

INDIVIDUAL WORK PERFORMANCE OF MILLENNIAL EMPLOYEES IN TERMS OF SERVANT LEADERSHIP PERCEPTION

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ABSTRACT

This research investigates how servant leadership impacts the job performance of millennial staff members at UKRIDA Hospital directly. Additionally, it delves into the traits of servant leadership exhibited by leaders and evaluates the job performance of millennial employees at UKRIDA Hospital. A sample using purposive sampling technic from 174 millennial employees at UKRIDA Hospital was collected. Established measurement tools, including the Servant Leadership Questionnaire (SLQ) and Individual Work Performance Questionnaire (IWPQ), were employed. The characteristics of the participants were analyzed using Statistical Package for Social Science (SPSS). Hypotheses were tested using Partial Least Squares Structural Equation Modeling (PLS-SEM). Servant leadership significantly and positively impacts the individual work performance of millennial employees in the hospital setting. Hospitals should cultivate an environment that embraces all facets of servant leadership to enhance the job performance of millennial employees.

Keywords: Health Care Sector; Hospital Management; Millennial; Individual Work Performance; Servant Leadership

INTRODUCTION

In recent times, there has been a noticeable shift in the demographic makeup of the healthcare workforce, with an increasing number of millennials choosing careers in hospitals and medical settings. Predictions suggest that within the next five years, millennials will make up more than 60% of the entire healthcare workforce (Zawawi & Nasrudin, 2017). Born between 1982 and 2004, this generation comes with unique expectations, values, and preferences regarding work environments and leadership styles (Karashchuk et al., 2020). This changing landscape presents several challenges for organizations, including the need to effectively attract and retain millennial employees, navigate the complexities of a workforce comprising multiple generations, and skillfully manage evolving dynamics among employees. Since healthcare provision heavily relies on human interactions, the behaviors and actions of employees play a significant role in organizational performance (Gordon et al., 2018; Ying & Cohen, 2018; Zawawi & Nasrudin, 2017).

Understanding how to maximize the work performance of millennial employees is crucial for improving the quality of healthcare services within hospital settings. Servant leadership emerges as a relevant leadership philosophy that prioritizes the well-being and growth of employees as a core principle. This approach emphasizes qualities like humility, empathy, active listening, and a dedication to serving others, which align closely with the values of the millennial generation (Eva et al., 2019). Studies suggest that embracing servant leadership positively influences hospital performance by boosting job satisfaction and decreasing turnover rates (Lu et al., 2019). Furthermore, servant leadership has been linked to alleviating job burnout (Ma et al., 2021) and reducing turnover intentions (Omanwar & Agrawal, 2022), while also promoting innovative work behaviors and improving overall job performance (Kül & Sönmez, 2021).

This inquiry carries substantial significance for multiple reasons. Firstly, hospitals

depend on a broad spectrum of professionals, including nurses, administrative staff, and technologists, a considerable portion of whom are millennials. Their efforts directly impact patient care and the overall effectiveness of the hospital. Therefore, delving into how servant leadership principles affect their job performance, motivation, and engagement is crucial.

Additionally, the healthcare sector undergoes constant evolution due to advancements in medical technology, changing patient expectations, and the demand for a patient-centered approach. Servant leadership has the potential to cultivate the adaptability, collaboration, and patient-centric mindset necessary in this dynamic landscape. As a result, it can significantly impact the performance of millennial employees in providing healthcare services.

Moreover, the growing demand for healthcare services, driven by demographic shifts and the need for innovative care delivery models, emphasizes the importance and relevance of examining how servant leadership influences the job performance of millennial employees in hospitals.

This study seeks to contribute to the existing knowledge base by examining the implementation of servant leadership in hospital settings and its impact on the work performance of millennial staff. It aims to explore how servant leadership principles can enhance the performance of millennial employees within hospital environments. Through this investigation, the research aims to provide valuable insights for hospital administrators, healthcare leaders, and policymakers. These insights can empower them to create work environments that support the well-being and professional growth of millennial employees, while simultaneously ensuring the delivery of high-quality patient care.

However, a more thorough investigation is needed to fully understand the relationship between servant leadership and individual work performance, especially among millennial employees in hospital settings.

