A study on the servant leader's psychological health

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Abstract: This research contributes to the field of study on servant leadership. It is also part of the field of study on the leader's psychological. The main objective of this research is to study the effect of the practice of servant leadership on the psychological health of the leader himself, on his commitment and his intent to quit the organisation. Also, we examine the moderating effect of organisational variables (the perceived of organisational support and interpersonal justice) on this relationship. The research results from 291 leaders confirm positive relationship between servant leadership practice and the job satisfaction of these leaders. This study has interesting implications for the development of a socially responsible organisation that wants to promote the psychological health of its leaders and employees. Servant leadership is a particularly interesting avenue thanks to all its positive effects on organisations.

Keywords: servant leader; servant leadership; psychological health; general health; job satisfaction; emotional exhaustion; intent to quit.

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1   Introduction

The World Health Organization (2001) predicts that depression will occupy the second position among concepts that are considered as disabilities at work. Consequently, the costs of psychological distress at work will grow higher and higher. Nowadays, the promotion of mental health and the prevention of mental illnesses have become important social issues and one of the priorities worldwide.

In order to promote health at workplace, one of the priorities is the improvement of management practices, which involves revisiting leadership practices.

In fact, many studies have been conducted on the psychological health and these studies are mostly oriented towards the complex relationships between leaders and their followers (Avolio et al., 2009). Also Kelloway et al. (2013) claimed that there is a correlation between the positive forms of leadership and employees' psychological health at work.

In response to the contemporary challenges of leadership, a field of research has emerged focusing on the types of leadership based not only on the ethical and pro-social behaviours of leaders but also on the development of employees, that is servant leadership (Van Dierendonck, 2011). In line with social entrepreneurship, servant leadership has emerged as an appropriate leadership style that favours the emergence of a strong social leadership. In fact, social entrepreneurs and servant leaders have common characteristics such as their strong commitment to their communities and to their professional network (Kidd et al., 2015). They put aside their personal interests and devote themselves to the interests of their communities (Tent, 2015). Research has surged on this form of leadership that involves ethical dimension during this last decade.

In a context where entrepreneurship and social leadership are gaining popularity and where societal issues like health and well-being at workplace are gaining interests from scholars, we believe it is worth studying one of the most important styles of leadership that promotes the health and well-being of employees, the servant leadership. According to Greenleaf (1970), "servant leadership is a philosophy and set of practices that enriches the lives of individuals, builds better organizations and ultimately creates a more just and caring world."

Existing studies on servant leadership have established positive link between servant leadership and the quality of life of employees at work, namely their psychological health and work-family balance. However, to the best of our knowledge, no research has treated the psychological health of the servant leader himself.

Knowing that the psychological distress of a leader influences the psychological distress of the members of his team (Li et al., 2016), it is important to deepen the research on the psychological health of the servant leader in order to benefit the most from this leadership style, firstly for the leader himself, and secondly, for his employees and his community.

In this research, we will study the effect of the practice of servant leadership on the psychological health of the leader himself, his commitment, and his intention to quit the organisation. Also the sub-objective of the present study is to examine the moderating effect of some organisational variables on this relationship: interpersonal justice and perceived organisational support.

The study of the psychological health of executives and leaders is relatively new in the literature. For the past decade, researchers have conducted studies on leadership and leaders' health, but much research remains to be done to understand what influences the

psychological health of the latter from an organisational point of view. This study will be added to the already conducted studies in order to provide a perspective of organisational influence on leaders.

The main theoretical contribution we expect from this paper is related to the study of the psychological health of leaders specifically those who practice servant leadership. Although researchers are interested in the effects of this practice on employees (Rivkin et al., 2014) and organisâtons (Ng et al., 2016), until now there is no study have on the psychological health of servant leaders.

This study will have interesting implications for the development of socially responsible organisations that want to promote the psychological health of their leaders and employees. Servant leadership is a particularly appropriate avenue for these kinds of social goals and issues given the already well-established benefits in the servant leadership literature.

2 Theoretical background

2.1 The servant leadership

The servant leadership theory was introduced in the 1970s by Greenleaf (1977). Nowadays, the construct has evolved and it has become a recognised concept. Even if scholars are rigorously investigating the concept of servant leadership (Cooper et al., 2005), there is still a lack of consensus on the definition and measurement of servant leadership (Parris and Peachey, 2013). The concept is still at an early stage of its theoretical development (Liden et al., 2014) and remains much unknown to our organisations.

Greenleaf and Spears (1998) described this type of leadership as 'the servant as leader', the philosophy of serving others as a leadership practice. In fact, this leadership style puts a strong emphasis on the humility of the leader. The growth and the development of employees or 'followers' are very important for the servant leader (Van Dierendonck, 2011; Stone et al., 2004; Russell, 2001). The main focus of this type of leadership is to serve others, including employees, clients and stakeholders (Liden et al., 2008). In addition, the basic principle of servant leadership is to influence organisational results by encouraging the development and well-being of its employees (Liden et al., 2008; Mayer et al., 2008).

