_{2E}, H_{2F}, H_{3A}, H_{3B}, and H_{3C}). All 10 hypotheses are listed below; the variables analyzed for each hypothesis are provided in Table 16.

Table 16

Criterion and Predictor Variables Analyzed by Hypothesis Using the Spearman's Rho Correlation Technique

Hypothesis	Criterion	Predictor
H_1	Job satisfaction	Servant leadership
H_{2A}	Job satisfaction	Valuing people
H_{2B}	Job satisfaction	Developing people
H_{2C}	Job satisfaction	Building community
H_{2D}	Job satisfaction	Displaying authenticity
H_{2E}	Job satisfaction	Providing leadership
H_{2F}	Job satisfaction	Sharing leadership
H_{3A}	Intrinsic job satisfaction	Servant leadership
H_{3B}	Extrinsic job satisfaction	Servant leadership
H_{3C}	General job satisfaction	Servant leadership

Analysis of Hypotheses.

      Hypothesis 1. The researcher tested Hypothesis 1 using bivariate correlation; he employed Spearman's rho correlation (r_{est}) to determine if a relationship exists between the level of employees' perception of servant leadership characteristics as measured by

the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of the MSQ.

Hypothesis 1 stated that a statistically significant positive correlation exists between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ. Results in Table 17 support this hypothesis (rs = .191; $p < 0.021$), thereby retaining H1 was retained.

Table 17

Nonparametric Correlations for RQ1 (H₁)

Variable		Servant Leadership	General job satisfaction
Servant leadership	Correlation coefficient	1.00	.191*
	Sig.(1-tailed)		.021
General job satisfaction	Correlation coefficient		1.00
	Sig.(1-tailed)		

*Correlation is significant at the 0.05 level (1-tailed)

Hypotheses 2A, 2B, 2C, 2D, 2E, and 2F. The researcher tested Hypotheses 2A, 2B, 2C, 2D, 2E, and 2F using Spearman's rho correlation to determine if a relationship exists between the level of employees' perception of each of the six constructs of servant leadership except for hypothesis 2E, providing leadership as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of the MSQ. Table 18 summarizes Spearman's rho correlation coefficients for the variables of job satisfaction and each of the six constructs of servant leadership.

Table 18

Nonparametric Correlations for RQ2 (H₂A, H₂B, H₂C, H₂D, H₂E, & H₂F)

Variable	X1	X2	X3	X4	X5	X6	X7
Valuing people (X1)							
Correlation coefficient		.744**	.769**	.830**	.747**	.761**	.185**
Sig. (1-tailed)		.000	.000	.000	.000	.000	.021
Developing people (X2)							
Correlation coefficient			.605**	.869**	.831**	.910**	.170*
Sig. (1-tailed)			.000	.000	.000	.000	.035
Building community (X3)							
Correlation coefficient				.760**	.703**	.618**	.155*
Sig. (1-tailed)				.000	.000	.000	.049
Displaying authenticity (X4)							
Correlation coefficient					.867**	.888**	.184*
Sig. (1-tailed)					.000	.000	.025
Providing leadership(X5)							
Correlation coefficient						.826**	.104
Sig. (1-tailed)						.000	.135
Sharing leadership (X6)							
Correlation coefficient							.229**
Sig. (1-tailed)							.007
General job satisfaction(X7)							
Correlation coefficient							
Sig. (1-tailed)							1.000

*Correlation is significant at the 0.05 level (1-tailed)
**Correlation is significant at the 0.01 level (1-tailed)

With the exception of variables associated with H $_{2E,}$ all variables were significantly

correlated at 0.01 and 0.05 levels, indicating there were statistically significant positive

relationships between the six constructs of servant leadership and general job satisfaction

as discussed next.

Hypothesis H$_{2A}$ stated that a statistically significant positive correlation exists

between employees' job satisfaction and the servant leadership construct of valuing

people. The findings in Table 18 indicate that this hypothesis was supported (r_s = .185; p

= .021), thereby retaining H$_{2A}$. Hypothesis H$_{2B}$ stated that a statistically significant

positive correlation exists between employees' job satisfaction and the servant leadership

construct of developing people. The findings in Table 18 support this hypothesis (r_s =

0.170; p = 0.035), thereby retaining H$_{2B}$. Hypothesis H$_{2C}$ stated that a statistically

significant positive correlation exists between employees' job satisfaction and the servant

leadership construct of building community. The findings in Table 18 support this

hypothesis (r_s = 0.155, p = 0.049), thereby retaining H$_{2C}$. Hypothesis H$_{2D}$ stated that a

statistically significant positive correlation exists between employees' job satisfaction

and the servant leadership construct of displaying authenticity. The findings in Table 18

support this hypothesis was supported (r_s = 0.184, p = 0.025), thereby retaining H$_{2D}$.

Hypothesis H$_{2E}$ stated that no statistically significant positive correlation exists

between employees' job satisfaction and the servant leadership construct of providing

leadership. The findings in Table 18 do not support this hypothesis (r_s = 0.104, p =0.135),

thereby retaining the null H$_{2E}$. Hypothesis H$_{2F}$ stated that a statistically significant

positive correlation exists between employees' job satisfaction and the servant leadership

construct of sharing leadership. The findings in Table 18 support this hypothesis was

supported (r_s =0.229, p = 0.007), thereby retaining H$_{2F}$.

Hypotheses 3A, 3B, and 3C. The researcher tested Hypotheses 3A, 3B, and 3C

using Spearman's rho correlation to determine if a relationship exists between the level of

employees' perception of servant leadership characteristics as measured by the

Organizational Leadership Assessment and employee intrinsic job satisfaction, extrinsic

job satisfaction, and general job satisfaction as measured by the short form of the MSQ.

Table 19 summarizes Spearman's rho correlation coefficients for the variables of intrinsic

job satisfaction, extrinsic job satisfaction, general job satisfaction, and employees'

perception of servant leadership.

Table 19

Nonparametric Correlations for RQ3 (H$_{3A}$, H$_{3B}$, & H$_{3C}$)

Variable		X1	X2	X3	X4
Servant leadership (X1)	Correlation coefficient	1.000	.206	.148	.191*
	Sig. (1-tailed)		0.14	.058	.021
Intrinsic job satisfaction(X2)	Correlation coefficient		1.00	.688**	.919**
	Sig. (1-tailed)			.000	.000
Extrinsic job satisfaction (X3)	Correlation coefficient			1.00	.895**
	Sig. (1-tailed)				.000
General job satisfaction (X4)	Correlation coefficient				
	Sig. (1-tailed)				1.00

*Correlation is significant at the 0.05 level (1-tailed)
**Correlation is significant at the 0.01 level (1-tailed)

The results indicated a significant positive relationship between the predictor variable

(servant leadership) and general job satisfaction (r_s = 0.191, p = 0.21), thereby retaining

Hypotheses H$_{3C}$, which stated that a statistically significant positive correlation exists

between employees' perceptions of servant leadership characteristics and their general job satisfaction. The results revealed, however, no significant relationship between the predictor (servant leadership) and intrinsic ($r_s = 0.206$, $p = 0.14$) and extrinsic job satisfaction ($r_s = 0.148$, $p = 0.58$), there by retaining the null hypothesis for H3A and H3B, which stated that no statistically significant positive correlation exists between employees' perceptions of servant leadership characteristics and their intrinsic and extrinsic job satisfaction. Although there were no significant correlation among servant leadership and intrinsic and extrinsic job satisfaction, the combined intrinsic and extrinsic variables (general job satisfaction) showed a weak correlation with servant leadership. However, there were strong correlations among the various types of job satisfaction.

Summary

This chapter has presented information pertaining to the analysis of the data collected, methods, data set descriptions, reliability and validity of instruments, and statistical analysis of the data collected by surveying employees of two public hospital emergency departments in New York City. The results derived from the analysis of the collected data revealed significant correlations between employees' perception of servant leadership characteristics and employee job satisfaction. This chapter contains the results pertaining to the research questions and corresponding hypotheses set forth for the research; there were three research questions and ten hypotheses. The researcher used exploratory analyses, descriptive statistics, and correlational analyses to examine the data and make a determination on the hypotheses.