In summary, the purpose of this research is to answer the following questions:

1. Does the factorial structure of the servant leadership be supported in the hospital context?
2. Does the factorial structure of the individual work performance be supported in the hospital context?
3. To what extent does leadership style affect the work performance of millennial employees significantly in the hospital context?

To address the research questions, a research framework was developed. The findings of this study are expected to aid human resource management in enhancing the effectiveness of work performance among millennial staff members.

LITERATURE REVIEW

The discussion on job performance has been diverse, covering different conceptual frameworks (Zawawi & Nasrudin, 2017). Fundamentally, individual work performance involves three primary dimensions: task performance, contextual performance, and counterproductive work behavior.

Task performance is intricately tied to the technical core of organizational functions (Higgins et al., 2017; Gabriel, 2016; Park et al., 2016; Wolf et al., 2015). It encompasses both direct tasks, such as patient treatment, and indirect duties, like nurse recruitment, which formally delineate an employee's role (White et al., 2015). This dimension is comprehensive, covering aspects such as task behavior, job-specific and non-job-specific tasks, role

performance, technical activities, and action orientation (Brown et al., 2015; Heydari et al., 2015; Hamblin et al., 2015; Yuan & Zhong, 2014; Yun et al., 2014).

On the contrary, contextual performance involves interpersonal behavior, organizational citizenship behavior, extra role performance, and peer team interaction (Brown et al., 2015; Weigl et al., 2014; Estes, 2013). Lastly, counterproductive work behavior encompasses actions detrimental to organizational performance, such as off-task activities, unruliness, theft, and drug abuse, along with absenteeism and presenteeism (Beckman et al., 2012; Westbrook et al., 2011; Greenslade & Jimmieson, 2011; Barker & Nussbaum, 2011).

According to Krijgsheld (2022), the job performance of healthcare professionals can be influenced across three levels. At the macro-level, factors such as organizational structure, perceived support within the organization, and the prevailing organizational culture collectively affect job performance. A supportive and innovative environment can improve performance, while toxic work climates and abusive supervision may have adverse effects. Turnover among high-performing employees also negatively impacts organizational performance.

At the meso-level, aspects like managerial support, supervision, training initiatives, team dynamics, and social support play roles in influencing job performance. Employee-focused approaches and positive attitudes towards work and innovation contribute positively, whereas factors like abusive supervision, resource constraints, heavy workloads, dissatisfaction with colleagues, and burnout have negative implications.

On the micro-level, variables including work engagement, clarity of roles, autonomy, employee competencies and educational background, workload, multitasking, and personal traits such as openness to change, extraversion, enthusiasm, and creativity significantly affect job performance. Conversely, low emotional intelligence and Machiavellian tendencies have detrimental effects.

In summary, organizational governance, management or leadership styles, and individual skills and traits collectively contribute to either enhancing or diminishing employee performance, thereby impacting organizational effectiveness. Given the distinctive attributes of millennial employees, optimizing their performance is essential for improving the quality of healthcare services, particularly in hospital environments.

Servant leadership, which prioritizes employee well-being and development, aligns closely with the values of millennials (Eva et al., 2019). Despite criticisms regarding its practicality compared to transformational leadership, servant leadership has been acknowledged for its positive impact on organizational financial performance and productivity (Giolito et al., 2021).

Studies indicate that implementing servant leadership in hospitals results in various benefits, including increased job satisfaction, decreased turnover rates, alleviation of job burnout and turnover intentions, encouragement of innovative work behaviors, and enhancement of overall job performance (Lu et al., 2019; Ma et al., 2021; Omanwar & Agrawal, 2022; Kül & Sönmez, 2021). Therefore, hospitals and healthcare institutions stand to gain significantly from adopting servant leadership practices tailored to the preferences and needs of their millennial workforce.

Hypothesis Development

In this study, the dimensions of Servant Leadership as proposed by Liden et al. (2008) have been adopted, which include Emotional Healing, Creating Value for the Community, Conceptual Skills, Empowerment, Helping Subordinates Grow and Succeed, Putting

Subordinates First, and Behaving Ethically. Additionally, the dimensions of Individual Work Performance proposed by Koopmans et al. (2011) have been utilized, comprising Task Performance, Contextual Performance, and Counterproductive Work Behavior.