Servant leadership is a multidimensional concept that includes ethical, relational, emotional, conceptual, empowerment, employee prioritisation, personal development and value creation dimensions for the good of the community. This multidimensional leadership theory begins with a strong desire to serve, and then follows the intention to lead and develop others to achieve a larger goal that will benefit individuals, organisations and society (Coetzer et al., 2017). In fact, servant leadership can be defined in different ways, but essentially it is a service-oriented style of spiritual leadership (Fry, 2003; Greasley and Bocârnea, 2014) and it is part of the field of positive psychology resulting in positive outcomes (Searle and Barbuto, 2011).

2.2   The concept of health

This study examines the relationship between servant leadership and the health of leaders. In the literature, scholars use different terminologies while referring to psychological or/and physical health. Some scholars use broader terms such as health and well-being while others use separate constructs such as psychological well-being, mental health, subjective well-being, physical well-being and physical health (Danna and Griffin, 1999). At this stage, it is important to clearly define and understand what is meant by health at workplace in the present study.

According to the World Health Organization (2005), health is a complete state of physical, mental and social well-being and it is not just about the absence of disease or infirmity. Working conditions are an important determinant of health because of the long hours spent in the workplace. The dimensions of work that ultimately influence health status include, for example, job security, physical conditions at work and the resulting stress, hours spent at work, and opportunities to express voice (Mikkonen and Raphael, 2011). Thus, feeling valued, having a balance between work and personal life as well as having an optimal level of stress, are some needs that must be met in order to be in overall good health.

2.3   Psychological health at work

In their meta-analysis, Ford et al. (2011) highlight a relatively strong correlation between psychological health and performance, in contrast to physical health, which has a weak link with performance. Therefore in this paper, we will particularly focus on psychological health in a work context.

Long time considered as a one-dimensional concept (Leclerc et al., 2014b), psychological health is today conceptualised in a two-dimensional way (Leclerc et al., 2014a) with the two main components of psychological health; one positive (psychological well-being), and the other negative (psychological distress) (Keyes, 2003; Massé et al., 1998; Seligman and Csikszentmihalyi, 2000). It is more often the psychological distress and its derivatives (burnout, anxiety, stress, etc.) that are measured in the study of psychological health.

According to Brun et al. (2009), "psychological health at work refers to the smooth, pleasant and effective functioning of a person who copes flexibly with difficult situations by being able to regain his balance." It is influenced by three major components:

- the components associated with the task (autonomy, recognition, workload and requirements, etc.)

- individual characteristics (personality, physical health, personal history, affective dimensions, skills, etc.)

- the social environment (friends, family, community, etc.).

According to Wyatt (2005), in Canada, over 75% of short and long-term disabilities at work are related to the psychological health issues. This high proportion of psychological health problems at work has important consequences for individuals, organisations and society as a whole. In fact, the symptoms of poor health among employees would be related to increased absenteeism, health insurance costs, lawsuits and decreased productivity (Danna and Griffin, 1999).

Moreover, the World Health Organization (2005) estimates that work-related stress costs around 20 billion euros per year. The costs associated with psychological health problems at work are getting increasingly high for society, organisations and individuals (World Health Organization, 2005).

Given the importance of these findings, it has become a matter of priority for organisations, leaders, stakeholders and researchers to deal with psychological health at workplace in this area of research.

2.4 Servant leadership and the leader's psychological health

Among all the leadership styles, servant leadership is the one that puts a strong emphasis on employees with a direct positive connection to their well-being (Van Dierendonck, 2011). Even if there is a lack of consensus on the definition and the scales of measurement of servant leadership, nowadays we witness a proliferation of research on the positive impacts of servant leadership on employees (Parris and Peachey, 2013).

In a recent study, (Rivkin et al., 2014) has established a positive relationship between servant leadership and the psychological health of employees. This finding is so robust and stable that we can generalise it. Indeed, as Rivkin et al. (2014) noted, servant leadership is negatively related to emotional exhaustion and depersonalisation, which are the dimensions of professional burnout (Maslach et al., 2012).

How does the practice of servant leadership potentially stimulate the psychological health of those who practice it?

It has been demonstrated that servant leadership is an important positive antecedent of the psychological climate perceived by employees and that it can favour reciprocity between the leader and his employees through the social exchange theory (SET) (Ozyilmaz and Cicek, 2015) fostering thereby the organisational citizenship behaviours (OCB) (Barbuto and Wheeler, 2006; Van Dierendonck, 2011; Ehrhart, 2004; Hu and Liden, 2011; Walumbwa et al., 2010). Since the servant leader has a very positive impact on his employees, when the latter are satisfied with their leader, they reciprocate with him by adopting behaviours of organisational citizenship, which ultimately is beneficial for the leader himself as it helps him achieve his goals (Ehrhart, 2004). In this paper, we claim that since the servant leader is committed to the health of his employees, the employees will reciprocate by positively impacting the health of their leader.

