





“Effect of servant leadership on the performance of a regional general hospital”

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EFFECT OF SERVANT LEADERSHIP ON THE PERFORMANCE OF A REGIONAL GENERAL HOSPITAL

Abstract

Currently, leadership becomes the concern of studies in public organizations. However, studies on servant leadership and its impact on hospital performance are still limited. This study aims to identify the relationship and impact of servant leadership on organizational performance (hospital). A quantitative approach was used on a sample of 729 healthcare workers at the Undata Regional General Hospital in Palu. The sampling was based on the Slovin formula with an error rate of 5%, thus it involved 258 respondents. Further, the sample was selected using a random proportional sampling technique to represent each field in the hospital. The data were analyzed using descriptive statistics and simple linear regression analysis with hypothesis testing. The results of descriptive analysis on the servant leadership variable showed that the highest mean value is the item stating that leadership in the hospital has a thorough understanding of the organization and its goals. Meanwhile, the lowest is the item stating that leaders sacrifice their interests less to meet the needs of healthcare workers. In the organizational performance variable, the highest mean value is the item that states that healthcare workers can work effectively every working day, while the lowest is the item of patients complaining about healthcare procedures. Furthermore, the results of regression analysis through hypothesis testing showed that servant leadership has a significant effect on organizational performance of hospitals with a strong level of relationships.

Keywords

employee, government, Indonesia, leader, organization, patient, satisfaction, services

JEL Classification

I18, J81, L20, L30

INTRODUCTION

The performance of hospitals in Indonesia is in the spotlight due to many complaints from the public as service users. This condition decreases public trust in health services in Indonesia, particularly in regional general hospitals. Regional general hospitals as health services in the regions have to be more responsible for the health services provided, for example, improving performance increases public trust in the hospital performance. Concerning the increase in hospital performance, the leadership role cannot be ignored. Servant leadership will be appropriate to be applied as it is service-oriented. The servant leadership style is considered appropriate as it has a service character. Servant leadership is gaining support among many healthcare workers as a unique leadership style suitable for patient care due to its focus on service, listening, empathy, and healing (Murphy et al., 2020).

Servant leadership is expected to influence subordinates to improve the performance of regional general hospitals in Indonesia, particularly Undata Regional General Hospital in Palu. In the globalization era, there is industrial competition in all fields, including the service industry in the healthcare sector such as hospitals. Public sector or-

organizations have the responsibility to provide public services. Thus, innovation and performance improvement is mandatory for organizations in the public sector (Felício et al., 2021). Therefore, the formulation of the problem is whether servant leadership has a relation and influence on organizational performance. Strong leadership is needed to solve institutional and bureaucratic problems (Poister, 2010), including organizational performance.

1. LITERATURE REVIEW AND HYPOTHESIS

1.1. Servant leadership and organizational performance

In organizations, servant leadership is a management approach focusing on providing value and promoting sustainability for stakeholders (Lemoine et al., 2020). Servant leadership is a leadership concept offering scope to study this phenomenon as serving leaders focusing more on meeting the needs of followers and less satisfying their personal needs (Ghosh & Khatri, 2018). Servant leadership is characterized by an emphasis on leaders serving their followers first (Worley et al., 2020). In particular, servant leadership can establish a combination of motivation to be a leader and a need to serve others (Lythreatis et al., 2020).

In an organization, leaders play a great role in improving organizational performance (Singh et al., 2018; Subramony et al., 2018). A leader, both in an organization and in a company, has to increase structural capital and investment through the development of a knowledge creation system that can have a positive impact on improving organizational performance (Mustapha & Abdelheq, 2018; Shanker et al., 2017). Organizational performance is a condition when organizations can see the realization of organizational goals (Abubakar et al., 2019). Organizational performance is a multidimensional construction meaning that it cannot be measured with one dimension only, for example, financial benefits (Huang & Huang, 2020).

Organizational performance is the key focus for an organization in implementing measures to ensure competitiveness and sustainability (Delshab et al., 2020; Singh et al., 2021). Organizational performance is a major construct in strategic management studies (Hamann & Schiemann, 2021). In the theory of human resource management, high

organizational performance results from the success of the organization in managing high performance of employees (Torre, 2019; Peng et al., 2020). Organizational performance is the result of the collaborative efforts of all members of the organization (Kim, 2020). Good or poor organizational performance can affect the assessment of the reputation of the organization (Singh & Misra, 2021).

