



SERVANT-LEADERSHIP IN ACTION

How Mission, Vision, and Values are Conveyed

—JENNIFER BELL, CODI BOLDING, and MARY DELGADILLO
ST. EDWARD'S UNIVERSITY—TEXAS, U.S.

Many corporate executives and business owners would agree that instilling the mission, vision, and values (MVV) throughout an organization can be a monumental task. Not only is it vital for leaders of an organization to communicate the MVV effectively to all staff, but also to engage its employees in the MVV.

This research focused on an organization in the healthcare industry that uses the servant leadership model. The research question posed was, simply: How does the organization convey the mission, vision, and values throughout the organization?

FOCUS AND FRAMING

The client organization has a rich heritage that is exemplified through their MVV. As part of a national healthcare system, this organization shares faith-based leadership values with other hospitals of the same denomination (*Leadership Culture*, 2010, p. 14). The core values of the client organization are described as: “dedication, reverence, wisdom, integrity, service to the poor, and creativity” (*Leadership Culture*, 2010, p. 20). Their mission “inspires us to care for and improve the health of those we serve with a special concern for the poor and the vulnerable. We are called to be a sign of God’s unconditional love for all and believe that all persons by their creation are endowed with dignity” (*Leadership Culture*, 2010, p. 16).



Within this context, the research examined the issue of how specific core values based on servant-leadership were conveyed from the strategic apex to the operating core. This examination was performed in three departments within an operating division of the organization. The organization's six core values are embedded in their servant-leadership model. This servant-leadership model has existed within the client organization since the founders put it into action.

To ground the research, a clear definition of the strategic apex and the operating core within the organization was necessary. In their book *Reframing Organizations*, Lee G. Bolman and Terrence E. Deal (2008) refer to Mintzberg's Model when describing the five different structures within an organization (p. 79). The strategic apex is at the top of the structure, which includes senior leaders in charge of the organization's MVV. At the base of the structure is the operating core, which includes employees who perform basic operations of the organization. The research focused on the core values grounded in servant-leadership and examined how these are communicated from senior management to support staff. The research also focused on bringing awareness to possible gaps that exist between senior management and associates in the communication of the six core values.

SIGNIFICANCE OF STUDY

Since the nonprofit organization relies heavily on the servant-leadership model, it is important to maintain clear and open communication of its core values at all levels. Through qualitative methodologies, an increased understanding of how associates within the participating division perceive methods of communicating core values was obtained. Thus, the team was able to provide useful feedback to the client organization to aid in improved communication of the core values studied within the servant-leadership framework.

STUDY LIMITATIONS

The sample size for this research was small compared to the population of the entire organization. Research was conducted in three out of five departments in one division of the entire healthcare system. The research project took place over a six-month period of time in 2010, which provided a snapshot of the results at that point in time. The final limitation



was the length of the individual interviews. Each interview was approximately ten minutes in length. This limited efforts to obtain information and may have compromised the comfort level between participants and the research team.

LITERATURE REVIEW

Servant-Leadership

The term *servant-leadership* has been studied since it was first articulated by the late Robert K. Greenleaf in his essay, “The Servant as Leader,” written in 1970 (Spears, 1998). For the past four decades, many experts have published their research based on Greenleaf’s original ideas of servant-leadership. According to Greenleaf, servant-leadership is the key to finding balance of both business production and employee satisfaction (Spears, 1998). Greenleaf (1998) defines the servant-leader as, “one who is a servant first,” and servant-leadership as beginning “with the natural feeling that one wants to serve, to serve first” (p. 4).

Throughout Greenleaf’s essays, he explains the urgency for a leadership model in which servants are placed ahead of everything else. Based on Greenleaf’s research, he reveals that “true leadership emerges from those whose primary motivation is a deep desire to help others” (Spears, 1998, p. 4). It is important to know Greenleaf’s primary test question in order to understand what he studied between 1970 and 1990. His question was, “Do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?” (Spears, 1998, p. 4). After many years of research, Greenleaf’s answer to this question was “yes.”

Servant-Leadership Scholars

Larry C. Spears (1998), who served as president and CEO of The Robert K. Greenleaf Center for Servant Leadership from 1990–2007, offered a current distinction of what servant and leader meant based on Greenleaf’s original work:

The words *servant* and *leader* are usually thought of as being opposites. When two opposites are brought together in a creative and meaningful



way, a paradox emerges. And so the words *servant* and *leader* have been brought together to create the paradoxical idea of servant leadership. (p. 2)

In addition, Spears (1998) identified Greenleaf's original ten characteristics of servant-leadership, which are: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community.