The positive contributions of the servant leadership style have been the topics for several well-known empirical studies. Now the question is: are these leaders well equipped and supported appropriately to engage in this type of leadership? Or, on the contrary, will the lack of psychological resources have a destructive effect on the health and performance of their employees? Even if very few empirical studies related to this field demonstrate it, we claim that the psychological health of leaders will better equip leaders to best execute their tasks and their role, and ultimately that will have an amplified effect on the results of their team.

Considering all the characteristics of the servant leader, the following hypotheses are proposed in order to determine the causal link between servant leadership and the following four hypotheses of the servant leader's psychological health:

H1a   Servant leadership is positively related to the general health of the servant leader.

H1b   Servant leadership is negatively related to the emotional exhaustion of the servant leader.

H1c   Servant leadership is positively related to the servant leader's job satisfaction.

H1d   Servant leadership is negatively related to the servant leader's intent to quit the organisation.

2.5   *The moderating role of the perceived organisational support*

With regard to organisational variables that affect human behaviour at work, the perceived organisational support could play a moderating role on the leader's psychological health. Eisenberger et al. (1986) stated that the link between the person and the organisation, 'person-organisation fit', would correlate with the perception of organisational support. In other words, the employees who perceive an alignment between their values and the values of the organisation will be more inclined to have positive organisational behaviours and take positive actions towards their organisation (Cable and DeRue, 2002). When we suppose that individuals personify their organisations by giving them values and personality traits, we can theoretically correlate the perception of organisational adequacy and the perception of organisational support (Eisenberger et al., 1986).

Moreover, the literature reveals that the perceived organisational support (the general belief that the organisation values one's contribution and is concerned about the health of an individual) reduces the level of absenteeism and develops the organisational commitment (Eisenberger et al., 1986). As a result, a recent research (Panaccio and Vandenberghe, 2009; Rhoades and Eisenberger, 2002) concludes that the perceived organisational support has a positive effect on employee health.

So if organisational support reduces absenteeism and increases employee health, we can deduce that it should have a positive effect on the servant leader's psychological health. This is what we will verify with the following hypotheses:

H2a   The relationship between servant leadership and the general health of the leader is positively influenced when there is a perception of organisational support.

H2b   The relationship between servant leadership and the emotional exhaustion of the leader is negatively influenced when there is a perception of organisational support.

H2c   The relationship between servant leadership and the leader's job satisfaction is positively influenced when there is a perception of organisational support.

H2d   The relationship between servant leadership and the leader's intention to leave the organisation is negatively influenced when there is a perception of organisational support.

2.6   *The moderating role of interpersonal justice*

Social interactions in organisations are generally governed by informal social exchanges between individuals (Cohen-Charash and Spector, 2001; Del Brio et al., 2017). A significant number of studies have demonstrated a link between perceived justice and a variety of organisational outcomes such as job satisfaction, organisational commitment, intention to quit, and organisational behaviour (Colquitt et al., 2001).

Interpersonal justice reflects the way in which people are treated with politeness, dignity and respect by their superior or by other people involved in the executive procedures, or those who determine the results (Colquitt et al., 2001). Above all, interpersonal justice focuses on how people react to decisions and help them feel better about uncomfortable decisions.

Lastly, Kivimäki et al. (2004) highlight the link between interpersonal justice and employee health and they claim that a weak and diminishing perception of interpersonal justice increases the risk of poor health. The opposite is also true because a high and growing perception of interpersonal justice decreases health risks.

Therefore, we make the following hypotheses:

H3a　The relationship between servant leadership and the general health of the leader is positively influenced by the perception of interpersonal justice.

H3b　The relationship between servant leadership and the emotional exhaustion of the leader is negatively influenced by the perception of interpersonal justice.

H3c　The relationship between servant leadership and the leader's job satisfaction is positively influenced by the perception of interpersonal justice.

H3d　The relationship between servant leadership and the leader's intention to leave organisation is negatively influenced by the perception of interpersonal justice.

