

An Initial Examination of Outcomes from Servant Leadership Implementation at a National Behavioral Healthcare Organization

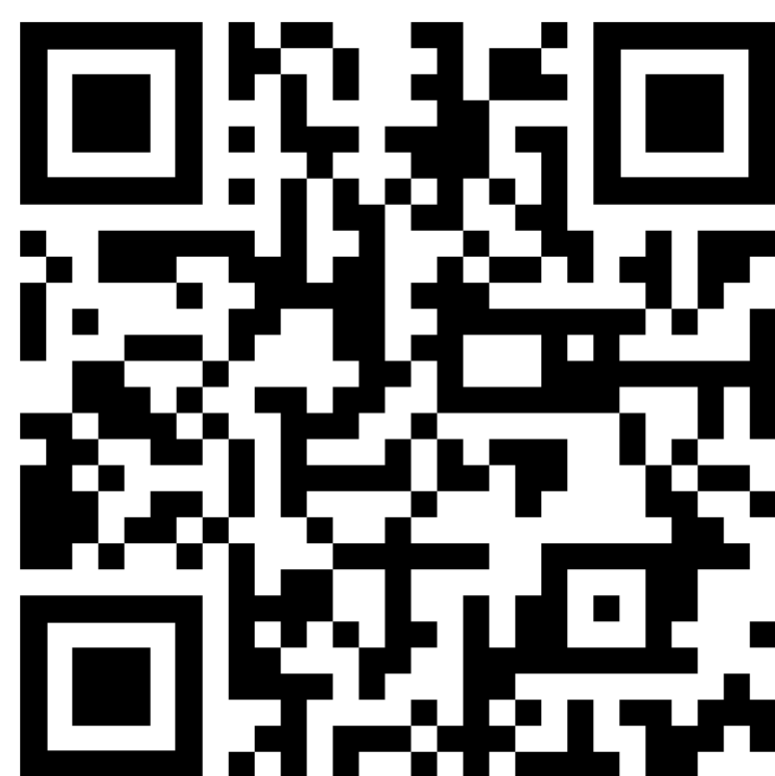
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Abstract

Servant Leadership (**SL**) is a person-centered leadership style concerned with bolstering the personal growth and engagement of employees as a valued end in itself (Greenleaf, 1977). **SL** as a core organizational value has been linked to lower employee disengagement, reduced staff turnover intention, and increased employee helping behaviors (Hunter, Neubert, Perry, Witt, Penney, & Weinberger, 2013). Employee engagement has also been linked to higher patient satisfaction ratings and lower patient safety incidences in healthcare settings (Harter, Schmidt, Killham, & Agrawal, 2013). This study investigated a range of outcomes from initial implementation of **SL** programming at a national behavioral healthcare organization across 1 year. Metrics included employee, client, and client parent/guardian outcomes Pre and Post national training on **SL**. Results were mixed with the degree to which DVs improved across time, and associated with **SL** program implementation at the treatment centers, varying by outcome domain.

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Method

Participants and Setting

- Study conducted with The Devereux Foundation, a non-profit behavioral health organization.
- Participants included (1) youth and adult clients receiving services for emotional, behavioral, neurocognitive, and developmental disorders, (2) client parents/guardians/caregivers, and (3) Devereux employees

Procedure

- All data drawn from Devereux archives gathered as part of standard operational practice from each center across 13 states plus Devereux corporate over a 1-year span.
- Baseline Phase (**Pre**): May 1, 2018--October 31, 2018
- Post Training Implementation Phase (**Post**): November 1, 2018--April 30, 2019
- National SL-Champion training Oct. 31, 2018 marked beginning of implementation at the centers.

Measures

Dependent/Outcome Variables (DV)

- Number of client major risk events (**MREs**)
- % of positive client **discharges**
- Frequency of employee **turnover** and internal **promotions**
- Two client-report **day-of-discharge survey** items (4-point ordinal response scale)
- 18 item **SL-aligned client/caregiver survey** mean (*Note*: Data only available during **Post**)

Independent/Predictor Variables (IV)

- Time (**Pre/Post** national training)
- % of SL milestones each center reached during the **Post** period ($M = 42.9\%$, $SD = 23.1\%$)