Looking at other works on servant-leadership, several patterns emerge, which stem from Greenleaf's ten characteristics. In Russ S. Moxley's *Leadership & Spirit* (2000), he focuses on several of these ten characteristics by describing leadership and spiritual qualities needed for leadership survival. While John E. Barbuto Jr. and Daniel W. Wheeler (2007) use these same ten characteristics in their research, they have one addition, which is a "calling" (para. 2). They argue that to be a servant-leader, one must have an innate motivation to take action for the sake of others. They go on to say, "This characteristic cannot be taught, so unless a person has a natural calling to serve, servant leadership is not a realistic or compatible style" (Barbuto & Wheeler, 2007, para. 5). Experts such as James A. Autry (2001) and Hamilton Beazley (2003) also support the need for a servant-leader to have a calling. Autry (2001) suggests that "as a manager, much of the psychological, emotional, and financial well-being of other people is dependent on you [the servant-leader] and how well you create the circumstances and the environment in which they can do their jobs" (p. xix), while Beazley (2003) emphasizes, "servant leadership is a state of mind, a philosophy of life, a way of being" (p. 10). He continues, "it is an art and a calling" (p. 10). Additionally, experts Don DeGraaf, Colin Tilley, and Larry Neal (2001) base their research on the ten characteristics of Greenleaf's original work and argue that they must be interwoven. They also found three main themes: reflection, integrity, and passion (DeGraaf, Tilley, and Neal, 2001). In Stephen R. Covey's *Servant Leadership: A Journey into the Nature of Legitimate Power & Greatness* (2002), the servant leader is defined as, "one who seeks to draw out, inspire, and develop the best and highest within people from the inside out" (p. 3).

Peter B. Vaill (1998) recognized a pattern of five things related to servant leadership: (1) the grammar of "the servant as leader," (2) Greenleaf's commitment to practice, (3) the importance of the mission, (4) the nature and role of persuasion, and (5) a theology of institutions (pp. xi–xvi). Richard F. Bowman (2005) argues that the following principles are grounded in servant leadership: humility, honesty, trust, empathy, healing, community, and service.



SERVANT-LEADERSHIP IN ACTION

Individual

Throughout his ministry recorded in the New Testament, Christ used the principles of servant leadership to demonstrate Christianity. His actions, which were far removed from the religious practices of the day, reflected all ten characteristics described by Spears (1998). In all recorded accounts of scripture, Jesus consistently acted out these values with honesty and transparency.

A secular example of the servant leader is Jean Monnet, a French statesman who was foundational in creating what is known today as the European Union (Wall, 1987). Monnet put aside old thought patterns from World War II and envisioned a peaceful end to “more than a century of Franco-German hostility” (p. 779). He used the principles of servant-leadership (persuasion, foresight, and building community) to bring economic cohesion between these two countries, and promoted healthy dialogue on which a new relationship was built (Wall, 1987).

Organizational

Bronson Methodist Hospital

The literature reveals actions and methods used by organizations that successfully integrate servant-leadership values. Bronson Methodist Hospital, a healthcare facility in Michigan, excels in using the servant-leadership model (“Clear goals,” 2006). The mission for this company is straightforward: to “provide excellent healthcare services” through values of “care and respect for all people, teamwork, stewardship of resources, commitment to our community, and the pursuit of excellence” (“Bronson,” 2010, p. 1). Bronson is transparent with their standards and vision stating their goal as being “a national leader in healthcare quality” (“Clear goals,” 2006, p. 51).

This facility uses a detailed strategic process named the “Plan of Excellence” to maintain three strategic goals throughout the organization (p. 51). Bronson’s “strategic plan cascade” is used to communicate goals to teams and individuals, and then holds them accountable to these goals (“Baldrige journey,” 2006, p. LS-4).



Bronson provides education and feedback regarding measurements to employees, actively tracks measurements weekly, and assesses where changes should occur for improved performance.

Southwest Airlines

Southwest Airlines (SWA) is a U.S. domestic airline company with an unorthodox culture. This company has a very impressive business record for profitability in every quarter for more than thirty-four years (McGee-Cooper, Looper, and Trammel, 2007).

SWA's mission focuses on the customer as well as the employee. The mission to customers is "dedication to the highest quality of Customer Service delivered with a sense of warmth, friendliness, individual pride, and Company Spirit" ("The mission," 1988, p. 1). The mission to employees is "to provide our employees a stable work environment with equal opportunity for learning and personal growth" ("The mission," 1988, p. 1). This dual mission is the strategic focus for the servant-leadership style that influences the organization's culture.

This culture is defined by three elements, "Warrior Spirit, Leading with a Servant's Heart, and a Fun-LUVing Attitude" (McGee-Cooper et al., 2007, p. 49). The values of this unique culture ask the employees to "be the change you want to see in others," and state that "customers come second" meaning that the customer is not always right at the expense or peril of the employee (pp. 51–52). This trademark culture continues to serve the company well and is a good example of an innovative way to live the ideals of servant leadership.

ORGANIZATIONAL COMMUNICATION

Within the literature encountered, three common themes continued to emerge. They included the influence of communication channels on bottom-line performance, employee engagement through value alignment, and the importance of interpersonal communication skills.