Figure 1　The research model (see online version for colours)
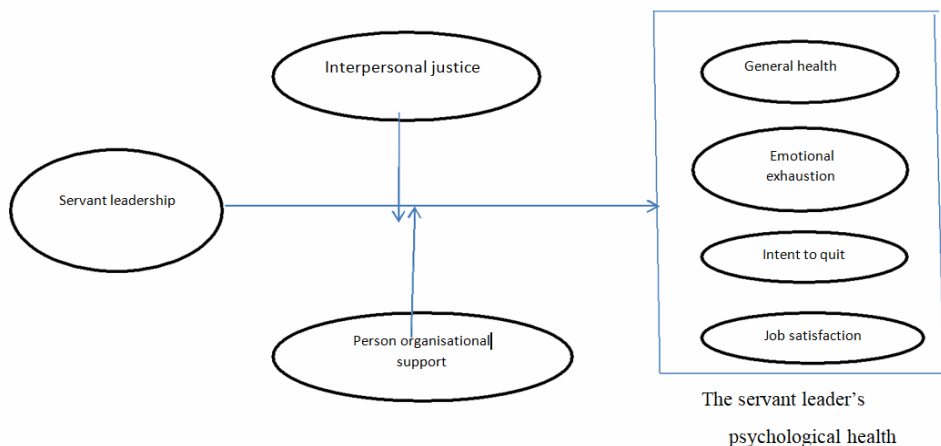
3　Methods

3.1　Population selection and sample

The present study aims to analyse how the practice of servant leadership impacts on the psychological health of the servant leader himself. The respondents to our questionnaire must have met two criteria:

- to be a team manager

- be 18 years of age or older.

In this research, we use a quantitative and longitudinal approach conducted in two steps. We aimed to obtain an ambitious sample of 300 respondents at the first step so that, despite the potential loss of respondents at the second stage, our sample still remains of a significant size. An e-mail was sent to our personal and professional contacts network, explaining the research context, the conditions of participation, the satisfaction of research ethics standards and the confidentiality of the responses and respondents. In these e-mails, they were invited to respond directly to an online questionnaire if they meet the conditions. They were also invited to forward the invitation to people who could potentially be interested in this study and who could answer the questions. Social media like Facebook and LinkedIn make it easy to contact a very large number of potential respondents, and have high response rates (Baltar and Brunet, 2012). So, we made several invitations through Facebook and LinkedIn social networks. Also, in order to maximise the chances of having respondents who can meet the 'servant leader' profile, we have targeted managers of the member companies of the Healthy Enterprise Group. This group promotes health in the workplace. We believe that this population is more likely to have servant leaders within their organisation, given the very nature of the servant leader who values the health of his employees. With the support of the Healthy Enterprise Group, a special newsletter was sent by e-mail to members and partners of the group requesting their participation in this study.

Finally, knowing that the response rate from e-mails with an impersonal character is usually very low, we focus on face-to-face contact with human resource directors and organisation leaders.

3.2   Data collection procedure

For the sake of objectivity, the data were collected by using two questionnaires (quantitative and longitudinal), at an interval of a minimum of two months. The objective of the first questionnaire was to collect all the data related to independent, moderating and dependent variables. In a second step (two months later), the objective was to assess the validity and the measure of the psychological health of the servant leader, in order to minimise the biases of answers on their own psychological health. Both questionnaires comprised statements with Likert-type scales of agreement (ranging from 1 to 5 or 1 to 7) and were built on the Qualtrics web platform. The average response time was 25 minutes for the first questionnaire and 8 minutes for the second.

3.3   Description of the sample

In total, 297 people responded to the first questionnaire; six people had to be excluded from the analysis because of a completion rate less than 80%. So, 291 people are maintained among them, 52.2% are men and 47.8% are women. The age of the respondents varies between 25 and 64 years, and the average age is 46.5 years old. Also, 72.5% of people are 35 and 54 years old and older. In addition, half (50.5%) of people are in a senior level position. In terms of level of education, 69.8% of respondents had a post-secondary education, a bachelor's degree (39.2%), a master's degree (29.6%) or a doctorate (1%).

In terms of seniority in their organisations, participants have an average of 13.65 years of seniority, of which 46.5% of participants are 10 years old or younger.

4 Measures

4.1 Servant leadership

The seven dimensions of servant leadership, as described by Liden et al. (2008), constitute the independent variables of this research. In our questionnaire, the seven dimensions were measured by 28 distinct items from the servant leadership scale (Liden et al., 2008). This scale has been validated and used in several empirical studies (Liden et al., 2008). Table 1 shows the alpha coefficients of the scale and its subscales.

Table 1 Cronbach's alpha of the servant leadership scale

Variables	Cronbach alpha
Servant leadership	.876
Conceptual skills	.689
Empowering	.796
Helping subordinates grow and succeed	.804
Putting subordinates first	.805
Behaving ethically	.794
Emotional healing	.684
Creating value for the community	.754

Since our research involved participants who self-reported the perception of their own leadership style, we had to adapt the scale by restating the items so that we could apply them to self-evaluation, the leader's evaluation of his own servant leadership behaviours. Perceptions were measured using a seven-anchor Likert-type scale, ranging from strongly disagree (1) to strongly agree (see Table 1).

4.2 Measurement of dependent variables

Four dependent variables will be measured to provide an overall picture of the impact of servant leadership practice. These four measures are: the general health questionnaire (GHQ-12), emotional exhaustion, intent to quit and job satisfaction.

