

# Mediating Role of Coping Ability between Servant Leadership Style and Burnout among Nepalese Nurses during the COVID-19 Pandemic: A Cross-sectional Study

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## ABSTRACT

**Background:** Nurses were the frontline health professionals caring for patients during the COVID-19 pandemic. Uncertainty of life caused job stress and burnout, but the effective mobilization of health workers saved people's lives. In this context, this study intended to examine the effect of servant leadership in predicting nurses' burnout by employing the perspective of social exchange theory and emotional contagion theory.

**Aims:** This study aimed to examine the mediating role of coping ability between servant leadership and job burnout among nurses in Nepal.

**Methods:** This research employed a cross-sectional survey with a quantitative research approach. Data were collected from 389 nurses with personal contact via an online Google form using a Likert questionnaire and the snowball sampling approach. Data were analyzed based on partial least squares because of highly correlated predictors of the predicting variable, using SPSS-AMOS.

**Results:** Servant leadership ( $\beta = -0.25$ ; 95% CI = 0.42, 0.73) and coping ability ( $\beta = -0.48$ ; CI = 0.53, 0.86) have an inverse relationship with nurses' burnout. Results revealed a significant effect of coping ability in the relationship between servant leadership and job burnout.

**Conclusion:** Servant leadership significantly reduces nurses' burnout. It is more effective in association with the coping ability of nurses.

**Originality:** This study stresses the application of servant leadership for effective customer care during a crisis. This study contributes to crisis management practices in mobilizing health workers about social exchange and emotional contagion theories.

**Keywords:** Servant leadership, burnout, coping ability, COVID-19 pandemic, social exchange theory

## INTRODUCTION

The COVID-19 pandemic was declared by the World Health Organization (WHO) on March 11, 2020.<sup>1</sup> This designation allowed countries and health organizations to mobilize resources and implement coordinated efforts to control the spread of the virus. Each government mobilized health workers to their best, and nurses were undoubtedly at the front line. There were legitimate

fears and challenges among nurses due to the highly contagious nature of the virus<sup>2</sup> and the uncertainties surrounding its transmission and treatment, which caused stress and burnout.<sup>3</sup> Despite burnout, nurses played a crucial role in responding to the pandemic. Burnout causes socio-economic consequences like porosities faction, higher turnover intention,<sup>4</sup> and reduced job productivity.<sup>5</sup> Support and courage from their leaders could have a significant role in managing

the burnout issue during the COVID-19 pandemic, raising the question of whether leadership significantly influenced mitigating burnout among nurses during the COVID-19 pandemic.

Literature supports the relationship between leadership and burnout, especially in the case of transactional, transformational, authentic, and ethical leadership styles.<sup>6,7,8,9</sup> However, significantly less attention has been paid to the servant leadership. This study focused on the role of servant leadership in burnout, emphasizing humanistic approach through emotional healing and altruism to maintain good relationships with their followers, i.e., a caring world.

Servant leadership has not disclosed whether it significantly impacts followers' psychological safety.<sup>11</sup> This study contributes to predicting servant leadership and employee outcomes<sup>12</sup> in a crisis like the COVID-19 pandemic, which fulfills the research gap.

## LITERATURE REVIEW

Employees exhibit unfavorable reactions resulting from enduring and persistent factors contributing to stress within the work environment<sup>13</sup> over an extended period, potentially leading to a cumulative and adverse impact on the well-being and performance of the employees. The negative response could manifest in various forms, such as decreased morale, reduced productivity, increased absenteeism, or even more severe consequences like burnout or health issues. Burnout results from stress at work, causing physical and emotional exhaustion. The common symptoms of job burnout are emotional dysfunction, physical morbidity, cognitive impairment, fatigue, and sleep impairment.<sup>14</sup> Burnout can be better described based on social exchange theory, job demand-resources theory, organizational theory, and emotional contagion theory. Social exchange theory describes employees' behavior, i.e., commitment, cooperation, and intent to continue jobs based on the behavior of leaders, i.e., supervisors and

coworkers.<sup>15,16,17</sup> Job demand-resources theory proposes burnout as the imbalance between resources available to fulfill job demands.<sup>18</sup> Organization theory stresses that burnout occurs because of organizational and work stressors and is contingent on personal coping strategies.<sup>19</sup> Based on the emotional contagion theory, burnout can be developed inside and outside the workplace.<sup>20</sup> The burnout can result from sharing situations, experiences, collective emotions, fear, sadness, or exhaustion. This study follows a mixed approach of social exchange and emotional contagion theory in such theoretical backups.