Organizational performance highly influences customer satisfaction, so it is necessary to have the high organizational performance to keep this satisfaction high (Soltani et al., 2018; Ying et al., 2020). Improving organizational performance is followed by major risks that have to be faced by the organization and consequently, the organization should be ready for change and listen to the aspiration of stakeholders (Jiang & Holburn, 2018).

Organizational performance is not easy to measure, as it requires many aspects to maintain and great costs to achieve high organizational performance (Chavez et al., 2017; Oyemomi et al., 2019; Oever & Beerens, 2020). The organizational support for servant leaders affects how the leader improves employee performance and employee satisfaction (Rofcanin et al., 2021).

Leadership has a high influence on organizational performance (Kim et al., 2020). This study focuses on servant leadership and organizational performance. Servant leadership has some characteristics. They are emotional healing: behavior of a leader who is sensitive to other people's problems; creating value for the community: a behavior that shows sincerity in helping the community; conceptual skills, knowledge of the institution, and the duties of a leader that facilitate the effective implementation of tasks including helping followers; empowering: motivate followers and facilitate them in investigating and solving problems; helping subordinates grow and succeed: a sincere attitude that is caring in developing follower's career with support and mentoring; putting subor-

dinates first: showing behavior and words clearly to followers to fulfill work needs as a priority; and behaving ethically: open, fair, and honest behavior and attitudes in dealing with other people (Liden et al., 2008). Meanwhile, organizational performance is measured through efficiency, service quality, cost-effectiveness, customer satisfaction, and results (Poister, 2008; Wholey et al., 2010).

Indeed, the health service system in general hospitals in Indonesia is poor to present (Listiyono, 2015) based on the indicator of medical personnel and hospital management who have not fully provided patient rights and showed transparency (Lestari, 2010). Many healthcare workers, both nurses and doctors, work unprofessionally and even provide unsatisfactory services. Unsatisfactory services are certainly caused by poor performance. For this reason, it is necessary for regional general hospitals in Indonesia to improve their performance through leadership styles. Leadership is closely related to organizational performance outcomes (Li et al., 2021). It is expected to improve the performance of regional general hospitals in Indonesia, particularly at Undata Regional General Hospital in Palu. Based on these elaborations, this study aims to determine the relationship and effect of servant leadership on organizational performance.

1.2. Hypotheses

This study proposed the following hypotheses:

- H1: Servant leadership has a significant effect on organizational performance.*
- H2: Servant leadership has a relationship with organizational performance.*

2. METHODOLOGY

This study used a quantitative approach. It used both primary and secondary data collected through observation, questionnaires, and doc-

umentation. The questionnaire was developed using servant leadership and organizational performance variables. The servant leadership variable was adopted from the Servant Leadership Questionnaire (SLQ) (Liden et al., 2008, 2015), while the organizational performance was based on the dimensions proposed by Poister et al. (2008) and Wholey et al. (2010). The questionnaire has been tested for validity and reliability.

A validity test aims to measure and determine the level of accuracy, while reliability is to determine the level of consistency of research instruments (Heale & Twycross, 2015). The validity level of the instrument was based on the correlation coefficient value. The commonly used correlation coefficient is less than 0.3 for weak correlation, 0.30-0.5 for moderate correlation, and > 0.5 for strong correlation (Ghozali, 2011; Heale & Twycross, 2015). Meanwhile, reliability was based on Cronbach's alpha (α). The consistency value of a research instrument was 0 and 1 with the results of Cronbach's alpha (α) of 0.7 or more (LoBiondo-Wood & Haber, 2013).

The target group of this study included healthcare workers at Undata Regional General Hospital in Palu, Central Sulawesi Province, with a total of 729 people. The sample was selected using the Slovin formula with an error rate of 5% and resulted in a sample size of 258 respondents. It used a random proportional sampling technique to represent each field in the hospital. The questionnaire was distributed proportionally to all health units in the general hospital in Undata, Palu. Therefore, there were representations of each sector to meet the objectives of the study. The questionnaire was distributed, collected and verified systematically. If some questions had not been filled, the respondents were asked to fill them in.

The data were analyzed using descriptive statistics and simple linear regression analysis. Descriptive statistical analysis used is as the mean value. Before performing the regression analysis, the

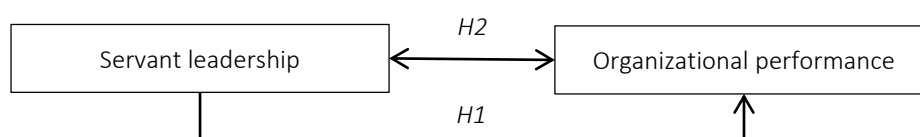


Figure 1. Conceptual framework

validity and reliability of the questionnaire were tested first. The simple linear regression analysis in this study was to reveal the influence and relationship between servant leadership and organizational performance variables.