4.2.1 General health – GHQ-12

The GHQ-12 is the most refined scale for measuring the psychological well-being of different segments of the population (Mcdowell, 2006). Several studies have validated the GHQ-12 as a tool for measuring mental health in different segments of the population in several countries (Petkovska et al., 2015; Sánchez-López and Dresch, 2008).

The GHQ-12 consists of 12 items, each of which assesses the severity of mental problems in recent weeks. This scale is divided into two parts, positive items (1–6) and negative items (7–12).

All assessments are self-reported and have been measured using a four-anchor Likert-type scale, ranging from much less than usual (1) to much more than usual (4) for statements positive, and not at all (4) to much more than usual (1) for negative statements. The scores of items 7 to 12 were reversed so that the results could be analysed in the same direction. Therefore, the final results in this scale will have to be interpreted in such a way that the higher the score, the better the overall health of the respondent. We thus obtain an alpha coefficient of: 0.90.

4.2.2   Emotional exhaustion

To measure emotional exhaustion, we use the five most significant items determined by Schaufeli et al. (1996) of the general survey on emotional exhaustion, the Maslach burnout inventory – general survey (MBI-GS). The five items of emotional exhaustion are therefore self-assessed by participants using a five-anchor Likert-type scale, ranging from 'strongly disagree' to 'strongly agree'. We obtain an alpha coefficient of: 0.92.

4.2.3   Intent to quit the organisation

This variable is measured using a two-item scale, which assesses the tendency of an employee or leader to continue as a member of an organisation (Hom and Griffeth, 1991; Jaros, 1997). Respondents are asked to think about how often they plan to leave the organisation and how often they intend to seek employment outside the organisation. Responses are self-assessed using a five-anchor Likert-type scale, ranging from 'strongly disagree' to 'strongly agree'. We obtain an alpha coefficient of: 0.88.

4.2.4   Job satisfaction

Three items measure job satisfaction with the Michigan Organisational Assessment Questionnaire (MOAQ) (Cammann et al., 1979). The participants assessed themselves by using a five-anchor Likert-type scale, ranging from 'strongly disagree' to 'strongly agree'.

4.3   The measures of the moderating variables

4.3.1   The perceived organisational support

The scale of organisational support measured by Eisenberger et al. (1986) was chosen to measure the' perceived organisational support of leaders.

For the purposes of this research, we used a shortened version of the original scale which contains 36 items. This scale contains six items and it uses the Likert-type scale ranging from 'strongly disagree' to 'strongly agree'. Previous studies indicate a good internal validity of which one has an alpha Cronbach which is similar to the one of our study.

4.3.2   Interpersonal justice

The scale of measurement used to assess interpersonal justice perceived by the respondent vis-à-vis his immediate superior is that of Colquitt (2001). The four items of interpersonal justice are measured using a Likert-type scale going from 'strongly

disagree' to 'strongly agree'. Colquitt (2001) reported an alpha of: 0.82 and we obtain a higher alpha, 0.88.

5   Analysis of the results

First of all, let us remember that in the context of this research, we chose a moderating approach in order to explain the role of the organisational variables mentioned in the previously, to influence the psychological health of leaders. The moderating variable can affect the strength and the direction of the relationship between the independent variable (servant leadership) and the dependent variables (general health, emotional exhaustion, intent to quit, job satisfaction) (Venkatraman, 1989).

   We will present below, as a first step, the results of confirmatory factor analyses. The second part will be devoted to the presentation of the internal consistency analysis results (Cronbach α) in order to check the reliability of the measurement scales used. Third, we will present some descriptive statistics of our search variables, such as means and standard deviations. Fourth, we will expose the correlation analyses performed for our search variables. Finally, we will present the results of moderate multiple regression analyses with forced entries, to test the interactions of the various moderating variables with the independent variable, and their contribution to overall health, emotional exhaustion, intention to leave, and job satisfaction of the leaders. These moderate multiple regression analyses will test the moderation hypotheses. All these analysis were conducted on SPSS.

5.1   Exploratory factor analysis

5.1.1   Servant leadership

The exploratory factor analysis performed for the servant leadership measurement scale indicates that two main factors are representative of the collected empirical evidence. The factorial contributions of servant leadership items are greater than the recommended threshold of 0.40 (Field, 2013), as reported in Table 2.

   So, contrary to the seven theoretical dimensions of Liden et al. (2008), we find that the discriminant validity of the seven subscales is not supported by this analysis, since we cannot distinguish them structurally. In a seven-factor analysis, we can observe that the majority of items (22/26) in the first dimension converge in the same direction to more than 0.40. In addition, the first factor explains 27.6% of the variance, leaving little room for other possible factors.

   Since the factor analyses did not show a significant difference between the subscales, they confirm that we will consider the concept of servant leadership as a whole in the next analyses. This scale as a whole thus obtains an α = .876. Exploratory factor analysis of servant leadership items: factorial contributions of the one-item model (see Table 2).