The findings supported all of the hypotheses except one. The researcher analyzed Hypothesis 1 through bivariate correlation techniques using Spearman's rho (r_s) to

determine if a relationship exists between servant leadership characteristics as perceived by the employees of the emergency departments and employee job satisfaction. The results showed a statistically significant positive relationship between the level of employees' perception of servant leadership characteristics as measured by the Organizational Leadership Assessment and employee job satisfaction as measured by the short form of MSQ. The researcher also analyzed Hypotheses 2A, 2B, 2C, 2D, 2E, and 2F using Spearman's rho correlations; where a positive relationship between all the variables for each hypothesis. The six constructs of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership) as measured by the Organizational Leadership Assessment showed a positive relationship with employee job satisfaction as measured by the MSQ-short version with the exception of SL construct of providing leadership. Hypothesis 3C also revealed a positive relationship between general job satisfaction and the perception of servant leadership characteristics; however, the results did not support Hypothesis 3A and 3B, which tested for a relationship between intrinsic and extrinsic job satisfaction and the perception of servant leadership characteristics, as there was no statistically significant correlation between the two variables. Chapter 5 presents and interprets the statistical data results from Chapter 4. The chapter includes discussion of the findings, implications, recommendations, and suggestions for future research.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The current state of overcrowding in the emergency departments of NYC public hospitals, mainly due to downsizing and closure of hospitals, increasing numbers of uninsured patients, poor patient compliance, lack of access to primary care physicians, a shortage of nurses, and a struggling economy have all created a challenge for healthcare administrators to keep their staff motivated and satisfied in an increasingly stressful work environment (Nawar, Niskar, & Jianmin, 2007; Neill & Saunders, 2008). Employees' satisfaction has a direct link to their perceptions of leaders and management. Improving patient satisfaction within public hospital emergency rooms in New York City might require a change in the culture of the hospitals' management styles. Practicing leadership principles that not only inspire employees to improve patient satisfaction but also influence their performance in a positive way might be achieved through servant leadership (Neill & Saunders, 2008). Servant leadership characteristics have proven to improve employee satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al. 2009; Joseph & Winston, 2005; Walumbwa et al. 2010). In addition, servant leadership has been shown to improve organizational outcomes and profits inferring a direct relationship between servant leadership behaviors, organizational profits, employee and customer satisfaction (Khan et al. 2012; Jones, 2012b; Obiwuru, Okwu, Akpa, & Nwankere, 2011).

Summary of the Study

The purpose of this quantitative study with a correlational design was to determine the degree to which employees' perception of servant leadership characteristics

correlated with workplace satisfaction in the emergency departments of NYC public hospitals. The research questions that framed this study included the following:

R1: To what extent is employees' perception of servant leadership characteristics within the organization emergency department, correlated with their level of job satisfaction?

R2: To what extent is employees' level of job satisfaction, correlated with each of the six component variables of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership)?

R3: To what extent are the employees' perceptions of servant leadership characteristics, correlated with their intrinsic, extrinsic, and general job satisfaction?

Using hard copies of two instruments, the researcher collected data from medical providers, nurses, patient care associates, and clerical staff employed by two NYC public hospital emergency departments. He received usable surveys from 120 respondents. The researcher performed a correlational analysis on the quantitative data from these respondents. From the group of valid responses, the researcher used 114 surveys for the quantitative data analysis. Chapter 4 provided a full account of the data and results of the survey. This chapter contains the findings, recommendations, and suggestions for future research based upon the historical literature and findings from this research study. Researchers have conducted extensive research in the past and found significant correlation between servant leadership and employee job satisfaction. Consequently, this study supported the existing body of knowledge by re-examining the relationship

between servant leadership and employee job satisfaction and added further consideration for the utility of servant leadership within healthcare organizations to improve employee job satisfaction.

Summary of Findings and Conclusions

The researcher expected the results of the data to support the theoretical concept that the principles of servant leadership correlate with employee satisfaction because individuals who serve first as servants, then as leaders, meet employees' needs (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo, Grisaffe, Chonko, & Roberts, 2009; Joseph & Winston, 2005; Walumbwa et al., 2010). The researcher analyzed the findings from the tested hypotheses in Chapter 3 by individual hypothesis. The summary of findings describes the relationships found among the hypotheses, and how such relationships are significant to previous research presented in Chapters 1 and 2.

Hypothesis 1. Hypothesis 1 relates to Research Question 1, which examined the relationship between the extent of employees' perception of servant leadership characteristics within the organization emergency department and their level of job satisfaction. The Organizational Leadership Assessment measured servant leadership and the MSQ measured employee satisfaction. Correlation analysis found a statistically significant relationship ($r_s = 0.191$, $p < .021$) between the employees' perception of servant leadership characteristics and level of job satisfaction. Although the study revealed a statistically significant relationship between the employees' perception of servant leadership characteristics and level of job satisfaction, the correlation was weak ($r_s = 0.191$, $p < .021$). The sample size could have affected the strength of the correlation. Increasing the sample size might increase the strength of the relationship between the two

variables; limiting the research to the same geographical location with similar sample populations might also improve the strength of the relationship. Prior studies on servant leadership characteristics and employee job satisfaction yielded a stronger correlation between these two variables Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). Nevertheless, researchers conducted almost all of the prior studies in service industries under different working environments (Barnes, & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010).

The Organizational Leadership Assessment responses on a Likert scale of 1 to 5 ranged from 2.96 to 4.19 with a mean score of 3.28. Organizational Leadership Assessment Item 36 (*Encourage people to take risks even if they may fail*) generated the lowest scores, whereas Item 60 (*My job is important to the success of this organization*) reflected the highest scores. These items on the Organizational Leadership Assessment may have important implications for management in understanding how the employees feel in working for the unit. The study found that although the employees recognized that their role was important in the success of the department, they perceived that they were not encouraged to take risks in improving the overall success of the department. In addition, upon inspection of the overall responses on the MSQ survey, the scores on the Likert scale of 1 to 5 (*very dissatisfied* to *very satisfied*) ranged from 2.84 to 4.20 with a mean score of 3.56. On the MSQ, Item 13 (*My pay and the amount of work I do*) scored the lowest, whereas Item 9 (T*he chance to do things for other people*) scored the highest. The positive correlation between employees' perception of servant leadership

characteristics and employees' general job satisfaction adds significance to the relationship between leadership style and employee satisfaction. The findings of the current research coincided with those of prior studies, thereby indicating that a relationship between servant leadership characteristics and employee satisfaction does exist (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010).

Hypotheses 2A, 2B, 2C, 2D, 2E, and 2F. Research Question 2 explored the relationship between the six constructs of servant leadership (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership) and general employee satisfaction. All the hypotheses showed a positive correlation between the six constructs of servant leadership characteristics and employee general job satisfaction, with one exception: H_{2E} did not produce a statistically significant correlation between providing leadership and general job satisfaction. The correlation coefficients for the six hypotheses related to Research Question 2 were as follows: valuing people, $r_s = 0.185$; developing people, $r_s = 0.170$; building community, $r_s = 0.155$; displaying authenticity, $r_s = 0.184$; providing leadership, $r_s = 0.104$; sharing leadership, $r_s = 0.229$. The construct of shared leadership showed the strongest correlation significance level: $p = 0.01$ level (1-tailed).

The descriptive statistical analysis for the six constructs of servant leadership characteristics resulted in scores ranging from 3.20 to 3.36 on a Likert scale of 1 to 5. In ranking the mean for the responses of the six constructs of perceived servant leadership characteristics from highest to lowest, the results are as follows: building community, valuing people, developing people, displaying authenticity, and sharing

leadership. The positive correlation between each of the six constructs of servant leadership with the exception of providing leadership, and general job satisfaction adds significance to the employees' perceived relationship between servant leadership characteristics and employee job satisfaction. Although the direction of the relationship between the variables for Research Question 2 and the corresponding hypotheses was positive, the relationship was a weak one. The strength of the correlation between the variables could have been affected by the sample size, the differences in geographical locations of the organizations used in the study, or the differences in leadership styles and employees' perception of servant leadership characteristics within each organization. Nevertheless, the work of previous researchers, who found a positive correlation between the perceived level of servant leadership characteristics and the six constructs of servant leadership as measured by the Organizational Leadership Assessment (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010), supports these findings.

Hypotheses 3A, 3B, and 3C. Research Question 3 examined the relationship between employees' perceptions of servant leadership characteristics and their intrinsic, extrinsic, and general job satisfaction. As with Hypothesis 1, Hypothesis 3C found a statistically significant positive relationship between employees' perceived servant leadership characteristics and general job satisfaction. The correlation coefficients computed with a one-tailed level of significance at .05 for general job satisfaction were r_s = 0.191, with mean responses 3.56, on a Likert scale of 1 to 5. Hypothesis 3A, and 3B regarding the correlation between employees' perceived servant leadership characteristics and intrinsic and extrinsic job satisfaction, showed no statistically significant relationship.

The computed correlation coefficient was $r_s = 0.148$ with a one-tailed level of

significance at.05, thereby retaining the null hypothesis. Increasing the sample size might

help produce a statistically significant relationship between perceived servant leadership

characteristics and extrinsic job satisfaction. The current study concurred with the results

of prior studies indicating a relationship between servant leadership behaviors and

employee satisfaction (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010;

McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al.,

2010).

