

# Understanding the concept of servant behavior from public employees

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## Abstract

In Brazil, public employees are known as servers. This paper investigates the comprehension of these professionals about their job, confronting with the attributes defined in servant behavior researches. First results suggest a common sense for responsibility, welfare practices and initiative, but not much association with resignation and usefulness.

**Keywords:** servant behavior, public employees, public job

## Introduction

Once public services use to be often stigmatized and considered of poor quality, and that public servants "do not provide good service," it was perceived a need to address this area of research, deepening reflections about human behavior.

As Albrecht (2003) reported, a common sense about public service is that "if there is something that the public employees hate, it is serving the public". On another side, some efforts have been made in improving public service quality, and this may include the way people think and act on that segment. The poor quality image associated do public service requires therefore that any effort to change it will be supported by a better service to the public, but also involves reducing budget expenditures, decentralize, achieve and maintain best employees and even survive (FERREIRA, 1999). Kissler (1998) argues "those who try to reach a public agency does not expect to find, behind the counter office, the personification of an authoritarian state, but a coach who, in the foreground, sees the citizen as a customer and treats him with respect and seriousness" (FERREIRA, 1999).

An issue that may be used to discuss this kind of matter is the human behavior in public service. Due to it, this research deals with servant behavior concept.

The concept of servant behavior is being developed from the observation of the need to implement more efficient and attractive services, which aim to provide a high level of satisfaction to its customers. In this context, Nobrega (2009), with the aim of finding new frontiers for knowledge in services, conducted empirical research and built the base of the attributes for servant behavior, pointing 7 dimensions to be observed: responsibility, usefulness, welfare practices, renunciation, initiative, simplicity and willingness to help.

Considering that human behavior derives from what people think and how they think about concepts and principles, this research aimed to find what is the comprehension, for a sample of public employees about serving and about servant behavior. An empirical research was conducted using two open questions about the comprehension about the matter, and results are shown, first with a simple description of the understanding, and, secondly, by a comparison with the servant behavior attributes from Nobrega's conceptualization.

## **Fundamentals**

### *Services*

Due to increasing of service competitiveness, new scenarios for organizations require quick responses to changes. These are changing the way organizations manage, especially with regard to relationships with clients. Kotler (2000) believes that organizations with predominant features in services need to enhance the relationship between people who are involved in providing services, as well as develop and qualify teams to be able to change existing practices regarding relationship with the client, enabling better interaction and therefore their satisfaction. The author argues "satisfaction is the result from a one's experience when a performance or results meet their expectations." Thus, satisfaction is a function of relative expectations and perceived performance. Thus, if the good or service reaches the expectations, the consumer will be satisfied and, if expectations are exceeded, he will be very pleased. If the good or service does not meet expectations, the customer is dissatisfied. All these conditions will be influenced by human behavior.

This way, service delivery implies relationship between supplier and customer, and can be built among the employees or between employees and external customers. Understand and create the ideal environment for service provision is the first condition for the organization adopt customer relationship management (MEDEIROS, 2010)

### *Public Services*

Public Service in a broad concept, may be understood as "all those services provided by the Administration or its representatives, under state standards or control, to satisfy essential or secondary needs of the community, or simple convenience of State" (MEIRELLES, 1988). This definition is adequate due to its dynamic aspect and flexibility to the demands of each people, i.e. customers. On the other hand, it also expresses a situation not ideal but real, in which there are activities undertaken by the State for its simple convenience.

As the holder of public services, the state must provide them as best as possible. In Brazilian state, which takes its inspiration from the notion of the welfare state, the Constitution provides several functions that fit the state pay, consolidating up such activities as public services.

According to Main (1994) apud Ferreira (1999), government usually has no tools to evaluate its performance and, when evaluation parameters are incorrect, incentives are incorrect. The usual poor quality of services offered to the public may cause stress in front of the state representant, i.e., the server.

### *Public Servers*

The expression public server, according to the adopted doctrine, will have a broad or narrow sense. To Filho (2012), a broader term is "public agents" who, for the purposes of Brazilian Law 8429/92, is everyone who, although transiently or without remuneration, by

election, appointment, assignment, hiring or any form endowment or bond, occupies an office, position, employment or function in public organizations, i.e., all agents of the federal Government, States, federal District and Municipalities, as well as any of federative powers.