5.1.2   General health (GHQ-12)

The exploratory factor analysis conducted for the general health measurement scale (GHQ-12) indicates that a key factor is the empirical evidence collected. The factorial contributions of the items (loadings) of this scale are well above the recommended

threshold of 0.40 (Field, 2013) as reported in Table 3. In addition, this first factor explains 48.4% of the variance. In contrast to the two theoretical dimensions of overall health (GHQ-12), only one factor was used to measure this variable, which is consistent with the literature on the subject. This scale as a whole thus obtains $\alpha = .895$.

Table 2 Extraction method: principal component analysis

Items	1
T1.Servant.1.Emot.Heal	.724
T1.Servant.2.Emot.Heal	.628
T1.Servant.3.Emot.Heal	.629
T1.Servant.4.Emot.Heal	.635
T1.Servant.5.value.Heal	.636
T1.Servant.6.value.Heal	.726
T1.Servant.7.value.Heal	.741
T1.Servant.8.value.Heal	.528
T1.Servant.9.Concept.Skills	.689
T1.Servant.10.Concept.Skills	.651
T1.Servant.11.Concept.Skills	.728
T1.Servant.12.Concept.Skills	.688
T1.Servant.13.Empowering	.787
T1.Servant.14.Empowering	.806
T1.Servant.15.Empowering	.552
T1.Servant.18.Grow	.524
T1.Servant.19.Grow	.506
T1.Servant.20.Grow	.566
T1.Servant.21.Sub.First	.718
T1.Servant.22.Sub.First	.840
T1.Servant.23.Sub.First	.734
T1.Servant.24.Sub.First	.430
T1.Servant.25.Beh.Ethically	.555
T1.Servant.26.Beh.Ethically	.649
T1.Servant.27.Beh.Ethically	.698
T1.Servant.28.Beh.Ethically	.712

Note: N = 291.

Exploratory factor analysis of general health items: factorial contributions of the one-factor model (see Table 3).

5.2 *Internal consistency analyses*

The results of the internal consistency analysis are very satisfactory. Indeed, the majority of the coefficients have a result superior to 0.8. The generally accepted minimum standard is 0.7 in order to apply for the reliability of a measure (Aron et al., 2011). Even

if the culture of servant leadership has a slightly lower coefficient of internal consistency ($\alpha = .716$), it is still acceptable. On the other hand, some other results are more than satisfactory, with coefficients of internal consistency above 0.90. This is the case of perceived organisational support and emotional exhaustion.

Table 3 Exploratory factor analysis of general health item

Items	1
T2.GHQ.1	.653
T2.GHQ.2	.660
T2.GHQ.3	.709
T2.GHQ.4	.643
T2.GHQ.5	.603
T2.GHQ.6	.722
T2.GHQ.7	.575
T2.GHQ.8	.628
T2.GHQ.9	.703
T2.GHQ.10	.714
T2.GHQ.11	.693
T2.GHQ.12	.574

Note: N = 290.

Table 4 Internal consistency analyses

Variables		Time 1		Time 2	
		Alpha Cronbach	Items	Alpha Cronbach	Items
Independent variable	Servant leadership	.876	26		
	Conceptual skills	.689	3		
	Empowering	.796	3		
	Helping employees to grow	.804	5		
	Subordinates first	.805	4		
	Ethical behaviour	.794	4		
	Emotional healing	.684	3		
	Creating value for the communities	.754	4		
Variables	Perceived organisational support	.929	6		
	Interpersonal justice	.880	4		
Dependent variables	General health (GHQ-12)	.895	12	.900	12
	GHQ (items from 1 to 6)	.877	6	.899	6
	GHQ (items from 7 to 12)	.860	6	.883	6
	Emotional exhaustion	.917	5	.912	5
	Intent to quit	.886	2	.897	2
	Job satisfaction	.853	3	.842	3

Since the dependent variables were measured in two times, you will find the results of the internal consistency of these variables on both times. We can notice that the results are similar to the first and the second time, which adds to the reliability of the results of these variables (see Table 4).

5.3   Descriptive and correlation analyses

Let us start with the results that respondents self-report on servant leadership. Respondents rate their level of servant leadership very positively (M = 5.77, SD = .49).

Other interesting results are obtained through averages of interpersonal justice and perceived organisational support. In fact, participants appear to have on average a very high sense of interpersonal justice (M = 4.33, SD = .86) compared to perceived organisational support that appears to be lower (M = 3.28, SD = .97).

Regarding the results of the dependent variables, participants appear to have, on average, a high job satisfaction rate (M = 4.09, SD = .487), and have no particular intention of leaving the organisation. On the other hand, the standard deviation is more significant for this result (M = 2.46 AND = 1.37). These results are essentially the same at the second stage and even seem to deteriorate slightly over time.

Finally, in terms of the results in both cases and the two-time research on general health and emotional exhaustion of participants, the average results do not indicate anything particularly high or low (see Table 5).