To summarize, this research establishes a framework in which servant leadership exhibits a direct positive association with individual work performance among millennial employees at UKRIDA Hospital. Therefore, the following hypotheses are proposed:

H 1: Servant leadership is positively associated with the work performance of the millennial employees individually in the hospital context.

In this study, the conceptual framework can be described as an illustration as follows (Figure 1):

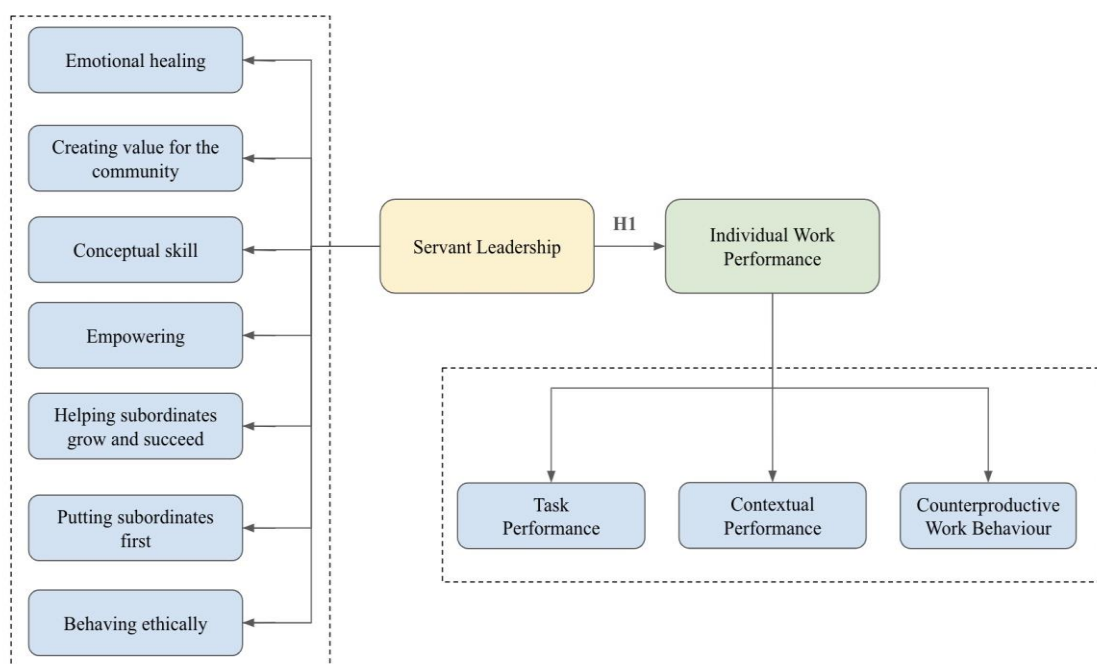


Figure 1. Conceptual Framework

RESEARCH METHOD

Research Design

This research utilized quantitative research methods employing a cross-sectional design. The study encompasses all variables included in the research model, with the dependent variable being individual work performance, constructed from task performance, contextual performance, and counterproductive work behavior. Conversely, the dimensions of servant leadership—emotional healing, creating value for the community, conceptual skill, empowerment, helping subordinates grow and succeed, putting subordinates first, and behaving ethically—act as the independent variables.

Settings and Participant

Data collection occurred in November 2023, using purposive sampling technic, resulting in the acquisition of 174 fully completed responses. This study focuses on a sample comprising millennial employees, defined as those born between 1982 and 2004, affiliated with UKRIDA

Hospital situated in West Jakarta, Indonesia. All millennial participants have been formally employed by UKRIDA Hospital for a minimum of 3 months. Participation was limited to full-time staff members functioning as medical professionals or hospital administrators, while excluding outsourced personnel, part-time employees, and trainees. Respondents volunteered for the study, assured of the confidentiality of their responses. Additionally, participants were informed of their autonomy to withdraw from the study at any stage.