3. RESULTS

This study performed the descriptive statistical analysis and linear regression using Statistical Product and Service Solutions (SPSS). The statistical analysis covered validity and reliability tests, descriptive statistics, and hypothesis testing.

3.1. Results of validity and reliability tests

The validity and reliability tests used the SPSS on the item-total statistics table covering servant leadership variable (X) and organizational per-

formance variable (Y). The results on the servant leadership variable (X) indicate that the questionnaire is valid and reliable (Table 1).

Table 2 shows the results for the organizational performance variable (Y). The validity and reliability of the organizational performance variable indicate that all items were declared valid (strong) and reliable. It was based on guidelines for determining validity (correlation coefficient of 0.3) and reliability (Cronbach's alpha (α) of > 0.7).

3.2. Results of descriptive statistics

In this study, descriptive statistics functions to describe the characteristics of each respondent's response to the question. Table 3 shows the results of descriptive statistics of the servant leadership variable.

Table 3 shows that the servant leadership shown by the leadership of the Undata Regional General

Table 1. Item-total statistics of the servant leadership variable (X)

Source: Authors' elaboration.

Item	Corrected item-total correlation	Correlation coefficient	Results	Cronbach's alpha if Item Deleted	Cronbach's alpha (α)	Results
SL_01	.669	0.3	Valid	.961	0.7	Reliable
SL_02	.629	0.3	Valid	.961	0.7	Reliable
SL_03	.745	0.3	Valid	.960	0.7	Reliable
SL_04	.743	0.3	Valid	.960	0.7	Reliable
SL_05	.736	0.3	Valid	.960	0.7	Reliable
SL_06	.770	0.3	Valid	.960	0.7	Reliable
SL_07	.641	0.3	Valid	.961	0.7	Reliable
SL_08	.729	0.3	Valid	.960	0.7	Reliable
SL_09	.720	0.3	Valid	.960	0.7	Reliable
SL_10	.704	0.3	Valid	.961	0.7	Reliable
SL_11	.744	0.3	Valid	.960	0.7	Reliable
SL_12	.770	0.3	Valid	.960	0.7	Reliable
SL_13	.615	0.3	Valid	.961	0.7	Reliable
SL_14	.620	0.3	Valid	.961	0.7	Reliable
SL_15	.594	0.3	Valid	.961	0.7	Reliable
SL_16	.446	0.3	Valid	.963	0.7	Reliable
SL_17	.736	0.3	Valid	.960	0.7	Reliable
SL_18	.794	0.3	Valid	.960	0.7	Reliable
SL_19	.735	0.3	Valid	.960	0.7	Reliable
SL_20	.725	0.3	Valid	.960	0.7	Reliable
SL_21	.666	0.3	Valid	.961	0.7	Reliable
SL_22	.782	0.3	Valid	.960	0.7	Reliable
SL_23	.649	0.3	Valid	.961	0.7	Reliable
SL_24	.693	0.3	Valid	.961	0.7	Reliable
SL_25	.592	0.3	Valid	.961	0.7	Reliable
SL_26	.625	0.3	Valid	.961	0.7	Reliable
SL_27	.646	0.3	Valid	.961	0.7	Reliable
SL_28	.599	0.3	Valid	.961	0.7	Reliable

Table 2. Item-total statistics of the organizational performance variable (Y)

Source: Authors' elaboration.

Item	Corrected item-total correlation	Correlation coefficient	Results	Cronbach's alpha if Item Deleted	Cronbach's alpha (α)	Results
OP_01	.724	0.3	Valid	.916	0.7	Reliable
OP_02	.727	0.3	Valid	.916	0.7	Reliable
OP_03	.758	0.3	Valid	.916	0.7	Reliable
OP_04	.750	0.3	Valid	.916	0.7	Reliable
OP_05	.627	0.3	Valid	.919	0.7	Reliable
OP_06	.703	0.3	Valid	.917	0.7	Reliable
OP_07	.714	0.3	Valid	.917	0.7	Reliable
OP_08	.767	0.3	Valid	.915	0.7	Reliable
OP_09	.781	0.3	Valid	.915	0.7	Reliable
OP_10	.737	0.3	Valid	.916	0.7	Reliable
OP_11	.412	0.3	Valid	.926	0.7	Reliable
OP_12	.496	0.3	Valid	.923	0.7	Reliable
OP_13	.435	0.3	Valid	.926	0.7	Reliable
OP_14	.515	0.3	Valid	.922	0.7	Reliable
OP_15	.558	0.3	Valid	.921	0.7	Reliable
OP_16	.479	0.3	Valid	.922	0.7	Reliable
OP_17	.507	0.3	Valid	.922	0.7	Reliable

Table 3. Descriptive statistics of the servant leadership variable (X)

Source: Authors' elaboration.