Job burnout has three essential dimensions: emotional exhaustion, professional efficacy, and cynicism, as suggested by literature.<sup>21,22</sup> Emotional exhaustion results when a nurse faces prolonged stress and emotional strain, leading to emotional exhaustion and decreased productivity. This happens because of an individual's feeling of losing control over what will happen in life, which results in demotivation.<sup>21</sup> Increased workload and stress cause emotional exhaustion among nurses.<sup>23</sup> Cynicism is an attitude characterized by a general distrust towards the motives and sincerity of others.<sup>24</sup> A cynical person may express skepticism through sarcasm, irony, or a pessimistic outlook. The person's pessimism increases the probability of higher cynicism.<sup>25</sup>

During the COVID-19 pandemic, leaders had a crucial responsibility to prioritize and support their subordinates' well-being. The pandemic created unique challenges and uncertainties, affecting employees' physical, mental, and emotional well-being. Leaders who adopted a compassionate and proactive approach to ensure their workforce felt supported and cared for during those problematic times resulted in less burnout. A servant leader always proposes a staff-friendly working environment, seeking to determine the needs of their staff.<sup>26</sup> They keep close communication and frequently ask how they can sustain nurses at work to resolve problems.<sup>27</sup> Servant leader can effectively deal with burnout by focusing

on followers' well-being.<sup>28,29</sup> In the crisis, the role of servant leaders can be vital in accomplishing meaningful outcomes<sup>12</sup> by reducing work burnout, which could be beneficial not only for individual nurses working during the COVID-19 pandemic but also for the community and hospitals.<sup>28</sup> Servant leaders reduce employee burnout<sup>29a, 29b</sup> with the best support, communication, and motivation.<sup>30, 31</sup> Based on this empirical evidence, the following hypothesis was developed.

H1: Servant leadership has a statistically significant direct and adverse effect on burnout among nurses.

## **MEDIATING ROLE OF COPING ABILITY OF NURSES**

Coping ability (CA) refers to an individual's capacity to effectively manage and navigate through stress, challenges, and adverse situations. It encompasses psychological, emotional, and behavioral strategies to cope with stressors and demands they encounter,<sup>32</sup> aiming at handling challenges, both from external and within oneself. CA is perceived as demanding or surpassing an individual's available resources.<sup>25</sup> The effectiveness of CA can impact work-related attitudes, i.e., cynicism and burnout.<sup>33</sup> CA may drive proactive efforts to employ coping strategies to deal with undesirable situations in the workplace and burnout.<sup>34</sup> Coping ability can be adaptive coping and maladaptive coping. Learning and practicing healthy coping strategies can improve resilience, reduce stress impacts, foster a positive outlook on life, and reduce burnout. Through continuous support and communication, servant leadership facilitates the improvement of the CA of nurses. Based on this evidence, the following hypotheses have been formulated.

H2: Servant leadership has a statistically significant direct and positive effect on coping ability among nurses.

H3: Coping ability has statistically significant direct and negative effects on burnout among nurses.

H4: Coping ability has a statistically significant mediating effect between servant leadership and burnout among nurses.

## **METHODS**

The population for the study was the total number of nurses working in public sector hospitals in Kathmandu during the COVID-19 pandemic. Respondents were connected based on the personal network using snowball sampling because of problems in personal visits. Three hundred and eighty-nine female respondents (72.02% response rate) reported their responses via online Google form; however, five hundred and forty nurses working in different hospitals in Kathmandu were approached. Those on leave during the period or who left the job because of the COVID-19 pandemic were omitted from the participation list. Prior consent from the respondents was mandatory in the questionnaire, stating whether respondents wished to participate voluntarily. Respondents had to provide their responses to each question/item to reduce the chance of missing values.