Data Collection

Over a one-week period, data collection took place to ensure thorough inclusion of all units, taking into account that employees were fully occupied with their roles. Each employee involved was given a digital questionnaire, which took approximately 20 to 30 minutes to fill out. The study's aims and procedures were transparently communicated to the participants, and the questionnaires were provided in English. Additionally, a cover page accompanied each questionnaire, clarifying the voluntary aspect of participation and reassuring participants of the researchers' dedication to safeguarding the confidentiality of their answers. Before participating, written informed consent was obtained from all individuals involved.

To measure the concepts under investigation, recognized instruments with established psychometric properties were employed. Servant leadership was evaluated using a 28-item scale developed by Liden et al. (2008), covering the seven behavioral dimensions: conceptualizing, emotional healing, prioritizing followers, facilitating followers' growth and success, ethical behavior, empowerment, and community value creation. Respondents used a 7-point Likert-type scale ranging from '(1) strongly disagree, (2) disagree somewhat, (3) disagree, (4) undecided, (5) agree somewhat, (6) agree, and (7) strongly agree' to rate each survey item. Aggregating scores across each dimension yielded insights into the perceived attributes of servant leadership among leaders, as perceived by millennial employees.

Work performance was measured using the Individual Work Performance Questionnaire (IWPQ), an 18-item scale. This self-report tool evaluates individual performance across three dimensions: Task Performance (TP), Contextual Performance (CP), and Counterproductive Work Behavior (CWB). Typically, completing the IWPQ requires only about 5 minutes. As a self-report instrument, the IWPQ offers several advantages in addressing current challenges in performance appraisal:

1. Facilitating performance appraisal across various job roles.
2. Offering a comprehensive assessment of individual work performance, allowing employees ample opportunities to observe their own behaviors.
3. Encouraging active engagement of employees in the performance appraisal process, thereby boosting their sense of responsibility.
4. Increasing employee satisfaction with the fairness of the scoring system through the utilization of self-reporting.

The Task and Contextual Performance dimensions utilize a 5-point Likert-type scale, with responses ranging from '(0) seldom, (1) sometimes, (2) regularly, (3) often, (4) always. Conversely, for Counterproductive Work Behavior, the response format ranges from '(0) never, (1) seldom, (2) sometimes, (3) regularly, (4) often'.

To derive subscale scores for the IWPQ, the scores of all items within each subscale are summed and then divided by the number of items in the subscale. Subscale scores range from 0 to 4, with higher scores indicating a greater magnitude of the respective dimension. The individual scores for each dimension aid in interpreting the CWB subscale and allow for comparison among the dimension scores. The total IWPQ score is determined using the

formula: $TP + CP + (4 - CWB)$. Average total scores range from 0 (low) to 12 (high). Please refer to Table 1 for the formula to calculate scores for each dimension in the IWPQ.

Table 1. Scoring of IWPQ Subscale

Dimension	Scoring Formula
Task performance	$(\text{Item } 1+2+3+4+5)/5$
Contextual Performance	$(\text{Item } 6+7+8+9+10+11+12+13)/8$
Counterproductive Work Behavior	$(\text{Item } 14+15+16+17+18)/5$

Data Analysis

The decision to utilize Partial Least Squares Structural Equation Modeling (PLS-SEM) was motivated by its ability to analyze intricate models in explanatory research. The conceptual framework employed in this study comprises fifteen components, representing a complex research model. Especially in explanatory models, the PLS-SEM method is favored for its flexibility and robustness (Hair et al., 2019). The analysis using PLS-SEM was carried out using SmartPLS™ version 4.0, selected for its comprehensive capabilities, including a bootstrapping menu for significance testing (Memon et al., 2021).

The PLS-SEM analysis entails two primary components: the measurement model and the structural model. Initially, the measurement model is developed to gauge the reliability and validity between indicators and their corresponding constructs within the model. The assessment of reliability involves evaluating indicator reliability (outer loading) and construct reliability (Cronbach's alpha and composite reliability), followed by the evaluation of construct validity (average variance extracted) and discriminant validity (heterotrait/monotrait ratio). Upon meeting these criteria, the analysis progresses to the structural model.

In the structural model, the significant relationships between each construct within the research model are investigated. This phase aims to uncover the underlying associations and pathways among the constructs, providing insight into the overall framework of the study.