No.	Statement	N	Min	Max	Mean
1	I would seek help from the leader if I had a personal problem	258	1.00	5.00	3.4574
2	My leader cares about my well-being	258	1.00	5.00	3.3062
3	My leader takes time to talk to me on a personal level	258	1.00	5.00	3.2248
4	My leader can recognize when I am feeling down without asking me	258	1.00	5.00	3.2519
5	My leader emphasizes the importance of giving back to the community	258	1.00	5.00	3.4767
6	My leader is always interested in helping people in the community	258	1.00	5.00	3.4186
7	My leader is involved in community activities	258	1.00	5.00	3.4031
8	My leader encourages me to volunteer in the community	258	1.00	5.00	3.3217
9	My leader can tell if something related to work is going wrong	258	1.00	5.00	3.3837
10	My leader can think through a complex problem	258	1.00	5.00	3.5504
11	My leader has a thorough understanding of the organization and its goals	258	1.00	5.00	3.6357
12	My leader can solve problems with new or creative ideas	258	1.00	5.00	3.6008
13	My leader gives me the responsibility to make important decisions about my job	258	1.00	5.00	3.6395
14	My leader encourages me to handle important work decisions on my own	258	1.00	5.00	3.4341
15	My leader gives me the freedom to handle difficult situations in the way I feel is the best	258	1.00	5.00	3.4767
16	If I need to make an important decision at work, I do not need to consult my leader	258	1.00	5.00	2.9574
17	My leader makes my career development a priority	258	1.00	5.00	3.2868
18	My leader is interested in making sure that I reach my career goals	258	1.00	5.00	3.3488
19	My leader provides me with work experiences that enable me to develop new skills	258	1.00	5.00	3.4225
20	My leader wants to know about my career goals	258	1.00	5.00	3.3721
21	My leader cares more about my success than his/her own	258	1.00	5.00	3.1318
22	My leader puts my best interest above his/her own	258	1.00	5.00	3.0543
23	My leader sacrifices his/her interest to meet my needs	258	1.00	5.00	2.9302
24	My leader does what he/she can to make my job easier	258	1.00	5.00	3.2868
25	My leader holds high ethical standards	258	1.00	5.00	3.5659
26	My leader is always honest	258	1.00	5.00	3.6240
27	My leader would not compromise ethical principles to meet success	258	1.00	5.00	3.4380
28	My leader values honesty more than profits	258	1.00	5.00	3.5465

Hospital in Palu indicates that the leader has a thorough understanding of the organization and its goals, is always honest, and can solve problems with new or creative ideas. However, the results also show that any decisions that are made in the workplace must be discussed with the leadership. Besides, the descriptive results show that the leadership at the Undata Regional General Hospital is less willing to sacrifice personal needs for the benefit of the healthcare workers (subordinates) in the hospital.

Meanwhile, Table 4 shows the descriptive statistical results of organizational performance variables.

The results of the descriptive statistics indicate that the performance of the Undata Palu Regional General hospital is good. It means that healthcare workers work effectively every working day, achieve success in patient care every day, manage

to carry out special handling in each of their work units; and the hospital prioritizes improving the quality of service. However, some performances were considered poor as indicated by patients complaining about service costs, attitude of the healthcare worker, and healthcare procedures.

3.3. Results of hypothesis testing

In this study, the hypothesis testing used a simultaneous significance test (F-statistical test). It aims to determine the influence of the independent variable (X) on the dependent variable (Y).

The F-statistical test is to determine whether the independent variable (X) influences the dependent variable (Y). Table 5 shows the F_{count} of 324.861 > F_{table} of 1.628 at the significance level of alpha (α) = 0.05 or Sig. $F < 0.05$. Table 5 indicates the significance value of $F = 0.000$. It can be concluded that

Table 4. Descriptive statistics of the organizational performance variable (Y)

Source: Authors' elaboration.