Table 5   Descriptive analyses

Variables	N	Likert scale	Mean	Standard deviation
T1 intent to quit	288	5	2.3177	1.34682
T2 intent to quit	220	5	2.4636	1.36778
T1 job satisfaction	291	5	4.0928	0.87065
T2 job satisfaction	221	5	3.8899	0.9301
T1 general health (GHQ 1 to 12)	290	5	2.9926	0.59124
T2 general health (GHQ 1 to 12)	221	5	3.0033	0.60891
T1 emotional exhaustion	289	5	3.0685	1.11978
T2 emotional exhaustion	220	5	3.0955	1.10648

5.4   Correlations between the independent variable and the dependent variables

From Table 4, we observe that the practice of servant leadership (independent variable) has a significant relationship with job satisfaction (r = .185, p < .001.). This significant relationship shows that the more a leader practices servant leadership, the more satisfied he is with the job. However, servant leadership is not significantly related to the other three dependent variables, namely the servant leader's general health, his emotional exhaustion and his intention to quit.

5.5   Correlations between the moderating variables and the dependent variables

Since there is a meaningful relationship only between servant leadership and job satisfaction, we will assess the correlation between the moderating variables and the dependent variable job satisfaction.

Indeed, a significant and positive relationship is observable with job satisfaction and the moderating variables:

- interpersonal justice ($r = .281$, $p < .001$)

- perceived organisational support ($r = .647$, $p < .001$).

5.6   Multiple regression analyses

5.6.1   General health

Here, we observe that the results of the regression coefficients associated with the interactions between servant leadership and the moderating variables are non-significant (see Table 6).

Table   The moderating effect: results of multiple regression analyses (GHQ: general health status)

Variables	General health (GHQ)			
	Time 1	*Time 2*	*Time 1*	*Time 2*
	Model 1	*Model 2*	*Model 1*	*Model 2*
Servant leadership	−.018	−.048	.044	.011
T1 interpersonal justice	−.010	−.008	.034	.038
T1 perceived organisational support	.177	.173*	.050	.041
T1 SL × interpersonal justice		.037		.059
T1 SL × perceived organisational support		.091		−.019

5.6.2   Emotional exhaustion

Concerning emotional exhaustion, we observe that the results of the regression coefficients associated with the interactions between servant leadership and the moderating variables are also non-significant (see Table 7).

Table 7   The moderating effect: results of multiple regression analyses (emotional exhaustion)

Variables	Emotional exhaustion			
	Time 1	*Time 2*	*Time 1*	*Time 2*
	Model 1	*Model 2*	*Model 1*	*Model 2*
Servant leadership	−.023	.004	−.066	−.052
T1 interpersonal justice	−.069	−.074	−.110	−.131
T1 perceived organisational support	−.220	−.221	−.107	−.105
T1 SL × interpersonal justice		−.068		−.016
T1 SL × perceived organisational support		−.021		−.050

The moderating effect: results of multiple regression analyses (intent to quit the organisation) (see Table 8).

Table 8   The moderating effect: results of multiple regression analyses (intent to quit the organisation)

Variables	Intent to quit the organisation			
	Time 1		Time 2	
	Model 1	Model 2	Model 1	Model 2
T1 servant leadership	.048	.056	.040	.084
T1 interpersonal justice	−.079	−.071	−.096	−.096
T1 perceived organisational support	−.045	−.043	−.135	−.113
T1 SL × interpersonal justice		−.001		−.082
T1 SL × perceived organisational support		−0.30		.108

The moderating effect: results of multiple regression analyses (job satisfaction) (see Table 9).

Table 9   The moderating effect: results of multiple regression analyses (job satisfaction)

Variables	Job satisfaction			
	Time 1		Time 2	
	Model 1	Model 2	Model 1	Model 2
T1 servant leadership	.092	.094	.051	.031
T1 interpersonal justice	−.062	−.065	.045	.038
T1 perceived organisational support	.427	.422***	.239*	.238
T1 SL × interpersonal justice		−.075		.014
T1 SL × perceived organisational support		−.057		.021

6   Discussion on the results

The main objective of this research was to better understand the process by which servant leadership influences the psychological health of the leader himself. More specifically, our research question focused on the moderating role of some organisational variables, such as, interpersonal justice and perception of organisational support.

First of all, it is important to mention that the results of this research do not allow us to affirm a causal relationship between servant leadership and the leader's psychological health. Indeed, the opposite relationship could be possible. Since the majority of assumptions are not confirmed, we will therefore focus our interpretation primarily on the assumptions that have been supported by our research or those that have been overturned with a significant connection.

6.1 Servant leadership and psychological health

Only one of the hypotheses related to the relationship between servant leadership and the psychological health indicators was supported [Hypothesis 1c: ($\beta = 0.092$, $p < .05$) (T1) and ($\beta = 0.051$ns) (T2)].