Communication Channels

Even though technology has aided in the transmission of information, a large amount of literature demonstrates that dialogue and face-to-face



contact continue to be the most effective methods of communication. In Russ S. Moxley's *Leadership and Spirit* (2000), dialogue is emphasized as crucial for "partnership-as-leadership" (p. 164) to work. He describes this as the uncovering of underlying truths and the "free flow of meaning" (p. 163), which allows partnerships to emerge throughout the organization (Moxley, 2000). Moxley (2000) states, "A free flowing of meaning among partners leads to insights not available to individuals" (p. 163). This in turn promotes what he describes as "thinking together" (Moxley, 2000, p. 163). Having open lines of communication fosters an environment of trust between leaders and associates, which links to higher performance and employee retention. A study conducted by Soumendu Biswas (2009) reveals that the connection between leadership and employees is dependent on how communication travels within the company. Hence, the research shows that effective communication channels directly influence employee trust, which then affects organizational outcomes (Biswas, 2009).

In addition, the individual conveying the message is as important as the message itself. A study published in the *Journal of Applied Communication Research* reveals that preferred sources of information are peers and middle management, rather than senior leadership (Grice, Gallois, Jones, Paulsen, & Callan, 2006). The researchers identify this as the "in-group phenomenon" and reveal that "employees prefer information from supervisors and work colleagues because they are...judged as being more trustworthy than senior managers or executives" (Grice et al., 2005, p. 333).

EMPLOYEE ENGAGEMENT

The literature reveals that employee engagement in an organization is an essential factor to achieving effective organizational communication. Katheryn Yates (2008) reports that highly engaged employees have a deeper sense of commitment for the organization when they have direct communication with top executives. Effective communication creates an environment where goal clarification, articulated direction, and purpose are possible. The research demonstrates that these factors increase job satisfaction and employee retention. Biswas (2009) suggests that clearly communicated job roles, organizational values, and expectations engage employees and help create relationships between top management and associates. As a result, this improves two-way lines of communication that promote trust within the organization.



In addition, well-articulated values and mission statements are strategies used by organizations to encourage employee engagement (“Effective Organizational,” 2008). Leadership’s ability to convey values and goals accurately helps employees fully connect to the organization’s purpose. Kouzes and Posner (2007) believe that the alignment of values is important to building working relationships. They emphasize, “What leaders say must be consistent with the aspirations of their constituents; recognition of shared values provides people with a common language” (p. 61). By aligning personal and organizational values, employee engagement is possible because associates feel that they are part of the same team.

INTERPERSONAL COMMUNICATION SKILLS

“Active listening” is defined as not only hearing the message, but also understanding the sender’s nonverbal behavior (“Effective Organizational,” 2008, p. 5)—for example, body language, posture, body movements, and facial expressions. Mindful communication refers to “acknowledging the internal assumptions, emotions, and cognitions” (“Effective Organizational,” 2008, p. 6). The literature suggests the necessity of both elements to prevent the distortion of information as it flows through different levels in the organization. Through “active listening and mindful communication” (pp. 5–6), leadership is able to not only articulate, but also receive feedback from associates (“Effective Organizational,” 2008). Yates (2008) states, “Effective communication occurs from the top down, but also from the bottom up” (p. 21). Yates (2008) emphasizes that this communication method creates opportunities for employee feedback, promotes employee engagement, and provides job clarification. All of these elements then lead to increasing trust and commitment in the organization, which tie to increasing job performance (Yates, 2008). As Richard Nemec (2000) states, “communication much like leadership is a 24/7 job” (p. 32).

GAPS IN THE RESEARCH

The research team identified five gaps in the research process. Limited published qualitative research was found on servant-leadership for healthcare organizations without clinical focus. The leadership studies identified were limited to nursing leadership for quantitative clinical outcomes. Minimal



information was encountered regarding tactical actions for practicing or improving the performance of servant-leadership. Most of the information found focused on defining the elements of Robert K. Greenleaf's original servant-leadership model, with little original work from others. Finally, few renowned examples of servant-leaders were identified apart from religious leaders.

METHODOLOGY

The research team specifically chose a division that deals with hands-on patient care, since these workers are usually the farthest removed from administration. Some individuals interviewed and surveyed do not have e-mail or access to the Internet on a regular basis, and therefore the MVV communication must be conveyed through alternative means. Both administrative and clinical personnel were targeted to obtain a broad focus of how the organization uses different means to convey the MVV.

An online survey was sent to all participating employees. There were seven questions in the survey and they were addressed to both management and associates. The results of this survey were used to develop questions for individual interviews.

In addition to the survey, fifteen individual interviews were conducted. The purpose for conducting individual interviews was to gain deeper insight into how individuals feel about core value concepts within the division.

Another type of methodology used was observations. The team observed a servant-leader manager training session, and a foundational class. These observations revealed patterns and other key factors that were beneficial to the research. Several document analyses were also performed. These documents included a servant-leadership training manual, results of an organization-wide work-life survey, and organizational charts for departments within the division examined.

INTENDED OUTCOMES

The research team anticipated a communication gap between the client organization's leadership and its associates. This expected gap causes a disconnection between the MVV, and the actual happenings of day-to-day operations. This leads to another intended outcome where the message of



values becomes diluted or changes as it funnels through an organization, usually from top leadership to front-line staff. The final outcome was that during the interviewing process, workers would be so task-focused that they would be unable to provide thorough answers, since participating associates are front-line staff who are busy caring for patients.