Ethical Considerations

To evaluate potential risks associated with the proposed research approach, the researchers sought peer reviews from two lecturers in the Department of Hospital Administration at Universitas Pelita Harapan. Furthermore, the survey protocol received approval from the ethics committee of Pelita Harapan University in Tangerang. Approval from UKRIDA Hospital was also obtained to ensure compliance with institutional regulations. In addition, to uphold ethical standards, informed consent forms were provided to participants. These forms detailed the objectives, methods, and rights of the participants, including assurances of data confidentiality. Prior to data collection, approval was secured from the hospital administration to proceed with the study.

RESULTS AND DISCUSSIONS

This research was conducted on 174 respondents who met the criteria in this study. The profile of the respondents who participated in the study is presented in the demographic profile (Table 2) as follows:

Table 2. Respondent demographic profiles

Demographic Variables		Sample (n)	Percentage (%)
Gender	Male	59	33,91
	Female	115	66,09
Education	Junior high school	1	0,57
	Senior high school	4	2,30
	Vocational high school	1	0,57
	Associate degree	72	41,38
	Diploma's degree	6	3,45
	Bachelor's degree	45	25,86
	Master's degree	5	2,87
	Professional's degree	39	22,41
	Specialist's degree	1	0,57
Years of Experience	Less than a year	53	30,46
	A year and more	121	69,54
Demographic Variables		Average Score	Scale
Servant leadership style of direct supervisor		18.92	0-28
Work performance of millennial employees		8.99	0-12

According to the demographic profile of the respondents, the majority were female (66.09%). Regarding educational qualifications, 41.38% held an associate degree, while others had varying levels of education, including junior high school (0.57%), senior high school (2.30%), vocational high school (0.57%), diploma (3.45%), bachelor's (45%), master's (2.87%), professional (22.41%), and specialist (0.57%). In terms of years of experience, most respondents had been working in UKRIDA Hospital for over a year (69.54%). The average score for servant leadership style among leaders at UKRIDA Hospital was 18.92 on a scale of 0 to 28, while the average score for individual work performance among millennial employees was 8.99 on a scale of 0 to 12.

The first step of this research involved an outer model analysis. Based on the results of outer loading (OL), several indicators that did not meet the set value limit of 0.708 were eliminated, while some indicators with values above 0.4 were considered for inclusion in the model. If all indicators surpassed 0.708, they were deemed reliable for measuring each research item. Subsequently, construct reliability was tested using Cronbach's alpha (CA) and composite

reliability (CR). In this study, all indicator values exceeded 0.7 but did not exceed the upper limit of 0.95, indicating acceptable construct reliability (Table 3).

To ensure convergent validity, the average variance extracted (AVE) value was evaluated. All research constructs had an AVE value of at least 0.5, indicating that each construct could explain at least 50% of the variance items in the model.

Table 3. Reliability and validity analysis

Variable	Indicator	OL	CA	CR	AVE
SL	EH	.864	.938	.949	.731
	CVC	.873			
	CS	.899			
	E	.645			
	HSGS	.913			
	PSF	.858			
	BE	.903			
IWP	TP	.861	.803	.905	.827
	CP	.954			
	CWB	-.149			

OL: outer loadings; CA: Cronbach's alpha; CR: composite reliability; AVE: average variance extracted; SL: servant leadership; EH: emotional healing; CVC: create value for the community; CS: conceptual skill; E: empowering; HSGS: helping subordinates grow and succeed; PSF: putting subordinates first; BE: behaving ethically; IWP: individual work performance; TP: task performance; CP: contextual performance; CWB: counterproductive work behavior

To assess discriminant validity, the Heterotrait/Monotrait ratio (HT/MT) was utilized, as it is known to be more accurate in detecting discriminant problems. The results of the validity test in this study indicated that all constructs had a value of 0.176. Therefore, it was concluded that all indicators in this research model had been effectively discriminated against, enabling them to measure their respective constructs. Additionally, common method bias resulting from errors or biases in measurement methodology was evaluated using the inner variance inflation factor (VIF). The findings revealed that all constructs had an inner VIF value below 3 (1.000), suggesting that no common method bias issue was identified in this model.

The research model demonstrates that the R2 value for the individual work performance variable is 0.029, indicating that the variable can be explained by servant leadership by 2.9%. The results of hypothesis testing with the bootstrapping feature (Table 4) indicated that the proposed hypothesis was accepted (T statistics > 1.645, $p < 0.05$, and CI 5% and CI 95% following the direction of the hypotheses).