Although the current study did not found any correlation between servant

leadership, and employee intrinsic and extrinsic job satisfaction, a recent study by

McCann, Graves, and Cox (2014) investigating the level that leaders of community

hospitals were perceived as servant leaders and the level of employee satisfaction at rural

community hospitals, showed a positive correlation between servant leadership behavior,

extrinsic job satisfaction and patient satisfaction. McCann, Graves, and Cox (2014)

research also revealed similar findings to this study in regards to intrinsic job satisfaction,

where there was no significant correlation among servant leadership behaviors intrinsic

job satisfaction. However, the current study did found a correlation among servant

leadership behaviors and general job satisfaction as opposed to McCann, Graves, and

Cox study. Amin (2012) researching the relationship of servant leadership and job

satisfaction among employees in a public organization in a longitudinal study, found that

not always servant leadership translate to improved job satisfaction. The workforce did

not perceived an improved job satisfaction even after the leaders were trained on servant

leadership. Other factors such as budgetary issues, and the working environment should be considered as variables that could influence job satisfaction (Amin, 2012).

Conclusions. The findings from the study extend the current research knowledge and scholarship in the area of servant leadership and employee satisfaction. The study is significant because the researcher studied the relationship between servant leadership characteristics and employee satisfaction in public hospital emergency departments in New York City. With regard to the hypotheses for Research Questions 1 and 2, the study found a statistically significant positive correlation between servant leadership characteristics and constructs and general employee satisfaction. The research also found statistically significant positive correlations between general job satisfaction and servant leadership characteristics. There was no significant correlation between intrinsic and extrinsic job satisfaction and servant leadership characteristics. The overall statistical findings of this research support the findings of prior studies indicating a significant correlation between servant leadership characteristics and employee satisfaction (Han et al., 2010; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010).

The findings of the study add significant knowledge to the body of research regarding servant leadership characteristics and employee satisfaction in an area that was not previously explored. This research provides a springboard for future studies to investigate further the relationship between servant leadership and employee satisfaction in healthcare organizations. This study was limited in that the study explored the relationship of servant leadership and employee satisfaction in a subunit of the organization only; the results cannot be generalized to the entire organization or to all healthcare hospitals. Thus, expanding the study to the entire organization and in different

geographical locations may offer further insights between the variables. This research was credible in that the study was conducted in similar organizational units with similar employees in one geographical location.

Implications

There has been significant research across many decades examining the constructs associated with job satisfaction and servant leadership. Expanding the research of these concepts into the healthcare environment, specifically the emergency department workplace, has created a wider understanding of these concepts in a new setting. Considering that the researcher collected and treated the data in the same way, under the same conditions, in the same timeframe at both organizational units, using SPSS 19 for analysis, the results obtained are credible. Nevertheless, given that the researcher confined the study to a subunit within the organization, the findings of this research may lack generalization to the entire organization or other similar organizations. Expanding this research to an entire organization and to multiple organizations in the same location may help to increase the generalizability of the results. This study was limited to public hospitals emergency departments in New York City and the data collected was from two hospitals within the this geographical area and hence represents a small portion of the targeted population. Therefore, the results may lack generalization within the entire pubic hospital system in New York City. In addition, the perception of servant leadership among various cultural groups may vary within the tested geographical area, which could affect the subgroup's mean score of servant leadership and job satisfaction. However, the findings of this study were not invalid. The study examined a small sub-group within two similar organizations within a corporation representative of a real-world application of

servant leadership principles within the public hospital system of a specific city. The findings of this real-world study demonstrate a positive correlation between servant leadership and job satisfaction. However, more study is needed to examine the role of servant leadership principles and its effect on job satisfaction on a much broader scale within various geographical areas and among various hospital settings. Comparative study among the public and private hospitals may also reveal important information on the impact of servant leadership principles and job satisfaction.

Knowledge of the relationship between the perception of servant leadership behaviors and employee job satisfaction has useful insights for healthcare leaders in understanding the role of leadership in influencing employee satisfaction. The current research indicates that there is a positive relationship between the perception of servant leadership behaviors and employee job satisfaction. This finding from this research affirms prior studies indicating a positive relationship between perceived servant leadership behaviors and employee satisfaction (Han et al., 2010; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). The findings can help future healthcare leaders shape the recruitment and training process by implementing servant leadership questions in the interviewing process to identify potential servant leaders who can promote a servant-minded organizational culture, thereby improving employee satisfaction. Promoting servant leadership training at an academic level through regulatory and accredited bodies of the various healthcare disciplines can help assure a servant-minded healthcare leadership culture. Such an initiative can ensure improved relationships between healthcare leaders and employees, thereby fostering a satisfactory work environment.

Knowledge of the various constructs of servant leadership can provide a deeper understanding of the perceived servant leadership behaviors and their relationship to employee satisfaction in the healthcare environment. The current research shows a positive correlation between each of the constructs of servant leadership with the exception of providing leadership (valuing people, developing people, building community, displaying authenticity, and sharing leadership) and employee job satisfaction. These findings have direct implication for healthcare leaders in identifying the degree of perceived level of servant leadership characteristics based on the six constructs. The current study revealed that there were lower levels of perceived servant leadership characteristics regarding shared leadership, developing people, and displaying authenticity. This information can provide healthcare leaders with the knowledge needed to implement training and policies to help improve these areas and strengthen the relationship between perceived level of servant leadership behaviors and employee satisfaction. The findings of this research have future implications for the hiring process of healthcare leaders. The recruitment process of healthcare leaders can incorporate a questionnaire to test the knowledge of presence of servant leadership characteristics among potential healthcare leaders.

Understanding the relationship between servant leadership and employee job satisfaction, specifically intrinsic versus extrinsic job satisfaction, has useful implications for healthcare leaders in uncovering a deeper understanding of the employees' level of job satisfaction. The current research revealed no correlation between intrinsic and general job satisfaction and perceived level of servant leadership behaviors in the emergency departments of New York City public hospitals. However, when the items

were combined from intrinsic and extrinsic to reflect that of general job satisfaction, the results showed a correlation between servant leadership behaviors and general job satisfaction. These findings provide healthcare leaders with valuable information in recognizing that once an employee perceives the presence of servant leadership behaviors, his or her levels general job satisfaction increase. This finding has practical implication for healthcare leaders during the process of evaluating employees' satisfaction on a quarterly or annual basis. Incorporating a questionnaire that seeks to uncover the level of correlation between perceived level of servant leadership presence and employee satisfaction can provide healthcare leaders with the knowledge to help implement measures to improve servant leadership characteristics and employee satisfaction. Although the current research did not find a positive correlation between perceived servant leadership characteristics and intrinsic and extrinsic job satisfaction among employees of the emergency departments, review of the items that help form the composite construct of intrinsic and extrinsic job satisfaction can provide detailed insights regarding the reasons there was no correlation between the two variables. Responses to items regarding "the way my boss handles his or her coworkers, the way company policies are put into practice, monetary compensation for the work employees do, the chances for advancement on the job, and the praise I get for doing a great job" (Appendix G) can help healthcare leaders improve their leadership competencies and skills to meet those employee concerns, thereby improving employees' extrinsic job satisfaction. Creating a work environment that promotes both intrinsic and extrinsic job satisfaction can help foster an improved relationship between healthcare leaders and employees, thereby improving overall success of the organization.

Theoretical implications. The primary goal of servant leaders is to serve (Greenleaf, 1998, 2002). Spears (2010) identified the following 10 characteristics of servant leaders: (a) listening, (b) empathy, (c) healing, (d) awareness, (e) persuasion, (f) conceptualization, (g) foresight, (h) stewardship, (i) commitment to the growth of people, and (j) building community. Based on an extensive literature review and a pilot study, Laub (1999) categorized servant leader behaviors into six dimensions: (a) valuing people, (b) developing people, (c) building community, (d) displaying authenticity, (e) providing leadership, and (f) sharing leadership. This study in the healthcare industry, specifically the emergency departments of public hospitals in NYC, provided additional reliable evidence regarding the servant leadership style and leaders' role in employees' perceptions of job satisfaction. Servant leadership is one of the growing leadership styles among other leadership theories such as transformational, situational, transactional, and inspirational. The research on servant leadership has provided growing evidence of its positive correlation with job satisfaction in comparison to the other styles (Han et al., 2010; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). Most of the current literature on servant leadership focused on practical applications in improving employee satisfaction.

The findings of this study add to the theory of servant leadership model by investigating its application and function in a healthcare setting specifically the emergency departments of public hospitals in a major city. The majority of studies in the past have conducted research in the service industry with very few in healthcare settings. The research expanded the utilization of servant leadership presence and its influence on employee job satisfaction among emergency providers in public hospitals. Understanding

the relationship between servant leadership and employee job satisfaction in the public

healthcare setting will help pave the way for future researchers to expand upon this study

and examined the role of servant leadership in various healthcare settings to improve the

relationship among healthcare leaders, employees and the customer or patients they

served thereby improving the quality of healthcare.