Hypotheses

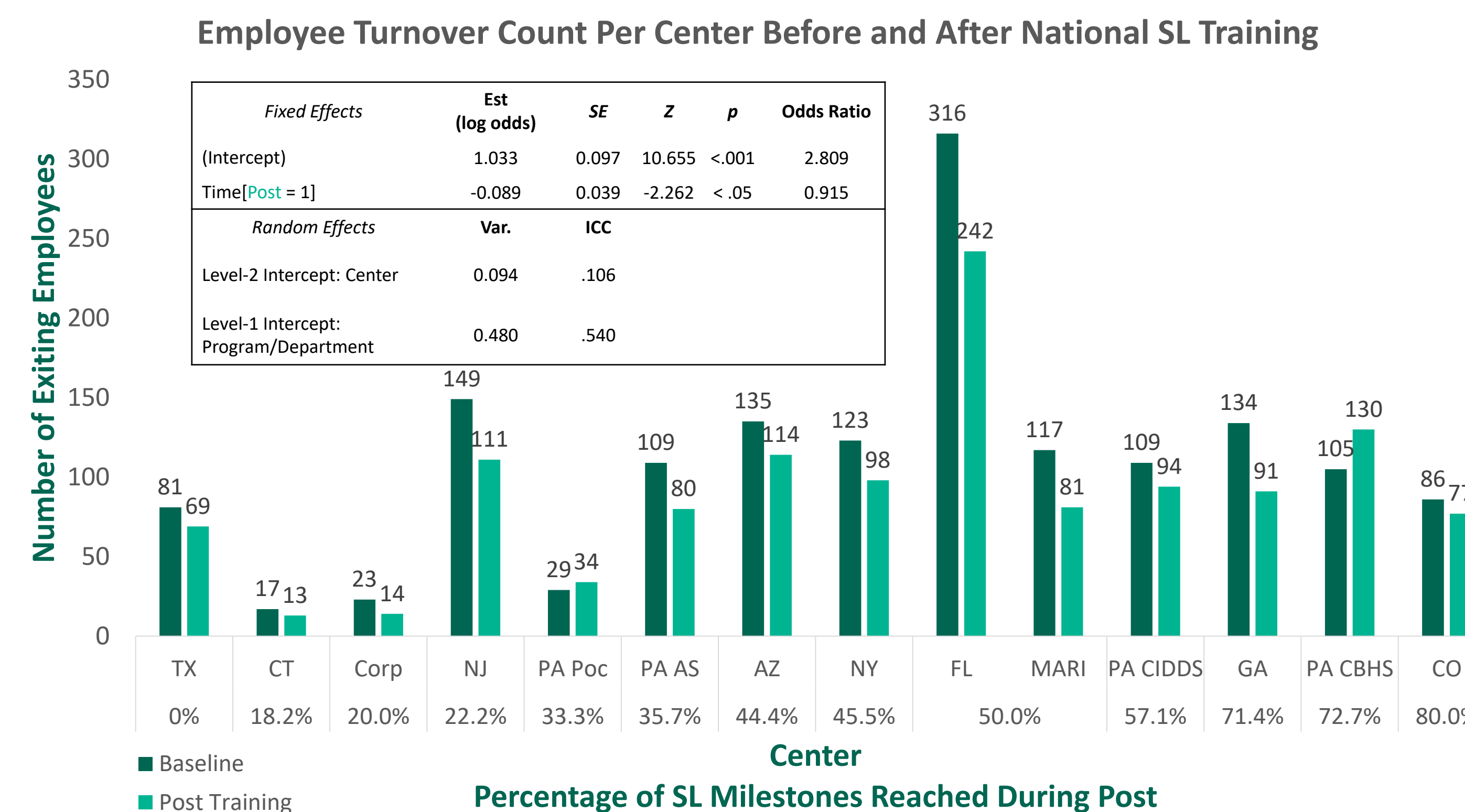
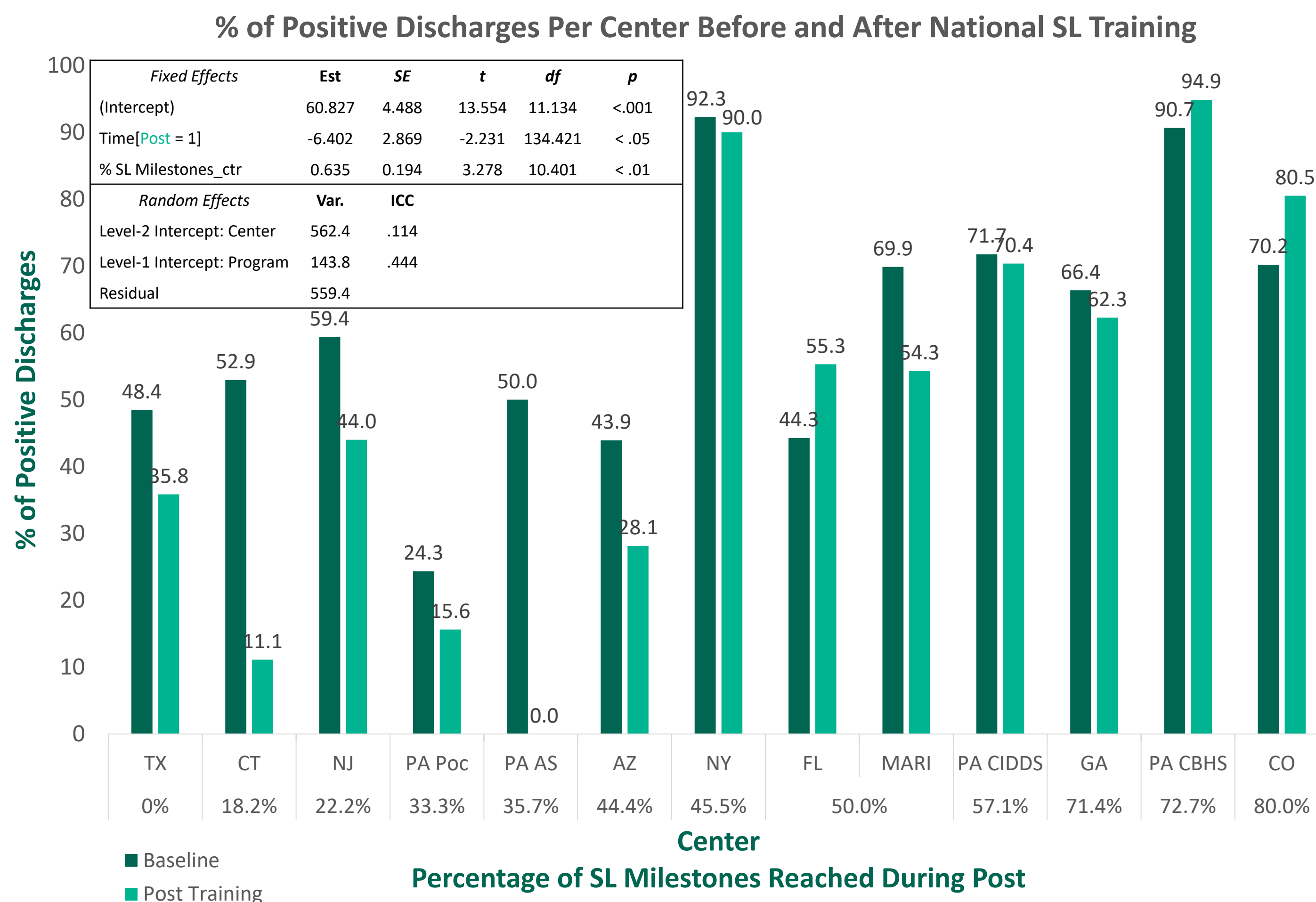
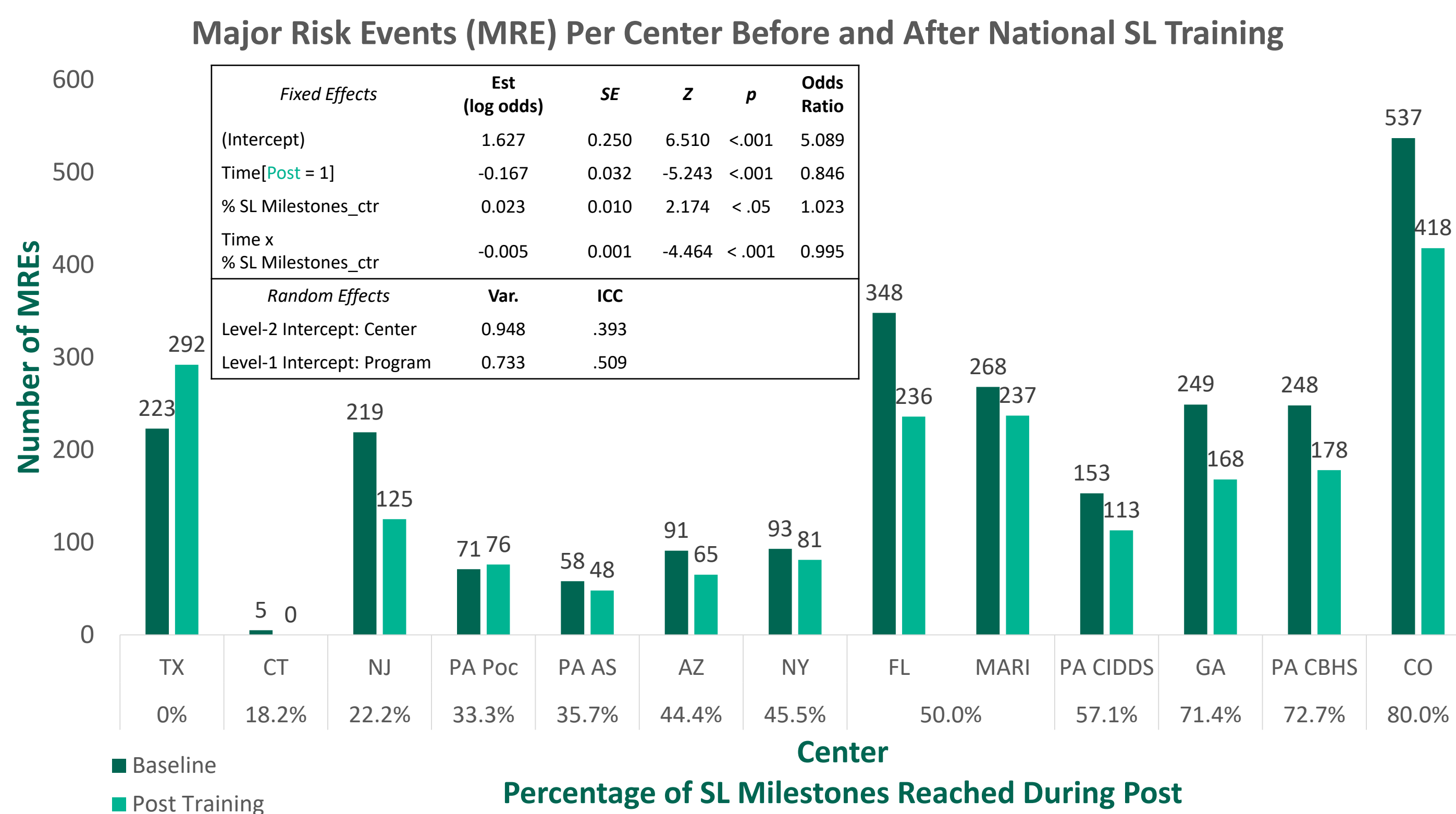
- (**H1**) Small but significant improvements will be found for each of the metrics assessed in the 6-months following the initial SL training compared to the 6-months prior.
- (**H2**) More SL milestones attained during post will be associated with a larger magnitude of desirable change across all DVs during the study period.
- (**H3**) The magnitude of change for employee metrics will be larger compared to external stakeholder, client, or caregiver metrics over the study period.