The correlations between servant leadership and the leader's general health [Hypothesis 1a: $\beta = -.018$ns (T1) and $\beta = 0.044$ns (T2)], emotional exhaustion (Hypothesis 1b: $\beta = -.023$ns (T1) and $\beta = -0.066$ns (T2)] and the leader's intent to quit the organisation [Hypothesis 1d: $\beta = 0.048$ns (T1) and $\beta = 0.04$ns (T2)] are not been confirmed since the link between these variables proved to be non-significant.

Although these leaders have the characteristic of being well aware of their environment, of themselves and others, this does not seem to affect their general health or emotional exhaustion. We could have intuitively thought that a servant leader would be healthier, but that is not confirmed. They definitely have an impact on the health of their employees (Rivkin et al., 2014), but the simple fact to practice this type of leadership has no impact on these variables.

6.2 A non-significant link of the moderating variables

6.2.1 Perceived organisational support (Hypotheses H2a, H2b, H2c, H2d)

Interestingly, even though studies have shown a positive link between perceived organisational support and employee health, job satisfaction (Eisenberger et al., 1997; Panaccio and Vandenberghe, 2009; Rhoades and Eisenberger, 2002), our study does not establish a significant moderating role with the dependent variables in the practice of servant leadership.

How to explain it? One of the explanatory tracks may be in the chosen items. Although this insignificant result is surprising, it can perhaps be explained by the connotation of pride and valorisation associated with certain items of this scale. Indeed, since leadership can be defined as a service-oriented style of spiritual leadership (Fry, 2003; Greasley and Bocârnea, 2014), the servant leader would probably not be influenced by the perception of organisational support and would not grant much importance to the recognition, the valorisation and the pride that the organisation would extend to him with regards to his tasks and contribution. This type of leader would probably be more guided by more humanistic values related to his spirituality rather than his ego.

Therefore, the perceived organisational support has no significant moderating relationship with the four dependent variables we covered for servant leadership.

6.2.2 Interpersonal justice (Hypotheses H3a, H3b, H3c, H3d)

Interpersonal justice is one of the four facets of organisational justice (Colquitt, 2001). In this study, we specifically targeted interpersonal justice. We had assumed that the servant leader would probably be more impacted by this kind of organisational justice, given its relevance to the human components of servant leadership. Perhaps, this result reflects the fact that we have only relied on this sole factor of organisational justice.

It might have been more relevant to study the other variables as well, such as procedural, distributive and informational justice, due to the fact that the correlation between these three other forms of justice and people satisfaction was confirmed in Colquitt's (2001) studies. In addition, McFarlin and Sweeney (1992) found in their research that distributive justice was a more important predictor of job satisfaction. This hypothesis remains to be deepened in future research in order to confirm this link with servant leadership

7   Conclusions

The contribution of servant leadership to the health of employees has just begun to be explored in the literature. This research is the first to focus on the impact of the practice of servant leadership on the psychological health of the servant leader himself: his general health, emotional exhaustion, job satisfaction, and intention to quit the organisation. It also has a sub-objective which consists of examining the moderating effect of organisational variables (perceived organisational support and interpersonal justice) on this relationship. So this paper is part of the research on the psychological health of the leader and servant leadership.

We then performed the correlation analyses, and the factor analyses (servant leadership and general health) and the regression analyses. In the end, only one hypothesis proved to be significant: the positive link between servant leadership and job satisfaction.

However, even if the results do not fully correspond to our expectations and assumptions, they contribute to the theoretical and practical advance on servant leadership and the health of leaders.

What can be done in order to encourage the emergence of this type of leadership? Ehrhart (2004) focuses on the behaviour of the organisational citizen and on the social conscience of the organisation as a factor that supports servant leadership. He shows a positive link between procedural justice, servant leadership and organisational culture. However, the literature is not yet very exhaustive on what can bring out this type of leadership. The causal links are rather made on the benefits of servant leadership and not how to develop servant leadership.

Servant leaders work for the common good, caring about people and institutions wherever they are involved, but they may feel lonely, without much support.

The servant leaders work for the common good, caring for people and institutions wherever they are involved, but they may feel lonely, without much support from their organisation. Therefore, if servant leaders do not work in an organisation that supports them, the benefits of such leadership are missed (Savage-Austin and Honeycutt, 2011).

Therefore, it would be of great benefits to improve our understanding on what can be done at the organisational level, in terms of the mechanisms of selection, training and development of servant leadership (Barbuto et al., 2014). We need to improve our knowledge about the servant leader's organisational philosophy, confidence in his effectiveness, and thus encourage the presence of servant leaders and their emergence at different hierarchical levels of the organisation (Savage-Austin and Honeycutt, 2011). Finally, future research is needed to examine the conditions under which servant leadership may or may not be effective (Liden et al., 2014) in terms of promoting quality of life at work.

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