RESEARCH FINDINGS

The three core themes centered on the research include characteristics of a servant-leader, ways employees feel engaged through leading by example, and preferred communication methods. Through qualitative methodology, the research team observed and experienced the level of commitment that employees have to their work and the organization. Common subthemes among participants included having a calling, having a shared vision, and aiming for a healthcare system that leaves no one behind. Additionally, a large number included stories of management leading by example. This provided the context needed to fully analyze how employees acknowledge and interpret management-modeled behavior.

SERVANT-LEADERSHIP CLASS

The research team observed and participated in a leadership class held by two very passionate and inspiring speakers. They began the course by describing how the client organization is “mission driven,” (personal communication, July 2010) and emphasized the strong commitment that the organization has for its mission.

It was expressed that management-level employees must be a manager and a leader, not just one or the other. Additionally, the speakers recognized three things that employees must support at this organization: the dignity of every human being, the way we treat each other holistically, and a tender place in your heart for the vulnerable.

SERVANT-LEADERSHIP CHARACTERISTICS

Several patterns emerged from interviewees’ answers, specifically regarding servant-leadership characteristics. Interviewees were asked what servant-leadership meant to them; then they were asked to tell a story of



when they had experienced servant-leadership. Common responses referred back to the idea that the patient always comes first no matter what the circumstances. The second most common reply was, being good stewards of resources; especially important in the nonprofit organization where resources are scarce. The third most frequent response was leading by example, which most often was translated to mean being transparent and being a leader that “walks the talk” (personal communication, August 2010). These are the top three characteristics participants referred to as identifying a servant-leader.

Although not as common, several responses deserve recognition. One participant stated that you must “try your best and live it out” (personal communication, August 2010). Other participants told stories about how they had gone far and beyond when assisting patients specifically in overcoming language barriers. Additionally, another individual shared a story of when an employee experienced a tragic loss in their family. As the departmental manager, this individual demonstrated servant-leadership by restructuring the employee’s job duties to secure employment and to allow time for family and bereavement. These types of responses validate the level of commitment that management and associates have for helping patients and each other through living out the organization’s MVV.

Unspoken Connection

The research team also observed a theme of unspoken connectedness to the participant’s reason for working in the client organization. When interviewees were asked a question, they usually responded with short answers or stories, but the team also witnessed unspoken passion and drive regarding servant-leadership. In particular, one participant replied that a servant-leader meant, “Coming to work and being present, being the light, and helping out” (personal communication, August 2010), which only revealed part of the participant’s answer. The unspoken part of the answer was the participant’s body language, as his demeanor exuded confidence. Although participants were merely prompted to answer questions, it did not discount the fact that many appeared to truly understand what it means to be a servant-leader.

A Calling

Many participants felt that being a servant-leader is a calling, which represents a deeper commitment than simply being an employee. This



deep commitment was recognized as an important characteristic of being a servant-leader. Participants used other phrases to describe a calling, which were: leading by example, being transparent, creating the right environment, and having a positive attitude to serve others (personal communication, August 2010). Participants appeared to understand that a calling is something that comes naturally, in which one has an innate motivation to serve others.

Other Characteristics

When comparing resources to Spears's revision of the ten characteristics of servant-leadership, four common responses from the participants emerged. These are: empathy, stewardship, commitment to the growth of people, and building community (personal communication, August 2010). Empathy is understood by interviewees as what employees should have for patients, and also what a servant-leader should hold for employees. Stewardship was described as having the traits of openness, accessibility, and supportiveness to assist employees in obtaining resources to serve others (personal communication, August 2010). Participants stated that servant-leaders must be committed to the growth of people by modeling the values, offering mutual respect and being nurturing to patients and employees. Lastly, servant-leaders are recognized by participants as building a community to lead the way. As one participant put it, a servant-leader displays "behind the scenes support," "is transparent," and is "empowering folks on the front line" (personal communication, August 2010). Thus, these four prominent servant-leadership characteristics from Spears's work emerged from the interviewees' understanding of servant leadership.

Making Sense of the Data

While many respondents interpreted servant-leadership in their own unique way, their replies demonstrated common themes. Many interviewees defined a servant-leader as exhibiting compassion for the dignity of life, having charisma, being genuine, removing judgment, and being unselfish (personal communication, August 2010). In addition, a large number of participants stated that servant-leaders are good stewards of their resources. This connects back to one of the client organization's core values: wisdom. The organization refers to wisdom as integrating excellence and stewardship (*Leadership Culture*, 2010, p. 20). As employees of a nonprofit healthcare



system, the participants understand their struggles are a result of limited resources, yet find ways to effectively get the job done.

Another common response from participants was service to the poor, which is also one of the core values of the organization (personal communication, August 2010). Not only were participants able to connect specific servant-leadership characteristics with the core values, but they were confident and passionate about serving the mission and living out these values.