Analyses

- Generalized Linear Mixed Models** used to account for nested observations, calculate fixed and random effect estimates, and accommodate continuous, count, and ordinal outcome variables.
- Three models tested for each DV in succession: (1) Main effect of Time, (2) main effects of Time + % SL Milestones, (3) main effects of Time + % of SL Milestones + Interaction term.

Results

All graphs depict effects by Time (**Pre v. Post**) and % of SL Milestones completed by April 30, 2019



Results

Summary Statistics

Outcome Measure	N	Pre		Post	
		M	SD	M	SD
MREs	578	184.29	145.73	147.57	116.02
% Positive Discharges	296	59.13	20.76	50.62	29.74
Day of Discharge Survey: Needs Met†	1674	3.33	0.80	3.27	0.85
Day of Discharge Survey: Satisfaction†	1718	3.32	0.80	3.21	0.85
Employee Turnover	723	109.50	73.17	89.14	56.45
Internal Promotions†	310	19.50	17.56	19.07	17.10
SL Satisfaction Survey Mean*	229	-	-	4.55	1.14

Note: Non-survey *M* and *SD* statistics reflect values for an average center and *N* reflects counts of programs within centers used as the level-1 observations in the models. Survey data is pooled across all centers.

† No significant effects.

*Significant negative fixed effect of % SL Milestones on satisfaction survey responses:

$b = -0.019$, $SE = 0.006$, $t(10.107) = -3.019$, $p < .05$

Level-2 Random Intercept (Center): Var. = 0.055, ICC = .130

Residual Variance = 1.176

Discussion

Hypothesis 1

- Small but significant effects of **Time** found for two outcomes.
 - 15% reduction in odds for the occurrence of **MREs** at post.
 - 8% reduction in odds of **Employee Turnover** at post.
- Contrary to the hypothesis, significant 6% reduction in **Positive Discharges** overall at post.

Hypothesis 2

- Small but significant effects of % **SL Milestones**
 - 0.5% reduction in odds of **MREs** at Post for centers reaching more of their charter milestones.
 - A small (0.63%) increase in **Positive Discharges** was found for each additional percentage of SL plan implementation at the centers.
- Counter to the hypothesis, SL milestone achievement had a negative relation with SL satisfaction survey responses and a positive relation with MREs overall.

Hypothesis 3

- There was one meaningful effect of **Time** on **Employee Turnover** but all other significant models related to client-level outcomes. The client-level **MRE** model had the strongest associated effects contrary to the hypothesis.
- Because post data is only from the beginning of implementation, it cannot be known if observed effects are causally related. Future study needed to compare again after full implementation at all centers with more direct measures of SL.
- Too few responses were returned for the external partner survey to analyze with sufficient power to detect effects and should be revisited when a larger sample is obtained.
- SL-aligned employee satisfaction survey data could not be included as collection began after the end of post. These data should be included in future research as employee satisfaction is theorized to mediate client outcomes and could be incorporated in more sophisticated structural models that may strengthen the case for causation.

References

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