A 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) was developed to measure main constructs. The questionnaire included items from tested models for validity and reliability with contextual modifications. A seven-item measure of global servant leadership<sup>35</sup> was adopted to measure servant leadership. One of the typical items includes 'your leader/supervisor/head nurse emphasizes giving back to the community.' Sixteen items adapted from the Malachi Burnout Inventory-General Survey<sup>21</sup> were designed to measure burnout, including three dimensions: exhaustion, professional efficacy, and cynicism. A sample item is "I feel emotionally drained from my work." Likewise, coping ability was examined using the Locus of Control Scale.<sup>36</sup>

**RESULTS**

**Table 1: Demographic Profile of Respondents**

Category	Number	Percentage
<b>Number of years of experience</b>		
<2 years	90	23.14
2-5 years	144	37.01
> 5years	155	39.84
<b>Age</b>		
<25 yrs.	105	27
25-35 yrs.	152	39
>35 yrs.	132	34
<b>Marital status</b>		
Married	255	65.55
Unmarried	105	27
Separated	29	7.45
<b>Living status</b>		
Living with family	234	60.15
Living far from family	155	39.85

Though factors and item constructs were adapted from empirically tested studies, factor analysis was conducted using Principal Component Analysis with Varimax Rotation because of the contextualization of items. As suggested by,<sup>37</sup> items factor loading 0.5 were incorporated in factors; cut-off values for AVE and CRs were chosen at 0.50 and 0.70<sup>37,38</sup> for convergence and internal consistency.

**Table 2: Summary Statistics**

Constructs	α	CR	AVE	Mean	SD	Skew ness	Kurtosis	1	2	3
Servant leadership	0.751	0.781	0.515	3.897	0.523	-0.261	-0.742	<b>0.717</b>		
Job burnout	0.823	0.874	0.524	3.998	0.859	-0.765	-0.515	-.554**	<b>0.723</b>	
Coping ability	0.714	0.636	0.534	3.672	0.545	-0.646	-0.425	.645**	-.657**	<b>0.730</b>

\*\* Significant at the 0.01 level (2-tailed).  
Source: Calculation, self-survey (2021)

Table 2 provides summary statistics of constructs with a mean (SD) of servant leadership, job burnout, and coping ability are 3.89(0.52), 3.99 (0.85), and 3.67 (0.54), respectively. Greater mean values than 3 (cutoff point) provide evidence of respondents' satisfaction with items of each construct. Further, correlation coefficients describe job burnout as negatively associated with servant leadership and coping ability. Skew ness and Kurtosis values within the range ± 2 indicate the normality of the data.<sup>39</sup> The square root of AVE (bold diagonal elements) provides evidence for discriminant validity as the

square root of AVEs is larger than correlation,<sup>40</sup> implying that there are no issues of discriminant validity.<sup>41</sup> Model fit indices CMIN/DF (2.43), GIF(0.931), TLI(0.911), CFI(0.941), NFI(0.892), and RMSEA(0.042) provided sufficient condition for model fit.<sup>42</sup>

**TEST OF HYPOTHESES**

Structural equation modeling featured with AMOS was performed to test hypotheses. Table 3 and Table 4 provide direct and mediation associations. The final result is presented in Figure 1. From Table 3, the result of the standardized coefficient (β =-0.25 and p-value<0.01) provided evidence that effective servant leadership significantly reduced

job burnout in nurses during the COVID-19 pandemic, providing evidence to accept hypothesis H1. Hypothesis H2, i.e., effective servant leadership helps to enhance the coping ability of subordinates, was also accepted ( $\beta=0.45$ ,  $p\text{-value}<0.01$ ). H3 hypothesized that nurses with higher coping ability resulted in lower burnout, which is also accepted ( $\beta = -0.48$ ,  $p\text{-value}< 0.01$ ).

**Table 3: Test of hypothesis**

Path	Standardized coefficients	SE	P-value	95% (bias-corrected bootstrapCI)		Hypotheses Decision
				LCI	UCI	
SL -> BO	- 0.25	0.03	0.00	0.42	0.73	H1 Accepted
SL -> CA	0.45	0.01	0.00	0.53	0.86	H2 Accepted
CA -> BO	- 0.48	0.02	0.00	0.32	0.91	H3 Accepted
SL -> CA -> BO	-0.466	0.000	3.612	0.531	1.120	H4 Accepted

Note. SL = *servant leadership*, CA = *coping ability*, BO= *job burnout*. CI = Confidence interval, SE = Standard error.