TIES TO OVERALL RESEARCH FOCUS

Although many interviewees used varying descriptions of what a servant-leader is, their responses followed into common patterns. These patterns then tied into the client organization's core values, as well as, several servant-leadership experts' characteristics of servant-leadership. In this client organization, the research team saw how division leaders take servant-leadership seriously and work hard to balance the MVV with both employees and patients alike.

Additionally, it became evident that the client organization's MVV is practiced regularly and the majority of leaders within this division are transparent and lead by example. Many participants spoke about their immediate managers when describing servant-leadership, excluding top leaders in their responses. This does support the findings in the literature review. The research team found that communication is open and effective from associates to their direct leaders, but conclusive data on communication from associates to top leaders or vice versa was not identified.

INTERPERSONAL COMMUNICATION OF MISSION, VISION, AND VALUES

It was clear during interviews and somewhat clear in the surveys that the way associates interact with individuals (associates, patients, families of patients, and others) is affected by the values of the organization. Kouzes and Posner (2007) talk about connecting "to what's meaningful to others" (p. 103) and the idea of "a shared vision" (p. 134), as a way of aligning others with the organization's MVV. The theme of a shared vision was evident in many of the interviews, in some surveys, and in all observations. Research results also reflect what Kouzes and Posner (2007) discuss as "modeling the way," where clearly defined behaviors follow an organization's "guiding



principles” (p. 15). Associates shared many examples of modeling the way, and many described these actions as leading by example.

OVERALL QUALITY HEALTHCARE

Several recurrent descriptions were used for healthcare that leaves no one behind. A large number of the interviewees expressed this as the overall mission and spoke positively about charity care, saying that extra mental attention should be focused on the dignity of every human being regardless of their perceived status in society (personal communication, August 2010). This concept encompassed not only the ability or inability to pay for care, but also included a conscious disregard for education, race, and language barriers. This theme was consistent throughout the research process and was seen in both interviews and survey alike.

A unique description of healthcare for all was stated as “fishes and loaves” (personal communication, August 2010). This concept is from the biblical example where the disciples gave five loaves of bread and two fish to Christ, who then miraculously fed thousands with the small offering (Matt. 14:13–21, New King James Version). This metaphor can be interpreted in several ways when discussing servant-leadership and leading the way. However, the idea of giving of the self to serve others is the basic concept that was relayed in this answer.

One person expressed the importance of quality healthcare as care that is “safe, up to date, efficient, accessible, and spiritual” (personal communication, August 2010). This individual explained that although the goal of the organization is to provide healthcare for everyone who needs it, quality care through efficiency, up to date technology, and care for the soul is just as important as quantity within this division and the organization as a whole.

DIRECT PATIENT CARE

Some individuals expressed their understanding of the MVV through speaking of direct patient care. One respondent was particular in stating that workers should take the organization’s values and mission to each patient’s room (personal communication, August 2010). Another participant described the MVV as having a “persistent mental awareness of values” on a daily basis (personal communication, August 2010). This awareness was



described as a comprehensive servitude to care for each patient, whatever the need and with no regard to whose job it really was (i.e., the patient's needs come before the needs of the worker).

A strong expression one participant gave that related to direct patient care is the idea of treating everyone as you would treat Jesus himself (personal communication, August 2010). This was noted as a long-standing value of the facility before the MVV was formalized. This concept remains a central theme for the facility as several longtime employees mentioned this value.

One respondent's concept of the values was that all patients should be treated equally, and in accordance with the "golden rule" (personal communication, August 2010). The idea of nondiscrimination for any reason was expressed. Direct patient care was also addressed through the education of the patient as an individual with individual needs. The idea of educating patients holistically included the concept of the whole person, meaning not just the physical, but also the emotional and spiritual person (personal communication, August 2010).

One associate described their experience through a story. This therapist was involved in the care of an extremely obese non-ambulatory patient. As therapy progressed, it became evident that transferring this patient was taxing on the patient's health and on other associates. When the therapist recognized this, he decided to be the primary person responsible for all transfers for this patient (personal communication, August 2010).

Another touching story was initiated from the devastation of Hurricane Katrina. One interviewee brought several departments together and sponsored a mother and son (the son was in the hospital at the time). The associates gave money to this family, and took the mother to Wal-Mart to shop for clothes since she had limited resources (personal communication, August 2010).

PEER TO PEER

Many of the interviewees spoke of the peer-to-peer relationship within the division of the organization, and the impact of the MVV within this context. While each person expressed their personal experiences in unique words and ways, an overall theme described by respondents was one of a positive and engaging environment. Many agreed they saw the values and mission lived out on a daily basis. Several specifically said that peers acted out the values through not only patient care, but also through other means such as simple mundane tasks (personal communication, August 2010).