Table 4. Hypothesis test result

No	Hypothesis	SC	T-s	CI 5%	CI 95%	p-Values	Result
H1	SL → IWP	.171	2.233	0.110	0.130	0.013	Hypothesis supported

Sig. at $p \leq 0.05$; CI: confidence interval; T-s: T-statistics; SC: standardized coefficient; SL: servant leadership; IWP: individual work performance

The hypothesis test results reveal that all indicators of servant leadership endorse these traits within the hospital setting. While a subset of individual work performance indicators aligns with the measurement, counterproductive work behavior is identified as an invalid and unreliable indicator of individual work performance in this study. Nonetheless, the conclusion drawn is that servant leadership significantly and positively impacts individual work performance by approximately .171.

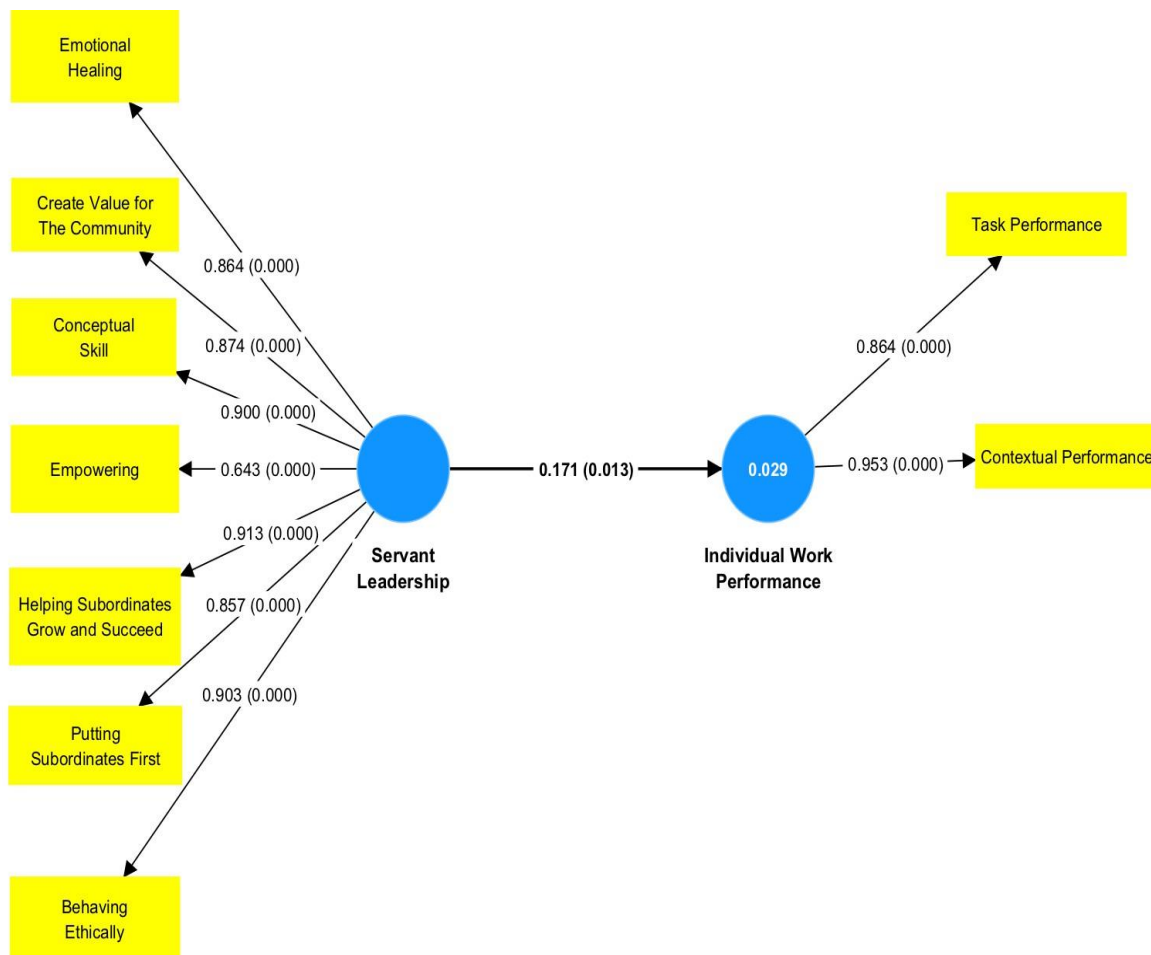


Figure 2. Result model

This study explored explanatory pathways to analyze how servant leadership influences the individual work performance of millennial employees in hospital settings. The results indicate that servant leadership positively impacts the individual work performance of millennial employees. These findings hold significance, especially considering the limited research available on the relationship between leadership styles and worker performance (Choudhary et al., 2013 & Aiken et al., 2021).

Servant leadership is recognized as a leadership model that cultivates a collaborative and empowering atmosphere, prioritizing the well-being and advancement of team members. At its core, this approach revolves around the belief that by placing the needs of others first, leaders can effectively motivate and guide their subordinates toward realizing their full potential. Serving as mentors, servant leaders invest their time and effort in understanding the unique strengths and aspirations of each team member. Through fostering open communication and offering steadfast support, they establish a culture that esteems personal growth and

accomplishment. This comprehensive approach to leadership not only enhances organizational performance but also fosters a sense of purpose and satisfaction among team members, thereby fostering a sustainable and flourishing work environment (Liden et al., 2008).

This study has embraced the dimensions of Servant Leadership as delineated by Liden et al. (2008), which are expounded upon as follows:

1. **Conceptual Skills:** These skills represent a leader's adeptness in organizational awareness and the implementation of role clarification processes to tackle challenges encountered by subordinates and organizations in fulfilling their missions and organizational objectives (Liden et al., 2008). Servant leaders are expected to possess a broad conceptual understanding to advance the missions and visions of both individuals and organizations. Notably, the capacity to generate insights and foster an atmosphere of creative and innovative thinking is closely associated with enhancing organizational outcomes (Salleh et al., 2021).