The significant direct path coefficients in Table 3 provided evidence for the test of mediation in nurses' job burnout during the COVID-19 pandemic. Sobel and Bootstrapping for mediation effect were performed in SEM-AMOS to examine the indirect effect of coping ability. H4 was formulated with the logic that the coping ability of nurses with servant leadership significantly reduces job burnout. The result exhibits that indirect effects of coping ability in association with the effectiveness of servant leadership are statistically significant ( $\beta = - 0.466$  &  $p\text{-value} < 0.01$ ,  $z = 3.612$ , CI at 95%, LCI = 0.531, UCI = 1.120); provided evidence to accept H4.

## DISCUSSION

The study's main objective was to examine the role of servant leadership in alleviating nurses' burnout during the COVID-19 pandemic. It also examined the mediating role of the coping ability of nurses. The results supported the significant impact of servant leadership on reducing nurses' burnout, which is consistent with a limited number of previous studies on employee well-being.<sup>10, 11, 28, 29, 43, 44</sup> Servant leaders offer various job resources, including organizational support, job clarity, and supervisor support, to help decrease burnout. They are genuinely concerned about empowering and promoting independence among their subordinates while fostering emotional healing and ethical behavior.

Servant leaders provide essential job resources to buffer against the adverse effects of high job demands that typically lead to burnout. Alternatively, these leaders supply necessary job resources to aid employees in recovering from burnout. In essence, nurses working under servant leaders are less susceptible to burnout. The researchers operationalized nurses' burnout by considering emotional exhaustion, cynicism, and a sense of personal inefficacy. Factors such as empowerment, emotional healing, and ethical behavior are particularly relevant in reducing emotional exhaustion among employees and fulfilling the needs of staff.<sup>26</sup>

The study also found support for coping ability as a mediating factor between servant leadership and burnout. A nurse with ample coping ability fostered by servant leadership faces low nurse burnout. Coping ability refers to nurses' capacity to manage and navigate through stress to reduce burnout effectively. This study aligns with the findings of previous studies<sup>33, 34</sup> advocating that the effectiveness of coping abilities, such as cynicism, empathy, and burnout, can impact work-related attitudes.

## CONCLUSION

During the COVID-19 pandemic, hospital leaders played a vital role in reducing the burnout of nurses working on the front line. Servant leaders provide essential resources, such as organizational

support, job clarity, and supervisor support, contributing to decreased burnout. Moreover, servant leaders demonstrate genuine concern for empowering and fostering independence among their subordinates, promoting emotional healing and ethical behavior.

The study offered two conclusions. Firstly, servant leaders' provision of essential job resources is a buffer against the adverse effects of high job demands that often lead to burnout. Secondly, servant leaders supply the necessary resources to help nurses recover from burnout, demonstrating their commitment to subordinates' well-being. Servant leadership becomes more effective in nurses with higher coping abilities.

## IMPLICATIONS

Operationalizing nurses' burnout through emotional exhaustion, cynicism, and a sense of personal inefficacy, the study highlighted the relevance of servant leadership for emotional healing and morale support for employees in crises. The study found support for coping ability as a mediator between servant leadership and burnout. Nurses with effective coping abilities, nurtured by servant leadership, experienced lower levels of burnout, indicating the importance of coping strategies in managing burnout. These findings will apply to the training and development of nurse leaders to gear up the crisis-coping ability.

The research contributes to the existing body of knowledge by shedding light on the relationship between servant leadership and nurses' burnout during the crisis. Overall, the study underscores the significance of servant leadership and coping abilities in promoting nurses' well-being and points to potential areas for further research and interventions to support healthcare professionals during challenging times.

## LIMITATIONS AND FUTURE SCOPE

This study was conducted during the pandemic when meeting with respondents was impossible. Participating and responding to research questions could be challenging and pathetic because of the mental exhaustion and job

stress. The findings' validity depends upon the data's validity, which may be distorted because of mental exhaustion and stress. Thus, the data collected from the respondents selected based on snowball sampling could be one of the limitations. Future researchers are suggested to follow probability sampling strictly. In addition, the research may limit the validity of respondents because of mental exhaustion during the pandemic.

## CONFLICT OF INTEREST: NONE

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