Practical implications. The findings of the current study coincided with the

conclusions from previous studies, as noted in Chapter 2, confirming the strong

correlation between servant leadership and job satisfaction (Anderson, 2005; Barnes and

Spangenburg 2011; Caffey, 2012; Chung et al., 2010; Ding et al., 2012; Farris, 2010; Han

et al., 2010; Irving, 2005; McDonnell & Gordon, 2012; Mehta & Pillay, 2011; Sendjaya

et al.,2008;); Vondey, 2010; Walumbwa et al., 2010). All of these researchers found a

positive correlation between servant leadership and employee satisfaction. Healthcare

leaders may improve their employee satisfaction by incorporating servant leadership

principles in their leadership practice, developing policy guidelines, and implementing

orientation and training on the principles of servant leadership. Once healthcare leaders

establish and practice servant leadership principles within the organization, researchers

can conduct studies to examine the impact of a servant-led organization on employee and

patient satisfaction over time.

The current study explored the relationship between the perception of servant

leadership behaviors and employee job satisfaction. Conducting future quantitative

research in the healthcare setting to investigate other leadership styles, such as

transformational and situational, in relation to employee satisfaction may provide useful

information to healthcare leaders seeking to improve employee job satisfaction and,

hence, patient satisfaction. Expanding study parameters to examine outcomes in healthcare organizations, including the impact of servant leadership on patient satisfaction, quality of patient care, safety issues, productivity in the workplace, and employee turnover rate, would contribute to the knowledge of leadership theory. In addition, adding other variables such as employee commitment, employee engagement, and workplace culture to a correlational study of servant leadership behaviors could be helpful in the exploration of relationships between variables in the emergency departments of public hospitals. Sendjaya and Sarros (2002) described a servant leader as someone who places the needs of others first, enabling followers to grow healthier, wiser, freer, and more autonomous. Hence, implementing the servant leadership style has the potential to improve employee satisfaction.

Future implications. This study makes three significant contributions. First, the study provides additional research data on servant leadership that helps to close the gap in the empirical literature. Second, the empirical data collected in the study have broadened the body of knowledge about servant leadership behavior and its impact on employee satisfaction in the healthcare industry, specifically the emergency departments of public hospitals in NYC. Third, the statistical results of the Organizational Leadership Assessment survey instrument provide important data that validate the reliability of the instrument for the emergency department and provide healthcare leaders with an alternative leadership style that can potentially help to improve employee satisfaction and, ultimately, patient satisfaction.

The current study provides needed research data on the characteristics of servant leadership and its impact on employee satisfaction, which fills the gap in empirical

literature. Despite the numerous research studies on servant leadership and employee job satisfaction in the service industry, few studies focused on servant leadership and employee satisfaction in the healthcare industry, none in the emergency departments of public hospitals. Several researchers identified a relationship between servant leadership behaviors and employee satisfaction (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). The researcher designed the current study to expand the research on servant leadership in the healthcare industry and to offer healthcare administrators information about alternative leadership characteristics to help improve employee satisfaction and boost organizational effectiveness. The findings of the current study offer researchers an opportunity to examine further the generalizability and the role of servant leadership in organizations other than the service industry.

Second, the empirical data collected in the study have broadened the body of knowledge about servant leadership behavior and its impact on employee satisfaction in the healthcare industry, specifically the emergency departments of public hospitals in NYC. Although researchers have found that servant leadership characteristics improve employee satisfaction in the service industries, very few have conducted studies to support this finding in the healthcare industry, specifically public health hospital emergency rooms. The current study supports prior findings of a positive correlation between servant leadership characteristics and employee satisfaction; however, this study involved New York City public hospital emergency rooms. Prior empirical research provided evidence for the support of servant leadership characteristics in improving employee and job satisfaction leading to improved organizational performance in other

environments (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph &
Winston, 2005; Walumbwa et al., 2010). Despite numerous studies on servant leadership
in the business industry demonstrating a positive correlation between servant leadership
characteristics and employee satisfaction, Schwartz and Tumblin (2002) argued that
empirical evidence for the application of servant leadership role in the healthcare sector
was lacking. The current research attempted to close that gap by providing empirical
evidence of a positive correlation between servant leadership and improved employee
satisfaction in the healthcare sector.

Third, the statistical results of the Organizational Leadership Assessment survey
instrument provided important data to validate the reliability of the instrument for the
emergency department. The statistical results of the Organizational Leadership
Assessment in the study validated the reliability of the instrument in emergency
departments. In previous studies, researchers primarily used the Organizational
Leadership Assessment in religious or not-for-profit institutions. In this study, the
researcher administered the Organizational Leadership Assessment to employees in the
emergency departments of public hospitals of NYC. The findings support a broadened
application of the Organizational Leadership Assessment instrument.

The results of this study did have some limitations. The researcher conducted the
study in one city of the State and within one organizational agency. The study was
limited to the public hospitals in two geographical locations and among two hospitals
emergency departments. Given the fact that this public agency has multiple such
hospitals emergency departments in multiple locations in a culturally diverse city, the
results may have its limitations in making generalizations based upon the correlation

between servant leadership and employee job satisfaction. In addition, the study looked at one department within the organization and lack valuable information that could be obtained if the from the entire organization. Nevertheless, the study did concur what previous researchers in various service industries have found; a positive correlation between servant leadership and employee job satisfaction (Anderson, 2005; Barnes and Spangenburg 2011; Caffey, 2012; Chung et al., 2010; Ding et al.2012; Farris, 2010; Han et al., 2010; Irving, 2005; McDonnell & Gordon, 2012; Mehta & Pillay, 2011; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). Since the design of the study was limited to a quantitative study, the opportunity to collect rich and in-depth information on the relationship among servant leadership characteristics and employee job satisfaction by conducting a mixed or qualitative study was lacking. However, the quantitative design did allow the researcher to concur what other researchers have found in the past; a positive correlation among servant leadership characteristics and employee job satisfaction.

Recommendations

Healthcare leaders must commit to creating and promoting a satisfying workplace environment for healthcare workers in the emergency department as a means of improving employee satisfaction and, hence, patient satisfaction. Healthcare workers in the emergency department who perceived the presence of servant leadership characteristics reported a higher level of general job satisfaction; thus, the researcher recommends promoting a servant-minded organization. The researcher developed several recommendations based upon the summary of results presented in the previous section. The findings of the research support the following conclusions:

1. Employees who are satisfied with their jobs positively perceive servant-leadership attributes within a servant-led healthcare environment in New York City public hospital emergency departments.

2. When the six constructs of servant leadership attributes are present in a servant-led organization, there is a positive correlation with employee satisfaction.

3. Employees are generally satisfied with their jobs and are intrinsically motivated when they perceive the presence of servant-leadership attributes within a servant-led healthcare environment in New York City public hospital emergency departments. Based on the study's design, strengths, weaknesses, and primarily its findings, recommendations for future research and practice are presented.

Recommendations for future research. Further research is necessary to explore variables contributing to employee satisfaction and to provide empirical evidence for practical solutions to alleviate the healthcare provider shortage and provide quality medical care in an environment that is both safe and rewarding for employees and patients. Advanced statistical analysis would provide potential to examine in depth the relationship between servant leadership and job satisfaction, while analyzing the effect of other potential predictors. In addition, examining the effect of servant leadership behaviors on job satisfaction, while controlling for confounding variables such as age, gender, years of tenure, years of education, and geographical location can yield additional information. Recommendations for future research include conducting a qualitative investigation to explore the relationship between servant leadership behaviors and job

satisfaction and to identify themes that may elucidate factors affecting job satisfaction. The analysis of quantitative data in the current study showed a positive correlation between perceived servant leadership behaviors and employees' job satisfaction in the emergency departments of two New York City public hospitals. The findings are in agreement with prior studies that found a positive correlation between servant leadership characteristics and employee satisfaction (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010).

The results also indicated significant differences in perceptions of servant leadership behaviors depending upon the employee position in the organization. The replication of this study on a larger scale throughout New York City public hospital emergency departments would provide valuable information to determine if, and to what extent, the perception of servant leadership attributes contributes to employee satisfaction within public hospitals. Replication of the research throughout the entire organization might also provide contributory knowledge regarding the perception of servant leadership and its relationship to employee satisfaction on a larger scale.

Correlational research does not indicate a cause-or-effect relationship (Babbie, 2013); hence, conducting research using a predictive approach with random sample of participants may provide valuable insights on additional variables that influence the outcomes of servant leadership behaviors and job satisfaction. Conducting qualitative research may help to uncover themes that explain the differences in servant leadership behaviors and job satisfaction among different groups within the same subunit or organization. Examining the lived experiences of the employees may reveal valuable

insights that are unique to an individual's perception of servant leadership behaviors and other factors that influence his or her level of job satisfaction. The current research revealed a difference between extrinsic and intrinsic job satisfaction; conducting a qualitative research study may help explain the differences between the intrinsic and extrinsic factors that influence job satisfaction. Qualitative research would give the participants an opportunity to expound upon their true feelings with regard to the responses they selected on the survey instruments.