No.	Statements	N	Min	Max	Mean
1	The ratio of availability of fund allocations and those that are operationalized is appropriate	258	1.00	5.00	3.3411
2	The ratio of costs paid and those incurred by each unit is appropriate	258	1.00	5.00	3.3721
3	Timeliness and accuracy of service delivery to patients	258	1.00	5.00	3.5736
4	The hospital provides ease of service to patients	258	1.00	5.00	3.7326
5	The hospital prioritizes patient comfort	258	1.00	5.00	3.8217
6	The hospital guarantees patient safety in service	258	1.00	5.00	3.8682
7	The hospital prioritizes improving the quality of service	258	2.00	5.00	3.9264
8	The hospital provides affordable, fair, and equitable services	258	1.00	5.00	3.8605
9	The budget ratio provided is in accordance with the number of patients served	258	1.00	5.00	3.6589
10	The total cost of services provided has been utilized	258	2.00	5.00	3.6124
11	The patient complains about service fees	258	1.00	5.00	3.2946
12	The patient complains about the attitude of healthcare workers	258	1.00	5.00	3.2946
13	The patient complains about healthcare procedures	258	1.00	5.00	3.2558
14	Healthcare workers achieve the specified service delivery targets	258	2.00	5.00	3.8488
15	Healthcare workers manage to carry out special handling in each of their work units	258	2.00	5.00	3.9341
16	Healthcare workers work effectively every working day	258	2.00	5.00	4.1085
17	Healthcare workers achieve success in patient care every day	258	1.00	5.00	3.9690

Table 5. ANOVA^b

Source: Authors' elaboration.

	Model	Sum of squares	df	Mean square	F	Sig.
1	Regression	12030.184	1	12030.184	324.861	.000 ^a
	Residual	9480.126	256	37.032		
	Total	21510.310	257			

Note: a means predictors: (constant), servant leadership; b means dependent variable: organizational performance.

Table 6. Model summary^b

Source: Authors' elaboration.

Model	R	R Square	Adjusted R Square	Std. error of the estimate
1	.748 ^a	.559	.558	6.08537

Note: *a* means predictors: (constant), servant leadership; *b* means dependent variable: organizational performance.

the independent variable (*X*) significantly influences the dependent variable (*Y*). The results indicate that *H1* and *H2* are accepted meaning that servant leadership has a significant effect on organizational performance.

Moreover, Table 6 shows the relationship and effect of the independent variable (*X*) on the dependent variable (*Y*).

The test results revealed the *R* Square value of 0.559 (55.9%). It indicates that the influence of the servant leadership variable on organizational performance is 55.9%, while the remaining 44.1% is influenced by other variables outside the research model. Meanwhile, the level of the relationship between leadership and organizational performance variables can be seen from the *R*-value of 0.748. This value is between 0.60-0.799 meaning that there is a strong relationship between the two variables (Riduwan, 2010).

4. DISCUSSION

This study focuses on the effect of servant leadership on the performance of regional general hospitals in Indonesia. It was identified through hypothesis testing. Leadership is vital in all areas of the organization, including in the health sector (Por Pan et al., 2020). Bush et al. (2020), Hariyanti et al. (2020), Por Pan et al. (2020), Timofe et al. (2017) focused on transformational leadership, while Hariyanti et al. (2020) and Por Pan et al. (2020) – on transactional leadership, and Meslec et al. (2020) – on charismatic leadership in hospitals. Currently, leadership studies focus more on transformational leadership (Timofe et al., 2017). It indicates that studies focusing on servant leadership is still limited compared to other leadership styles such as transformational. However, it is indicated that this study is highly relevant, particularly in the health sector, as there is no study focuses on servant leadership and organizational performance.

This study aims to determine the effect and relationship between servant leadership and organizational performance. The results of this study proved that servant leadership has a significant effect on organizational performance and hypotheses are accepted. It is indicated by the results of the *F* statistical test obtained with F_{count} value of 324.861 > F_{table} of 1.628 at the significance level alpha (α) of 0.05 or Sig. $F < 0.05$. This result is in line with Kim et al. (2020), Li et al. (2021), Singh et al. (2018), and Subramony et al. (2018), who stated that leadership affects organizational performance. It means that performance can be controlled through leadership. Thus, leadership is vital in the health sector. The results of this study indicate that the effect of servant leadership on the performance of regional general hospitals is 55.9%, while the remaining 44.1% is affected by other variables outside this study. For example, the quality of health information has a direct effect on hospital performance (Alolayyan et al., 2020). Technological changes and improvements can affect organizational performance (Adeniji et al., 2018; Martin-Rojas et al., 2019; Yunis et al., 2018). To improve organizational performance, technology components and other things related to organizational productivity are required (Calış Duman & Akdemir, 2021).