Several people mentioned teamwork when asked about experiencing the MVV firsthand within the division. This was described as a feeling of being part of a team by being an active and giving contributor, whether simply assisting a patient with a quick task or a more formalized action such as volunteering medical services at a facility-sponsored community event. One manager specifically spoke of teams from a managing perspective, saying that soliciting feedback from and collaborating with associates expressed the MVV. This interviewee stated that this helps to empower the employee and elicits leadership skills while promoting further acceptance of the values; however, the interviewee noted that this type of managing style is used on a situational basis, but when appropriate, this inclusive style of leadership is preferred (personal communication, August 2010). Thus, being an active team member is the main method employees experience the MVV.

The most common response regarding recognition of peer-to-peer MVV was the idea of staff supporting one another for both work and personal needs (personal communication, August 2010). This support was expressed as one of the most valuable assets to associates. Many associates mentioned that they see this type of behavior on a regular basis, and some even said this is seen every day.

Along with support for each other, the concept of work-life balance was expressed as the MVV in action within the division. Most examples of this support were through decreasing an associate's patient load or duties during times of increased personal demands. Other examples included active involvement within associates' personal lives through listening or helping with day-to-day tasks when needed.

One interviewee described a personal experience where the entire department exhibited servant-leadership (personal communication, August 2010). A family member was stricken with a terminal illness and this employee was the primary caregiver. Throughout this very difficult ordeal, associates supported this individual through various ways. Once the employee was able to return, this individual was able to resume the duties in the same position since coworkers had absorbed tasks while she was unable to work.

Another example of peer-to-peer support involved an associate who did not have a high school diploma but aspired to have a job within the medical field. Staff in the department helped this individual obtain a GED, and then supported this employee through technical school. With the strong support and encouragement from colleagues, this person is now a certified nurse assistant (CNA) at the facility.



LEADERSHIP WITHIN THE DIVISION AND ORGANIZATION

The last contextual framing of modeling the way is how associates recognized leadership living the MVV. This was a strong and frequent response from both interviewees and survey respondents. While a few did relate specific examples of upper management leading by example, most associates spoke of seeing the values conveyed through direct management (i.e., supervisor, manager, or director).

Several interviewees described leadership, as a whole, as “walking the walk, and talking the talk” (personal communication, August 2010). This modeling was described as an all-inclusive action, meaning that divisional leadership displayed these characteristics throughout the workday and these actions were consistent, no matter what the task.

The context given was not only mentoring for job-related tasks or decisions, but also mentoring on a more personal level when appropriate and needed. Guidance was also used to describe the way managers and supervisors act out the values to subordinates and others. Several people noted that before guidance was given to an associate, the MVV were reviewed to ensure that the actions suggested were congruent with the facility’s goals. Some associates compared working at this specific faith-based denomination to other organizations within this denomination. They mentioned that leadership at this facility was truly living out the values, while they felt their prior employers had not.

The last comment of note in this area is the modeling of the MVV by the clergy of the organization. Although research was focused on a specific division within a healthcare facility, interviewees stated that clergy for the entire organization had always used the MVV to lead by example, even prior to these ideas being formalized in writing. One participant in particular said that this was a very motivating and powerful way to convey the principles of the organization (personal communication, August 2010).

Making Sense of the Data

The most interesting finding from this aspect of the research is that although individuals may not be able to recite the MVV as written, most understood the concepts and were able to articulate them in their own words. Whether they referred to the overall quality of healthcare, direct patient care, or peer-to-peer relationships, many respondents used highly descriptive language when asked how they modeled the way or how they



saw others within the organization lead by example. Since all respondent and interviewees are in a division that gives direct patient care, almost all of the feedback was in the context of providing excellent patient care.

TIES TO RESEARCH FOCUS

Although there were a variety of explanations of management leading by example, it was clear to the capstone team that these employees recognized this modeling through the actions of direct supervisors and managers more so than through the actions of top management. This finding is consistent with the evidence found during research for the literature review.

It was also evident that peer-to-peer modeling of the MVV was easily recognized and encouraged within this division. As explained by participants, these peer-to-peer examples held significant value and helped employees identify with organizational principles.

COMMUNICATING THE MESSAGE

The research data identified that direct lines of communication were named as the preferred and most commonly used method for relaying information. Although bulletin postings, e-mail, and online services were mentioned frequently, a large number of associates stated that changes and news were communicated directly by management during departmental meetings. Examples given by employees involved changes in network-wide data systems and revisions to patient care practices.

Even though direct communication was identified as the most common method, after reviewing the organization's staff engagement survey, one of the top five categories cited for improvement was communication. The contradictory information between the research team's findings and those of the client organization's survey may be a result of the study's limited number of participants. The team's research only evaluated one division of the organization, while the sample size for the employee survey encompassed the entire organization.

In addition, the interview and survey research findings revealed that a larger percentage of associates named immediate supervisors as their main source of information. The literature suggests that "employees prefer information from supervisors and work colleagues because they are viewed as in-group members and are judged as being more trustworthy than senior managers or



executives” (Grice et al., 2005, p. 333). Similarly, one of the organization’s top five strengths was the relationship between immediate supervisors and associates (“Associate Engagement Survey,” 2009). Hence, both the team’s findings and those documented in the engagement survey highlight the important role that management plays in the flow of communication.