Qualitative research gives the participants an opportunity to provide detailed information about their perceptions beyond that offered on a survey instrument with Likert-type questions (Babbie, 2013). The qualitative data obtained can offer leadership valuable information about the factors affecting their staff level of satisfaction that is unique to their work environment or organization and help them to tailor leadership initiatives targeted at cultivating and promoting a work environment to improve employee job satisfaction and, hence, patient satisfaction. Researchers can conduct qualitative research through interviews or focus groups across the various disciplines, giving an opportunity for participants to voice their opinions. Few participants in this study provided comments at the end of the survey to signal their willingness to have their voices heard. Thus, a qualitative study in this area will provide detailed information on the various factors influencing job satisfaction that are unique to the employees of the emergency departments in New York City public hospitals, thereby providing the leadership a wealth of information regarding how their leadership practices influence their employee job satisfaction.

Repeating this research over the next 5 years will provide insights into the perceptions of servant leadership behavior and employee job satisfaction over time to determine whether time changes the employees' perception of servant leadership behaviors and their level of job satisfaction. Researchers can used the foundation of this study's findings to expand the research in different healthcare settings. They can undertake quantitative research similar in nature to the current research in different healthcare settings. Exploring the perceptions of servant leadership behaviors and employee job satisfaction in private hospitals' emergency departments can provide insights regarding differences in the environments of private and public hospitals (Schwartz & Tumblin, 2002; Trastek et al., 2014). The researcher conducted the current research at a subunit level within the organization. Conducting a correlational study of servant leadership perceptions and employee job satisfaction at an organizational level in public hospitals in New York City can provide valuable information about the organizational level of servant leadership behaviors compared to the subunit level.

Exploring different geographical locations within the New York City public hospital corporation can help to uncover any differences in perception of servant leadership and its impact on employee satisfaction (Schwartz & Tumblin, 2002). Replicating the current research to examine differences in perception of servant leadership behaviors and employee job satisfaction among genders, ethnic groups, years of tenure, levels of education, different disciplines, and positions within the hospital or subunit can provide useful information. New York City is one of the most diverse cities in the United States, and the public hospital system has been a haven for immigrants who cannot afford healthcare. The employees of the public hospitals in New York City reflect

the diverse population of the city. The researcher suggests expanding the current research to examine the cultural differences in servant leadership perception and the impact, if any, on employee satisfaction.

Conducting a one-way analysis of variance with Scheffe's hoc method would examine any culturally specific variances with regard to servant leadership constructs and employee and patient satisfaction. Advanced statistical analysis would provide potential to examine in depth the relationship between servant leadership and job satisfaction, while analyzing the effect of other potential predictors. Conducting a mixed study to examine the correlation of servant leadership attributes to job satisfaction in multicultural public hospitals in New York City will allow the combination of qualitative information gathered through interviews and statistical data from quantitative research to give a deeper understanding of the perception of servant leadership and its relationship with job satisfaction. In addition, examining the relationships among perception of servant leadership attributes, employee satisfaction, and patient satisfaction may provide healthcare leaders with valuable insights regarding the factors that improve patient satisfaction. Expanding the study on servant leadership and employee satisfaction to other hospitals in New York City may also help to contribute to the body of empirical research on servant leadership.

Recommendations for practice. Both the literature review and the results of this study highlight several opportunities for improvement in leadership. The current research found results similar to those of prior studies indicating a positive relationship between the perception of servant leadership behaviors and the level of employee job satisfaction (Barbuto & Wheeler, 2006; Ehrhart, 2004; Jaramillo et al., 2009; Joseph & Winston,

2005; Walumbwa et al., 2010). The results obtained in this research are significant because the findings may help to provide healthcare administrators and leaders with alternative ways of improving employee and patient satisfaction through servant leadership. There is strong evidence in various business industries of a positive correlation between servant leadership characteristics and employee and customer satisfaction (Anderson, 2005; Barbuto & Wheeler, 2006; Barnes and Spangenburg 2011; Caffey, 2012; Chung et al., 2010; Ding et al.,2012; Ehrhart, 2004; Han et al., 2010; Joseph & Winston, 2005; Farris, 2010; Irving, 2005; McDonnell & Gordon, 2012; Mehta & Pillay, 2011; Sendjaya et al.,2008;); Vondey, 2010; Walumbwa et al., 2010). This research helps to support these findings in healthcare organizations. The findings of the current study have positive implications for healthcare leaders. The job satisfaction of employees at the emergency department level improved when servant leadership behaviors were present.

Implementing leadership training in servant leadership characteristics may help improve employee satisfaction and, hence, patient satisfaction in the emergency department. Employees in this study who perceived the presence of servant leadership behaviors reported improved general job satisfaction; however, the perception of servant leadership behavior did not show a positive correlation to employees' intrinsic and extrinsic job satisfaction. Healthcare leaders can examine the items that represent intrinsic and extrinsic job satisfaction on the MSQ-short version instrument and implement measures to address specific concerns of the employees. The researcher compiled responses to MSQ survey items addressing issues such as the ways in which the department implements policies, compensation and incentive programs, and recognition

of employees for the work they do to reflect the level of employees' intrinsic and extrinsic job satisfaction. Addressing the issues revealed through responses to these items can help improve employees' intrinsic and extrinsic job satisfaction.

Implementing leadership training that encompasses the core principles of servant leadership characteristics—valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership—can help improve employee satisfaction and promote a healthy work environment (Barnes & Spangenburg, 2011; Ding et al., 2012; Han et al., 2010; McDonnell, & Gordon, 2012; Sendjaya et al., 2008; Vondey, 2010; Walumbwa et al., 2010). Promoting a work environment that focuses on servant leadership can help retain employees and help promote a positive relationship between leaders and employees of the emergency department. By promoting, incorporating, and monitoring servant leadership characteristics at the academic and legislative levels of the various educational disciplines, accrediting bodies can help foster a servant leadership work environment, thereby improving the relationship between leaders and employees.

The current research also indicated a downward trend in the means of perception of servant leadership and job satisfaction as the level of education increased and as the years of employment increased. Healthcare leaders' focusing on implementing servant leadership characteristics among the most educated and most experienced employees can help retain these experienced and well-educated employees. The providers, in comparison to the nurses and ancillary staff, reflected the greatest perception of SL and job satisfaction. The male participants seemed to experience a slightly higher perception of SL and job satisfaction than did the females. The results also indicated an overall

declining trend between years of education, years of service, SL, and job satisfaction. The researcher also found that among the six constructs of servant leadership behaviors, sharing leadership, developing people, and displaying authenticity scored the lowest, thereby signaling an opportunity for healthcare leaders to improve in these areas, thereby improving employees' perception of servant leadership behavior and their satisfaction.

The research findings indicated a statistically positive correlation between servant leadership attributes and employee satisfaction. Implementing a servant leadership questionnaire on a quarterly basis together with an employee satisfaction survey can help to provide healthcare leaders with knowledge of the extent to which employees perceive servant leadership as well as its impact on employee satisfaction. The information gathered from implementing a quarterly servant leadership questionnaire can provide insights regarding the servant leadership dimensions and its correlation with employee satisfaction. The information gathered can help healthcare leaders structure training based on the servant leadership disciplines (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership). In addition, conducting weekly meetings with all employees and engaging in the principles of servant leadership attributes would help cultivate a working environment that is servant led, which would further strengthen the relationship between servant leadership characteristics and employee job satisfaction.

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Appendix A

Permission to use Hospital A and B Premises

Date: February 21, 2013

Office of Academic Research
Grand Canyon University
College of Doctoral Studies
3300 W. Camelback Road
Phoenix, AZ 85017
Phone: 602-639-7804

Dear IRB Members,

After reviewing the proposed study, *"A Correlation Study of Servant Leadership and Employee Job Satisfaction in New York City Public Hospital Emergency Rooms"*, presented by *Dustaff Persaud PA-C,* ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ I have granted authorization for Dustaff Persaud to conduct research at our ▮▮▮▮▮▮▮▮▮▮▮

I understand the purpose of this quantitative correlation research is to examine the perceptions of emergency department staff in New York City public hospitals with regard to the existence of servant leadership behaviors to determine the correlation between servant leadership behavior and job satisfaction among doctors, midlevel providers, nurses, and ancillary staff. Dustaff Persaud will conduct the following research activities _ *(contact, recruit, and collect data)*. It is understood that this project will end no later than May *30, 2013.*

I have indicated to Dustaff Persaud that my organization will allow the following research activities: Collect data from the employees of the emergency department using the OLA & MSQ survey instrument for the research purposes as indicated above. Dustaff Persaud would adhere to all HIPPA rules and regulations to protect patient and employee private information.

To ensure that the employees are protected, Dustaff Persaud has agreed to provide to me a copy of any Grand Canyon University IRB-approved, consent document before he *recruits* participants at ▮▮▮▮ Hospital Emergency Room. Dustaff Persaud has agreed to provide a copy of the study results, in aggregate, to our organization.

If the IRB has any concerns about the permission being granted by this letter, please contact me at the phone number listed above.