Govender (2016) found that poor leadership results in poor organizational performance and can affect service delivery. It means that well-executed leadership results in organizational performance that can improve the quality of health services. Meanwhile, Bednářová et al. (2019) investigated health organizations in the Czech Republic and revealed that leadership and organizational performance have an indirect relationship meaning that leadership can affect performance through motivation, commitment, and creativity. In addition, it was shown that organizational performance improvement is not always directly influenced by leadership. This study revealed that there are other factors besides servant leadership affecting hospital performance, such as the quality of

health information, information technology, motivation, commitment, and creativity.

Besides the effect of servant leadership on organizational performance, this study proved a strong relationship between servant leadership and the performance of regional general hospitals with an *R*-value of 0.748. This strong relationship indicates that leadership is vital in predicting performance. Chen et al. (2021) also showed that leadership has a positive relationship with organizational performance. However, Govender et al. (2018) revealed that not all studies on leadership have a close relationship with organizational performance such as studies in several general hospitals in Kwazulu-Natal (KZN), South Africa, in which the leadership framework shown by health leaders was weak and had poor contributions to health services.

Although the hypothesis testing showed the effect of servant leadership on organizational performance, some aspects need to be considered. The effect is showed by the leader of the Undata Regional General Hospital in Palu that has a thorough understanding of the organization and its goals, is always honest, and can solve work problems with new or creative ideas. However, decision-making should be a concern as the results show that any decisions that are made in the workplace must be discussed with the leadership. Besides, the leadership at this hospital is less willing to sacrifice personal needs for the benefit of healthcare workers (subordinates) in the hospital. Regarding decision-making, the leadership must give authority to subordinates because working in hospitals needs quick responses, so all health workers must make decisions quickly without having to wait for leadership instructions.

Meanwhile, for performance, the Undata Regional General Hospital in Palu is considered good. It means that healthcare workers can work effectively every working day, achieve success in patient care every day, and manage to carry out special handling in each of their work units; and the hospital prioritizes improving the quality of service. However, some performances are considered poor indicated by patients complaining about service costs, attitude of the healthcare worker, and healthcare procedures.

In this study, servant leadership contributes to the performance of the regional general hospital. It means leadership highly determines performance improvement. Servant leadership is widely used in the health industry in which this concept grows and develops due to the complex condition, risk, and transparency needs in this sector (Mustard, 2020). The health industry is full of risks so that it needs leadership support in its management. Servant leadership is a leadership style suitable for protection/safety (Schopf et al., 2021). It shows that servant leadership is highly appropriate to be applied in hospitals, especially the government hospitals that have been in the spotlight because of their poor performance.

Servant leaders have a strong mind and heart capable of serving their subordinates (Mustard, 2020). The intended subordinates are healthcare workers at the hospital. Thus, servant leadership helps improve hospital performance. In health organizations, the quality of performance highly depends on the quality of every professional who works in it (Gaspar et al., 2021). Organizational performance covers customer service, cost management, quality, productivity, and asset management performance (Durst et al., 2019). Organizational performance needs the support of the organization in terms of providing bonuses, compensation, and incentives following the goals and utilization to enable the organization to maximize performance and continue to grow (Lovett et al., 2021). To achieve high organizational performance, a hospital needs to take advantage of some remuneration strategies, improve services and provide an affordable cost for customers (Hidayah et al., 2020).

Provision of rewards to healthcare workers indirectly affects their performance and it can be done by leaders. Servant leadership has a greater effect on employee job satisfaction (Eva et al., 2021). This leadership style can encourage and support subordinates to have high performance. Besides, leadership support is highly needed. Leadership can be developed through organizational support in communication and trust in one's ability to be an effective leader (Bush et al., 2020). The results of this study are expected to contribute to the health sector, especially for health service providers by promoting leadership behavior.

CONCLUSION

This study found that servant leadership applied in regional general hospitals is different from the character possessed by servant leadership as all decisions in implementing duties of health workers in hospitals should not all be discussed with the leader. In general, to improve hospital performance, a leader with serving character is needed, but not each health sector in a hospital fully requires such a character. For example, in making decisions related to medical performance, there is no need to involve hospital leadership. It is significantly different if it is associated with the performance of the hospital in general, which needs directions and decisions from the top leadership of the organization. The results of this study are expected to contribute to the development and improvement of hospital performance through related variables and can be applied in all health services.

AUTHOR CONTRIBUTIONS

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