2. **Empowerment:** This entails delegating autonomy to subordinates in identifying problems and making decisions in problem-solving endeavors (Liden et al., 2008). Servant leadership recognizes the intrinsic capabilities of subordinates, encompassing the acknowledgment of individual talents and rights (Salleh et al., 2021).
3. **Helping Subordinates Grow and Succeed:** This component elucidates authentic concerns that contribute to optimizing subordinate self-development by providing support, encouragement, and guidance (Liden et al., 2008). Servant leaders assert that each individual possesses abilities beyond their role as workers, and it is the responsibility of Servant Leaders to explore the added value in unleashing and developing potential from the personal and professional facets of subordinates within the organization (Salleh et al., 2021).
4. **Prioritizing Subordinates:** This dimension underscores the servant leader's disposition to verbally communicate and demonstrate the precedence of subordinates, particularly those under direct supervision (Liden et al., 2008). Such an approach instills enthusiasm among subordinates, motivating them to undertake assigned tasks with efficiency and creativity (Salleh et al., 2021).
5. **Demonstrating Ethical Behavior:** Ethical conduct entails how servant leaders engage openly, fairly, and authentically with subordinates (Liden et al., 2008). Leaders who uphold ethical standards serve as exemplars for subordinates, nurturing a positive societal perception and bolstering the organizational social identity (Salleh et al., 2021).
6. **Emotional Healing:** This dimension concerns a leader's attentiveness to the psychological well-being of subordinates, incorporating an empathetic element that underpins effective listening. Servant leaders are required to undergo a process of emotional self-recovery before engaging with subordinates. Their ability to rebound and foster strong connections with subordinates establishes a platform for seeking advice on both professional and personal matters. This aspect of emotional recovery aligns with understanding subordinate issues from a more objective, third-party perspective (Salleh et al., 2021).
7. **Creating Value for the Community:** This dimension involves leaders who are mindful and authentic in mobilizing and engaging the community within an organization (Liden et al., 2008). Community-building initiatives encompass fostering collaboration and commitment through effective communication channels. Additionally, collective cooperation contributes to resilience in the face of challenges and obstacles (Salleh et al., 2021).