Sincerely,

Permission to use Hospital B Premises

Date: February 21, 2013

Office of Academic Research
Grand Canyon University
College of Doctoral Studies
3300 W. Camelback Road
Phoenix, AZ 85017
Phone: 602-639-7804

Dear IRB Members,

After reviewing the proposed study, *"A Correlation Study of Servant Leadership and Employee Job Satisfaction in New York City Public Hospital Emergency Rooms"*, presented by *Dustaff Persaud PA-C,* ███████████████████████████ I have granted authorization for Dustaff Persaud to conduct research at our ████████████

I understand the purpose of this quantitative correlation research is to examine the perceptions of emergency department staff in New York City public hospitals with regard to the existence of servant leadership behaviors to determine the correlation between servant leadership behavior and job satisfaction among doctors, midlevel providers, nurses, and ancillary staff. Dustaff Persaud will conduct the following research activities _ *(contact, recruit, and collect data)*. It is understood that this project will end no later than May *30, 2013*.

I have indicated to Dustaff Persaud that my organization will allow the following research activities: Collect data from the employees of the emergency department using the OLA & MSQ survey instrument for the research purposes as indicated above. Dustaff Persaud would adhere to all HIPPA rules and regulations to protect patient and employee private information.

To ensure that the employees are protected, Dustaff Persaud has agreed to provide to me a copy of any Grand Canyon University IRB-approved, consent document before he *recruits* participants at ████████ *Hospital Emergency Room*. Dustaff Persaud has agreed to provide a copy of the study results, in aggregate, to our organization.

If the IRB has any concerns about the permission being granted by this letter, please contact me at the phone number listed above.

Sincerely,

Appendix B

Informed Consent

My name is Dustaff Persaud, and I am a doctoral candidate in the organizational leadership department at the University of Grand Canyon. I am requesting your participation in my doctoral study. The data gathered will be used to complete my dissertation research. You were asked to participate in this research because you are an employee of the emergency department.

The purpose of this study is to quantify the relationship, if any, between servant leadership characteristics and employee job satisfaction in New York City public hospital emergency departments. Several studies have been conducted looking into the subject of servant leadership characteristics and job satisfaction in the business and healthcare industries and have shown a positive correlation. None has explored the emergency departments of public hospitals. Participation in this research is strictly voluntary. It is ok for you to say no. Even if you say yes now, you are free to say no later, and withdraw from the study at any time. Nonparticipation or withdrawal from the study will not affect your employment status, and there is no payment for your participation in the study.

If you decide to participate, then as a study participant you will join a research study that investigates the correlation, if any, of servant leadership characteristics and job satisfaction in your emergency department. Your participation involves completing two surveys; the Organizational Leadership Assessment and the Minnesota Satisfaction Questionnaire (MSQ).The Organizational Leadership Assessment and MSQ-short version surveys are hard copies, and both surveys can be completed at home or in a private

location at your workplace. As a participant you are encouraged to complete the survey to the best of your ability; however, you can skip questions if you feel uncomfortable answering the questions. Each survey should take less than 15 minutes to complete; approximately 150 participants will be participating in the study from two emergency departments.

There are no known risks from taking part in this study and although there may be no direct benefits to you, the possible benefits of your participation in the research are to (a) provide healthcare administrators with information on the usefulness of servant leadership and improving employee and patient satisfaction, (b) create a positive working environment for employees, (c) produce improved collaboration and team effort among management and employees, (d) creates satisfied employees and patients, (e) improve organizational performance, and (f) decrease employee turnover. If the researcher finds new information during the study that would reasonably change your decision about participating, this information will be provided to you.

All information obtained in this study is strictly confidential. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. To maintain confidentiality of your records, the researcher will use only letters and numbers to code the participant's response and no names will be required. Only the participating hospitals will have access to the data if they choose to, and all data will be secured in a locked drawer and destroyed after 7 years.

Any questions you have concerning the research study or Dustaff Persaud, the researcher at Woodhull Hospital emergency department, who can be reached at 718-963-8437 or 917-592-3856, will answer your participation in the study, before or after your

consent. If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Institutional Review Board, through the College of Doctoral Studies at (602) 639-7804.

This form explains the nature, demands, benefits and any risk of the project. By signing this form, you agree knowingly to assume any risks involved. Remember, your participation is voluntary. You may choose not to participate or to withdraw your consent and discontinue participation at any time without penalty or loss of benefit. In signing this consent form, you are not waiving any legal claims, rights, or remedies. A copy of this consent form will be offered to you.

Your signature below indicates that you consent to participate in the above study.

_____   _____   _____

Subject's Signature   Printed Name   Date

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the Assurance given by Grand Canyon University to the Office for Human Research Protections to protect the rights of human subjects. I have offered the subject/participant a copy of this signed consent document."

Signature of Investigator_____   Date_____

OLAgroup www.olagroup.com

Appendix C

Permission to use Organizational Leadership Assessment Instrument

June 20, 2012

Dustaff Persaud

Chief Physician Assistant
Emergency Department
Woodhull Hospital/NYU
Mell0105@aol.com

Dear Dustaff,
I hereby give my permission for you to use the Organizational Leadership Assessment
(OLA instrument in your research study. I am willing to allow you to utilize the instrument
with the following understandings:

- You will use the OLA in its entirety, as it is, without any changes
- You will use the online version of the OLA but have permission to use a hard copy of
  the instrument for participants without email or internet access. You will enter the
  data from these hard copies into the www.olagroup.com site so that all of the data
  from this study is provided to the OLAgroup.
- You will use this assessment only for your research study and will not sell or use it
  with any compensated management/curriculum development activities
- You will include the copyright statement on all copies of the instrument used for your
  dissertation
- You will provide a digital copy of your final dissertation as well as any future reports,
  articles or other publications that make use of the OLA data.
- You will allow me to post your research and dissertation on the OLAgroup Web site

Sincerely,

Jim Laub, Ed.D.
OLAgroup
18240 Lake Bend Drive
Jupiter, FL 33458

I understand these conditions and agree to abide by these term and conditions
_____Date: _____
Dustaff Persaud

Appendix D

Permission to use MSQ Instrument

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Department of Psychology
College of Liberal Arts

N218 Elliott Hall
75 East River Road
Minneapolis, MN 55455

Office: 612-625-2818
Fax: 612-626-2079
www.psych.umn.edu

January 2, 2013

Dustaff Persaud
10-19 117th St South Ozone Park
Queens, NY 11420
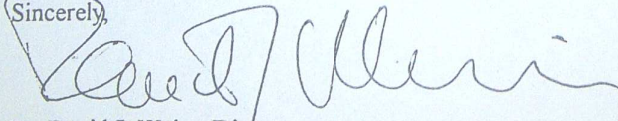
Dear Dustaff Persaud:

We are pleased to grant you permission to use the Minnesota Satisfaction Questionnaire 1977 short form version in your research project.

Vocational Psychology Research is currently in the process of revising the MSQ manual and it is very important that we receive copies of your research study results in order to construct new norm tables. Therefore, we would appreciate receiving a copy of your results including 1) demographic data of respondents, including age, education level, occupation and job tenure; and 2) response statistics including scale means, standard deviations, reliability coefficients, and standard errors of measurement. If your tests are scored by us, we will already have the information detailed in item #2.

Your providing this information will be an important and valuable contribution to the new MSQ manual. If you have any questions concerning this request, please feel free to call us at 612-625-1367.

Sincerely,

Dr. David J. Weiss, Director
Vocational Psychology Research

Appendix E

The Organizational Leadership Assessment Instrument

Organizational Leadership Assessment

4243 North Sherry Drive
Marion, IN 46952
OLA@OLAgroup.com
(765) 664-0174

General Instructions

The purpose of this instrument is to allow organizations to discover how their leadership practices and beliefs impact the different ways people function within the organization. This instrument is designed to be taken by people at all levels of the organization including workers, managers and top leadership. As you respond to the different statements, please answer as to what you believe is generally true about your organization or work unit. Please respond with your own personal feelings and beliefs and not those of others, or those that others would want you to have. Respond as to how things *are* … not as they could be, or should be.

Feel free to use the full spectrum of answers (from Strongly Disagree to Strongly Agree). You will find that some of the statements will be easy to respond to while others may require more thought. If you are uncertain, you may want to answer with your first, intuitive response. Please be honest and candid. The response we seek is the one that most closely represents your feelings or beliefs about the statement that is being considered. There are three different sections to this instrument. Carefully read the brief instructions that are given prior to each section. Your involvement in this assessment is anonymous and confidential.

Before completing the assessment it is important to fill in the name of the organization or organizational unit being assessed. If you are assessing an organizational unit (department, team or work unit) rather than the entire organization you will respond to all of the statements in light of that work unit.

IMPORTANT ….. please complete the following

Write in the name of the organization or organizational unit (department, team or work unit) you are assessing with this instrument.

Organization (or Organizational Unit) Name: _____

Indicate your present role/position in the organization or work unit. Please **circle one**.

    1 = Top Leadership (top level of leadership)

    2 = Management (supervisor, manager)

    3 = Workforce (staff, member, worker)

Please provide your response to each statement by placing an X in one of the five boxes

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Section 1

In this section, please respond to each statement as you believe it applies to <u>the entire organization</u> (or organizational unit) including workers, managers/supervisors and top leadership.