Making Sense of the Data

The data support the premise that direct communication promotes dialogue between individuals. When messages are conveyed directly, staff appear to be more receptive to the messages delivered. As Russ Moxley (2000) states, “It is through the experience of dialogue that new truths are discovered, that meaning is made, and true partnership emerges” (p. 163).

There are similarities between the team’s findings and the outcomes found in a study published in the *Journal of Applied Communication Research* (Grice et al., 2006). This study emphasized that communicating a clear, well-articulated message is necessary at all levels in an organization. When information is funneled down from senior leadership to staff, the individuals relaying the message precipitate how those concepts are received. Participants did mention that although direct contact with senior leadership was limited, the information is easily delivered in multiple ways, and through positive reinforcement participants are able grasp the concepts that are communicated.

TIES TO OVERALL RESEARCH FOCUS

This section of the team’s research focused on identifying different methods of communication used within the participating departments. This focus was used to provide context on how messages flow and to understand how information is delivered and received. By having a general understanding of common methods of communication, the team was able to determine the client organization’s way for communicating the core values of their servant-leadership model.

ALIGNING VALUES THROUGH EMPLOYEE ENGAGEMENT

Finding a balance between an organization’s bottom-line performance and employee satisfaction is highly dependent on the level of commitment



that individuals have to the organization's mission. Literature suggests that employee performance and productivity decreases when individuals feel disengaged or disconnected to the organization's mission. Data affirmed that nearly every individual who participated was able to translate the core values in their own way.

The survey and interviews demonstrated that a significant number of participants felt engaged and connected to the MVV. This correlated with the information found in the client's employee engagement survey. In addition, research demonstrated that several participants named meeting reflections and interactions with clergy as ways used to reconnect with the organization. Others felt that through patient education, mentoring, and organizational development classes individuals were able to remain engaged and connected to the core values. Overall, a large number of associates recognize how their daily job functions contribute to the MVV ("Associate Engagement Survey," 2009).

Making Sense of the Data

Participants felt that although limited resources were a challenge, being a good steward of those resources was ideal for getting the job done. Participants also understood that as a charitable organization, using innovative methods to conserve resources is crucial. Employees' actions showed they had the patient's and organization's best interest in mind by caring for the patient in whatever way possible using limited resources. Having a clearly communicated mission at all levels of the organization promotes employee engagement, which in turn improves bottom-line performance.

TIES TO OVERALL RESEARCH FOCUS

Since the overall concept was to examine how the core values are conveyed, value alignment and employee engagement are central in identifying whether individuals feel connected to their work. Data revealed that although participants were unable to repeat the core values verbatim, they were able to describe them in their own way and therefore did understand the underlying concept of servant-leadership.



RECOMMENDATIONS

Several recommendations were made to the client organization. Similar to the Bronson example where employee excellence is part of the overall focus, the client may want to consider biannual employee goal checks instead of having annual reviews. This not only helps keep employees on target with what they are working toward, but also keeps the focus on the MVV. Additionally, the division may want to consider inexpensive awards or certificates to recognize servant-leader behavior. Employees may be more willing to become engaged and motivated when they see there are obtainable rewards. Offering incentives that recognize servant-leader behavior in the client organization may help familiarize employees with desired behaviors, and keep the focus on the MVV of the organization.

Another recommendation is for the division to consider making the servant-leadership course available to more staff. Currently this class is required for management only; however, since servant-leaders can emerge from any position in an organization, nonmanagerial employees would also profit from it. The more knowledge employees gain regarding servant-leadership, the more likely they will be able to emulate such behavior on a consistent basis.

FURTHER RESEARCH OPPORTUNITIES

One recommendation for further research is to conduct a broad study to see how communication of the MVV is conveyed and/or perceived in other divisions and possibly throughout the entire organization. A hospital-wide study would benefit the parent organization and provide data from all divisions to give a more comprehensive perspective.

Another recommendation is to conduct interviews with several participants in each department within each division on a regular basis; or to form some type of coalition to monitor the pulse of how the MVVs are perceived. Not only will this ensure the results incorporate feedback from across the entire organization, but this will also engage employees and allow them to feel included. If such a project is undertaken, individual interview times should be extended where possible to promote further dialogue between interviewers and participants.



CONCLUSION

The research team was able to examine how specific core values of servant-leadership were conveyed from the strategic apex to the operating core within one division of the client organization. Through qualitative research common servant-leadership characteristics and preferred methods of communication were identified. The team identified how employees remain engaged, and whether or not personal value alignment existed. Researchers also demonstrated how employees modeled the organization's MVV through leading by example. By assessing the participants' depth of knowledge, the team concluded that employees within the participating division are engaged enough to understand the underlying concepts behind the organization's MVV. And through direct lines of communication the participating division is able to convey the organization's core values from its senior leaders to support staff.

ABOUT THE AUTHORS

Jennifer Bell is the business office manager with Pediatric Surgical Subspecialists, a part of the Seton Healthcare Family. Jennifer has 25 years' experience in physician office coding and compliance. She maintains national coding certification through the American Academy of Professional Coders. She holds a Bachelor of Arts in Business from Concordia University of Texas, and a Master of Science in Organizational Leadership & Ethics from St. Edward's University.