The study demonstrates the applicability of the factorial structure of servant leadership within the hospital context. However, contrasting results emerge regarding the factorial structure of individual work performance assessment. This discrepancy may stem from the

possibility that the questions in the Individual Work Performance Questionnaire (IWPQ) lack sensitivity to capture reflective measurement among respondents. Additionally, it is unclear how a transition from answering "regularly" to "often" can be achieved and what implications such a change entails, such as in maintaining work results. This suggests that the questions in the IWPQ scales may lack discriminative ability (Koopmans et al., 2014). Furthermore, bias is presumed to arise due to uncertainty in truthfully answering questions, particularly regarding counterproductive work behavior.

In conclusion, the findings of this study align with previous research indicating that servant leadership enhances organizational financial performance (Giolito et al., 2021) and productivity (Laub, 2018). Moreover, studies suggest that implementing servant leadership positively impacts hospital performance by increasing job satisfaction and reducing turnover rates (Lu et al., 2019). Additionally, research indicates that servant leadership contributes to mitigating job burnout (Ma et al., 2021) and turnover intentions (Omanwar & Agrawal, 2022), while also fostering innovative work behaviors and improving overall job performance (Kül & Sönmez, 2021).

Limitations And Suggestions for Future Research

The review outlined in this paper has several limitations that deserve recognition. Firstly, although the minimum required sample size was met, it is advisable to incorporate a larger sample size that is more representative of the population. Doing so would enhance the generalizability of the findings and bolster the statistical power of the study.

Secondly, work performance is a multifaceted construct, characterized in various ways and encompassing numerous related dimensions. The narrow focus on specific dimensions of work performance may overlook other significant aspects that could impact overall job performance.

Despite these limitations, the findings from this review offer valuable insights and lay the groundwork for further research on work performance within healthcare settings. Future studies could explore additional dimensions of work performance and consider larger sample sizes to deepen our understanding of the factors influencing job performance among healthcare professionals.

CONCLUSION

In summary, servant leadership emerges as a compelling leadership strategy within hospital environments, particularly concerning the management of millennial employees. This leadership approach, marked by its resonance with millennial values, focus on collaboration, prioritization of employee development, enhancement of job satisfaction, and encouragement of adaptability, not only meets the unique requirements of millennial healthcare professionals but also significantly contributes to improved work performance and overall organizational success in the challenging and vital field of healthcare.

Hospital management ought to recognize the potential benefits of adopting a servant leadership approach to elevate millennial employee performance and should strategically incorporate this leadership style into their organizational culture. Several notable implications emerge:

1. Instituting training and developmental schemes designed to educate present and prospective hospital leaders about the principles and methodologies of servant leadership. These programs should furnish managers with the requisite competencies for adeptly guiding and nurturing millennial staff members.

2. Formulating recruitment and retention tactics that underscore the hospital's dedication to servant leadership. This encompasses enticing millennial healthcare professionals who value a collaborative and values-driven workplace environment, as well as ensuring that servant leadership ideals are ingrained in retention endeavors to inspire skilled millennial employees to persist and progress within the institution.
3. Updating performance assessment standards to incorporate qualitative elements like teamwork, collaboration, and mentorship, in accordance with the principles of servant leadership. Furthermore, implementing 360-degree feedback systems can offer a thorough evaluation of leadership efficacy, concentrating on its influence on team cohesion and employee contentment.
4. Nurturing an organizational ethos that prioritizes open communication, empathy, and a collective commitment to patient well-being. Establishing avenues for ongoing feedback and discourse between leaders and staff cultivates an environment of trust and openness.
5. Introducing wellness initiatives that cater to the physical and mental well-being of employees and prioritize endeavors aimed at fostering a harmonious work-life equilibrium. Acknowledging the distinct challenges and aspirations of millennial staff members in this aspect is paramount.
6. Fostering a culture of innovation by offering resources and backing for staff members to innovate and actualize novel concepts. Acknowledging and commending initiatives that enhance ongoing enhancements in healthcare methodologies reinforces the principles of servant leadership, emphasizing adaptability and ingenuity.

By embracing and integrating servant leadership principles throughout various aspects of hospital management, organizations can establish an environment that not only draws in and retains millennial talent but also amplifies overall employee performance and satisfaction within the crucial healthcare sector.

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