In general, people within this organization ....

		1	2	3	4	5
1	Trust each other					
2	Are clear on the key goals of the organization					
3	Are non-judgmental – they keep an open mind					
4	Respect each other					
5	Know where this organization is headed in the future					
6	Maintain high ethical standards					
7	Work well together in teams					
8	Value differences in culture, race & ethnicity					
9	Are caring & compassionate towards each other					
10	Demonstrate high integrity & honesty					
11	Are trustworthy					
12	Relate well to each other					
13	Attempt to work with others more than working on their own					
14	Are held accountable for reaching work goals					
15	Are aware of the needs of others					
16	Allow for individuality of style and expression					
17	Are encouraged by supervisors to share in making *important* decisions					
18	Work to maintain positive working relationships					
19	Accept people as they are					
20	View conflict as an opportunity to learn & grow					
21	Know how to get along with people					

Please provide your response to each statement by placing an **X** in <u>one</u> of the five boxes

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	**Strongly Agree**

Section 2   In this next section, please respond to each statement as you believe it applies to the **leadership** of the organization (or organizational unit) including managers/supervisors and top leadership

Managers/Supervisors and Top Leadership in this Organization	1	2	3	4	5
22 Communicate a clear vision of the future of the organization					
23 Are open to learning from those who are *below* them in the organization					
24 Allow workers to help determine where this organization is headed					
25 Work alongside the workers instead of separate from them					
26 Use persuasion to influence others instead of coercion or force					
27 Don't hesitate to provide the leadership that is needed					
28 Promote open communication and sharing of information					
29 Give workers the power to make *important* decisions					
30 Provide the support and resources needed to help workers meet their goals					
31 Create an environment that encourages learning					
32 Are open to receiving criticism & challenge from others					
33 Say what they mean, and mean what they say					
34 Encourage each person to exercise leadership					
35 Admit personal limitations & mistakes					
36 Encourage people to take risks even if they may fail					
37 Practice the same behavior they expect from others					
38 Facilitate the building of community & team					
39 Do not demand special recognition for being leaders					
40 Lead by example by modeling appropriate behavior					
41 Seek to influence others from a positive relationship rather than from the authority of their position					
42 Provide opportunities for all workers to develop to their full potential					
43 Honestly evaluate themselves before seeking to evaluate others					
44 Use their power and authority to benefit the workers					
45 Take appropriate action when it is needed					

© James Alan Laub, 1998   3

Please provide your response to each statement by placing an X in <u>one</u> of the five boxes

1	2	3	4	5	
Strongly Disagree	Disagree	Undecided	Agree	**Strongly Agree**	

Managers/Supervisors and Top Leadership in this Organization	1	2	3	4	5
46 Build people up through encouragement and affirmation					
47 Encourage workers to work *together* rather than competing against each other					
48 Are humble – they do not promote themselves					
49 Communicate clear plans & goals for the organization					
50 Provide mentor relationships in order to help people grow professionally					
51 Are accountable & responsible to others					
52 Are receptive listeners					
53 Do not seek after special status or the "perks" of leadership					
54 Put the needs of the workers ahead of their own					

Section 3   In this next section, please respond to each statement as you believe it is true about **you personally** and **your role** in the organization (or organizational unit).

In viewing my own role …	1	2	3	4	5
55 I feel appreciated by my supervisor for what I contribute					
56 I am working at a high level of productivity					
57 I am listened to by those *above* me in the organization					
58 I feel good about my contribution to the organization					
59 I receive encouragement and affirmation from those *above* me in the organization					
60 My job is important to the success of this organization					
61 I trust the leadership of this organization					
62 I enjoy working in this organization					
63 I am respected by those *above* me in the organization					
64 I am able to be creative in my job					
65 In this organization, a person's *work* is valued more than their *title*					
66 I am able to use my best gifts and abilities in my job					

Appendix F

Constructs of the Organizational Leadership Assessment Instrument

Organizational Leadership Assessment
. . . Results

The *Organizational Leadership Assessment (OLA)* measures six characteristics of organizational and leadership practice that are critical to optimal organizational health and determine an organization's *Power Level*. The OLA also measures the *Perception Match* of the workforce and leadership concerning the organization's health. These six areas characterize organizations that provide authentic and shared leadership, empowered workers and a community of people who work effectively together to fulfill the organization's mission. The six characteristics are listed and expanded below.

Healthy Organizations... Share Leadership, Value People, Develop People, Build Community, Display Authenticity, Provide Leadership

In Your Organization, the Six Characteristics Ranked Highest to Lowest...

❶ **Share Leadership** ⇨ By creating a shared vision and sharing decision-making power, status and privilege at all levels of the organization

❷ **Build Community** ⇨ By building strong relationships, working collaboratively and valuing individual differences

❸ **Value People** ⇨ By listening receptively, serving the needs of others first and trusting in people

❹ **Display Authenticity** ⇨ By integrity and trust, openness and accountibility and a willingness to learn from others

❺ **Develop People** ⇨ By providing opportunities for learning, modeling appropriate behavior and building up others through encouragement

❻ **Provide Leadership** ⇨ By envisioning the future, taking initiative and clarifying goals

The following reports will provide you with an understanding of how your organization and leadership are perceived by those within the organization (top leadership, management and the workforce).

Page 3

Appendix G

MSQ Instrument Short Form

minnesota satisfaction questionnaire
(short-form)

Vocational Psychology Research

UNIVERSITY OF MINNESOTA

minnesota satisfaction questionnaire

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job,** what things you are **satisfied** with and what things you are **not satisfied** with.

On the basis of your answers and those of people like you, we hope to get a better understanding of the things people **like and dislike about their jobs.**

On the next page you will find statements about your **present** job.

- Read each statement carefully.

- Decide **how satisfied you feel about the aspect of your job** described by the statement.

  Keeping the statement in mind:

  —if you feel that your job gives you **more than you expected,** check the box under **"Very Sat."** (Very Satisfied);

  —if you feel that your job gives you **what you expected,** check the box under **"Sat."** (Satisfied);

  —if you **cannot make up your mind** whether or not the job gives you what you expected, check the box under **"N"** (Neither Satisfied nor Dissatisfied);

  —if you feel that your job gives you **less than you expected,** check the box under **"Dissat."** (Dissatisfied);

  —if you feel that your job gives you **much less than you expected,** check the box under **"Very Dissat."** (Very Dissatisfied).

- Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job.**

- Do this for **all** statements. Please answer **every** item.

Be frank and honest. Give a true picture of your feelings about your **present job.**

Ask yourself: How **satisfied** am I with this aspect of my job?

  Very Sat. means I am very satisfied with this aspect of my job.

  Sat. means I am satisfied with this aspect of my job.

  N means I can't decide whether I am satisfied or not with this aspect of my job.

  Dissat. means I am dissatisfied with this aspect of my job.

  Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. Being able to keep busy all the time	☐	☐	☐	☐	☐
2. The chance to work alone on the job	☐	☐	☐	☐	☐
3. The chance to do different things from time to time	☐	☐	☐	☐	☐
4. The chance to be "somebody" in the community	☐	☐	☐	☐	☐
5. The way my boss handles his/her workers	☐	☐	☐	☐	☐
6. The competence of my supervisor in making decisions	☐	☐	☐	☐	☐
7. Being able to do things that don't go against my conscience	☐	☐	☐	☐	☐
8. The way my job provides for steady employment	☐	☐	☐	☐	☐
9. The chance to do things for other people	☐	☐	☐	☐	☐
10. The chance to tell people what to do	☐	☐	☐	☐	☐
11. The chance to do something that makes use of my abilities	☐	☐	☐	☐	☐
12. The way company policies are put into practice	☐	☐	☐	☐	☐
13. My pay and the amount of work I do	☐	☐	☐	☐	☐
14. The chances for advancement on this job	☐	☐	☐	☐	☐
15. The freedom to use my own judgment	☐	☐	☐	☐	☐
16. The chance to try my own methods of doing the job	☐	☐	☐	☐	☐
17. The working conditions	☐	☐	☐	☐	☐
18. The way my co-workers get along with each other	☐	☐	☐	☐	☐
19. The praise I get for doing a good job	☐	☐	☐	☐	☐
20. The feeling of accomplishment I get from the job	☐	☐	☐	☐	☐
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

3

Name_____Today's Date_____ 19____

    Please Print

1. Check one: ☐ Male ☐ Female

2. When were you born?_____ 19____

3. Circle the number of years of schooling you completed:

    4 5 6 7 8   9 10 11 12   13 14 15 16   17 18 19 20
    Grade School   High School   College   Graduate or
                                                                          Professional School

4. What is your present job called? _____

   _____

5. What do you do on your present job? _____

   _____

   _____

6. How long have you been on your present job?_____years _____months

7. What would you call your **occupation**, your usual line of work? _____

   _____

8. How long have you been in this line of work? _____years _____months

4

Appendix H

Confidentiality Statement

<div align="right">
Grand Canyon University
College of Doctoral Studies
3300 W. Camelback Road
Phoenix, AZ 85017
Phone: 602-639-7804
Fax: 602- 639-7820
</div>

CONFIDENTIALITY STATEMENT

A Correlation Study of Servant Leadership and Employee Job Satisfaction in New York

City Public Hospital Emergency Rooms

As a researcher working on the above research study at Grand Canyon University, I understand that I must maintain the confidentiality of all information concerning research participants. This information includes, but is not limited to, all identifying information and research data of participants and all information accruing from any direct or indirect contact I may have with said participants. In order to maintain confidentiality, I hereby agree to refrain from discussing or disclosing any information regarding research participants, including information described without identifying information, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program.