Codi Bolding is a workers' compensation and unemployment compensation underwriter. She has ten years' experience working in the insurance industry, and is currently employed with the Texas Association of School Boards. She achieved her Texas All-lines Adjuster's License in 2005. She holds a Bachelor of Business Administration in Business & Management, as well as, a Master of Science in Organizational Leadership & Ethics from St. Edward's University.

Mary Delgadillo is a clinical manager for the Tobacco Education Resource Center, a part of the Seton Healthcare Family. Mary is a registered respiratory therapist, certified Asthma Educator, and a certified Tobacco Treatment Specialist. She has eight years' experience in the field of respiratory therapy and community outreach. She holds a Bachelor of Science in Respiratory Care from Texas State University, and a Master of Science in Organizational Leadership & Ethics from St. Edward's University.



REFERENCES

- Associate engagement survey.* (November 18, 2009). Austin, TX.
- Autry, J. A. (2001). *The servant leader: How to build a creative team, develop great morale, and improve bottom-line performance.* New York: Three Rivers Press.
- Baldrige journey. (2006, July). *Hospitals & Health Networks*, 80(7), p. LS4.
- Barbuto, J. E. Jr., & Wheeler, D. W. (2007, October). Becoming a servant leader: Do you have what it takes? *University of Nebraska-Lincoln Extension, Institute of Agriculture and Natural Resources.* Retrieved June 14, 2010, from <http://www.ianrpubs.unl.edu/sendIt/g1481.pdf>.
- Beazley, H., Beggs, J., & Spears, L. C. (Eds.). (2003). *The servant leader within: A transformative path.* Mahwah, NJ: Paulist Press.
- Biswas, S. (2009). Organizational culture & transformational leadership as a predictor of employee performance. *Indian Journal of Industrial Relations*, 44(4), pp. 611–627.
- Bolman, L. G & Deal, T. E. (2008). *Reframing organizations: Artistry, choice, and leadership* (4th Edition). San Francisco: Jossey-Bass.
- Bowman, R. F. (2005, July/August). Teacher as servant leader. *The Clearing House*, 78(6), pp. 257–259.
- Bronson plan for excellence.* (Revised 2010). Retrieved June 17, 2010, from http://www.bronsonhealth.com/system/asset_manager_pdfs/0000/0282/PlanForExcellence2010.pdf.
- Clear goals and the tools to reach them. (2006). *Hospitals & Health Networks*, 80(9), p. 51.
- DeGraaf, D., Tilley, C., & Neal, L. (2001). Servant leadership characteristics in organizational life. *Voices of Servant Leadership Series 6.* Retrieved June 14, 2010, from <http://www.home.earthlink.net/~denmartin/slc.html>.
- Effective organizational communication: A competitive advantage. (2008). *HR Magazine*, 53(12), pp. 1–9.
- Greenleaf, R. K. (2002). *Servant leadership: A journey into the nature of legitimate power & greatness.* (Rev. ed.) Mahwah, NJ: Paulist Press.
- Grice, T. A., Gallois, C., Jones, E., Paulsen, N., Callan, V. J. (2006, November). We do it, but they don't: Multiple categorizations and work team communication. *Journal of Applied Communication Research*, 34(4), pp. 331–348. doi: 10.1080/00909880600908591.
- Kouzes, J. M., Posner, B. Z. (2007). *The leadership challenge* (4th ed.). San Francisco: Wiley.
- Leadership culture orientations: Introduction—leadership for mission.* (2010, June) [Workbook]. Austin, TX.
- McGee-Cooper, A., Looper, G., & Trammel, D. (2007). The power of LUV: An inside peek at the innovative culture committee of Southwest Airlines. *Reflections*, 9(1), pp. 49–54.
- Moxley, R. S. (2000). *Leadership & spirit: Breathing new vitality and energy into individuals and organizations.* San Francisco: Jossey-Bass.
- Nemec, R. (2000). Leaders, take us to your communicator. *Communication World*, 17(3), p. 29.



- Spears, L. C. (Ed.). (1998). *The power of servant leadership*. San Francisco: Berrett-Koehler.
- The mission of Southwest Airlines*. (1988). Retrieved June 13, 2010, from http://www.southwest.com/about_swa/mission.html.
- Vaill, P. B. (1998). Introduction. In *The power of servant leadership* (pp. vii–xvii). San Francisco: Berrett-Koehler.
- Wall, J. M. (1987). Wanted: Leaders with vision. *The Christian Century*, 104 (26), pp. 779.
- We weren't just airborne yesterday*. (n.d.). Retrieved June 13, 2010, from http://www.southwest.com/about_swa/airborne.html.
- Yates, K. (2008). Becoming an ROI builder: Delivering effective employee communication. *Employment Relations Today (Wiley)*, 35(1), pp. 19–23. doi:10.1002/ert.20184.