Dustaff Persaud

_____	Dustaff Persaud_____	01/22/2013
Signature of Researcher	Printed Name	Date

_____	_____	
Signature of Witness	Printed Name	Date

Appendix I

Recruitment Script

RECRUITMENT SCRIPT

A Correlation Study of Servant Leadership and Employee Job Satisfaction in New York City Public Hospital Emergency Rooms

I am a graduate learner under the direction of Professor Alan K. Jenkins, DM, Dissertation Chair in the College of Doctoral Studies at Grand Canyon University. I am conducting a research study to explore the possible link between Servant Leadership and Employee Job Satisfaction in New York City Public Hospital Emergency Rooms.

I am recruiting employees of the emergency department who were employed for six months or more to complete two survey instruments. The surveys are called the Organizational Leadership Assessment (OLA), and the Minnesota Satisfaction Questionnaire (MSQ).

Your participation in this study is voluntary and you response will remain completely anonymous. Completing the both surveys should take approximately 20 minutes to complete. If you are interested in participating in this study, please click the survey link attached to this email.

If you have any questions concerning this research study, please call (917)-592-3856 or email at Mell0105@aol.com.

Appendix J 1

Table J 1

Normative Data for the MSQ (Short Form)

General	Job satisfaction scale	
	Intrinsic	Extrinsic
Engineers		
M =77.88	48.3	21.32
SD = 11.92	.54	4.38
Hoyt reliability coefficient = .92	.91	0.82
Standard error of measurement = 3.29	.31	1.86
N = 387		
Office Clerks		
M = 74.48	7.32	19.37
SD = 12.45	.67	4.95
Hoyt reliability coefficient = .90	.88	.79
Standard error of measurement = 3.89	.70	2.28
N = 227		
Salesmen		
M = 79.83	50.24	21.38
SD = 11.82	.58	4.71
Hoyt reliability coefficient =.91	.90	.81
Standard error of measurement = 3.57	2.44	2.08
N =195		
Janitors and maintenance men		
M =78.01	49.03	20.99
SD =11.51	6.91	4.86
Hoyt reliability coefficient	0.86	0.79
Standard error of measurement	2.56	2.21
N = 242		
Machinists		
M = 75.71	48.28	1970
SD =11.52	6.78	5.03
Hoyt reliability coefficient = .90	0.86	0.82
Standard error of measurement = 3.70	2.52	2.13
N = 240		

(continued)

(Table J 1 Continued)

	Assemblers		
M = 69.78		44.53	17.89
SD = 11.41		7.18	5.03
Hoyt reliability coefficient = .87		0.84	0.80
Standard error of measurement = 4.08		2.88	2.24
N = 74			
	Electrical Assemblers		
M = 67.47		42.33	18.07
SD = 12.26		7.82	4.84
Hoyt reliability coefficient = .88		0.84	0.77
Standard error of measurement = 4.28		3.12	2.34
N=358			
	Assistant principals (1996 NASSP sample)		
M = 77.15		48.63	20.87
SD 7.46		5.04	2.35
Cronbach's reliability coefficient (alpha) = .91		0.89	0.81
Standard error of measurement = 3.71		2.47	2.20
N = 291			

Note. Table adapted from Weiss, Dawis, England, & Lofquist, 1967, pp. 113-119.

Appendix J 2

Table J 2

Servant Leadership Descriptive Statistics

Question/Topic	Min.	Max.	Mean	Standard Deviation
Trust each other	1	5	3.13	1.093
Are clear on the key goals of the organization	1	5	3.56	1.005
Are nonjudgmental - they keep an open mind	1	5	3.18	1.110
Respect each other	1	5	3.37	1.099
Know where this organization is headed in the future	1	5	3.25	1.027
Maintains high ethical standards	1	5	3.42	1.012
Work well together in teams	1	5	3.38	1.132
Value differences in culture, race and ethnicity	1	5	3.67	1.045
Are caring and compassionate towards each other	1	5	3.40	1.079
Demonstrate high integrity and honesty	1	5	3.27	1.033
Are trustworthy	1	5	3.32	0.964
Relate well to each other	1	5	3.37	1.015
Attempt to work with others more than working on their own	1	5	3.32	1.068
Are held accountable for reaching work goals	1	5	3.42	1.031
Are aware of the needs of others	1	5	3.26	1.068
Allow for individuality of style and expression	1	5	3.21	1.226
Are encouraged by supervisors to share in making important decisions	1	5	3.18	1.054
Work to maintain positive working relationships	1	5	3.40	1.033
Accept people as they are	1	5	3.51	1.136
View conflict as an opportunity to learn and grow	1	5	3.10	1.051
Know how to get along with people	1	5	3.38	1.085
Communicate a clear vision of the future of our Organization	1	5	3.28	1.260
Are open to learning from those who are below them in the organization	1	5	3.11	1.207
Allow workers to help determine where this organization is headed	1	5	3.11	1.232
Work alongside the workers instead of separate from them	1	5	3.07	1.121
Use persuasion to influence others instead of coercion or force	1	5	3.26	1.081
Don't hesitate to provide the leadership that is needed	1	5	3.43	1.203
Promote open communication and sharing of information	1	5	3.25	1.156
Give workers the power to make important decisions	1	5	2.97	1.131
Provide the support and resources needed to help workers meet their goals	1	5	3.24	1.082

(continued)

(Table J 2 Continued)

Item	Min	Max	Mean	SD
Create an environment that encourages learning	1	5	3.46	1.230
Are open to receiving criticism and challenge from others	1	5	3.03	1.196
Say what they mean, and mean what they say	1	5	3.19	1.158
Encourage each person in the organization to exercise leadership	1	5	3.22	1.158
Give workers the power to make important decisions	1	5	2.97	1.131
Provide the support and resources needed to help workers meet their goals	1	5	3.24	1.082
Create an environment that encourages learning	1	5	3.46	1.230
Say what they mean, and mean what they say	1	5	3.19	1.158
Encourage each person in the organization to exercise leadership	1	5	3.22	1.158
Admit personal limitations and mistakes	1	5	3.07	0.999
Encourage people to take risks even if they may fail	1	5	2.96	1.175
Practice the same behavior they expect from others	1	5	3.00	1.079
Facilitate the building of community and team	1	5	3.14	1.130
Do not demand special recognition for being leaders	1	5	3.31	1.143
Lead by example by modeling appropriate behavior	1	5	3.34	1.186
Seek to influence others out of a positive relationship rather than from the authority of their position	1	5	3.21	1.162
Provide opportunities for all workers to develop to their full potential	1	5	3.27	1.141
Honestly evaluate themselves before seeking to evaluate others	1	5	3.09	1.159
Use their power and authority to benefit the workers	1	5	3.05	1.146
Take appropriate action when it is needed	1	5	3.46	1.067
Build people up through encouragement and affirmation	1	5	3.27	1.130
Encourage workers to work together rather than competing against each other	1	5	3.46	1.081
Are humble – they do not promote themselves	1	5	3.23	1026
Communicate clear plans and goals for the organization	1	5	3.39	1.117
Provide mentor relationships in order to help people grow Professionally	1	5	3.21	1.141
Are accountable and responsible to others	1	5	3.25	1.141
Are receptive listeners	1	5	3.33	1.176
Do not seek after special status or the "perks" of leadership	1	5	3.33	1.036
Put the needs of the workers ahead of their own	1	5	3.04	1.197
I feel appreciated by my supervisor for what I contribute to the organization	1	5	3.36	1.176
I am working at a high level of productivity	1	5	4.07	0.913
I am listened to by those above me in the organization	1	5	3.44	1.121

(Table J 2 Continued)

I feel good about my contribution to the organization	1	5	4.10	0.798
I receive encouragement and affirmation from those above me in the organization	1	5	3.39	1.164
My job is important to the success of this organization	1	5	3.81	1.881
I trust the leadership of this organization	1	5	3.47	1.089
I enjoy working in this organization	1	5	3.81	1.029
I am respected by those above me in the organization	1	5	3.47	1.074
I am able to be creative in my job	1	5	3.60	1.070
In this organization, a person's work is valued more than their title	1	5	3.25	1.259
I am able to use my best gifts and abilities in my job	1	5	3.88	1.040
General perception of servant leadership	1	5	3.34	1.097