To Chahad (1993) Government employees correspond to a transparent group, which ends up being penalized by the structural ills of public finances, though they are only a part those. This is associated with the situation of inequality and strong dose of corporatism exists in certain segments of the public service.

So public employees with whom customers-citizens interact, play an important role in the perception that the customer-citizen will have about the service quality. Clearly, people are the key element in the process of quality management: people motivation and commitment will impact on success of its practical application (ESTEFANO, 1996).

In relation to performance of public services operations, it can be said that the main purpose of government should be to provide services with quality, efficiency and democracy, meeting the demands they are legally required by society for the benefit of citizenship and human dignity. Adopt procedures toward achieving these goals as the primary duty of public managers. Omitting, inhibit or thwart these procedures injure the principles of supremacy of public interest and legality, because, as Mello (2012) registered, "administrative people have no availability on the public interests entrusted to his custody and accomplishment",

Thus it is understood that public employees often are stuck to the difficulties of public service, but with good will and creativity, it is possible to overcome obstacles and provide efficient service and excellence.

#### *Human behavior on health services*

The behavior of individuals in relation to health depends on the susceptibility to a particular problem in this area, whether they believe in the seriousness of the problem and believe the available health actions can bring them benefits. The perceived susceptibility refers to the subjective perception of disease risk. The perceived severity refers to feelings and concerns about the disease and its health consequences - death, pain or disability - and living conditions - conditions of work, family life and social relations (TEIXEIRA, 2002). In this context, human behavior for host reception increases in importance, because this, if done properly, is the beginning to a more efficient and effective service.

Host reception means the humanization of care, which requires guaranteed access to the service. It relates also to listen to users health problems, in a qualified way, always giving them a positive response and taking responsibility for solving their problem. Consequently, host reception must ensure that the resolution is the ultimate goal of health work, effectively solving the user's problem. Responsibility for health issue goes beyond the service itself, concerning the necessary link between the service and the population (CAMPOS et al., 1998).

Teixeira (2002) systematizing proposals that have attempted to deal with the problem of assistential model, considers proposals to incorporate the host reception and link between users and health workers, have also contributed to problematize the (un)humanization of assistance, mainly determined by technification of health care. Thus the introduction of 'customer focus' and the incorporation of substantial changes in work processes in health services, could discuss critical aspects of hegemonic medical model, such as the doctor-patient relationship (in their ethical and cultural dimensions) or even the limits of knowledge and technologies used so intensely under this model.

Silva Jr and Mascarenhas (2004), when developing conceptual and methodological aspects of the evaluation of primary health care, identified four dimensions of "host receptive",

"access" - geographical and organizational, "posture" - listening, professional-user attitude and intra-team relationship; "technical" - teamwork, professional training and acquisition of technologies, knowledge and practices; "reorientation of services" - institutional design, supervision and work process. For these authors, working on a "host receptive" posture assumes an attitude of health that will welcome users and listen appropriately and humanized their demands, including sympathizing with the suffering. This way one can build relationships of trust and support among workers and users. The discussion of host units raises questions about the quality of access and reception of users, and determines a change of focus into the tensioning services, establishing a physician-patient relationship as the most emblematic case. In this dimension as the host posture, also lies the interior of the relationship itself between health staff and levels of management hierarchy.

Thus, based on more current concepts about host reception, previously systematized, and several implementation experiences, the "host reception" appears as: a) attitude / practice of health professionals to the user in the process of individual and collective work; b) managerial action to reorganize the work process of the health unit in order to better serve users and enhance the ability to identify and solve problems; c) guideline for health policies, aimed at creating, at various points, attention of the health system capacity to respond to the demands, made by providing users the most appropriate technological alternatives.

Interpersonal relationships need attention, as well as complaints managing, and the professional to act as the if he were the user. This aspect helps to develop increased self-esteem, encouraging the recognition, prestige and professional autonomy, allowing him to develop emotional coping skills and creating alternatives to overcome these frustrations in this environment (AMESTOY et al., 2006).

The valued employee articulates and harmonizes their work environment and achieves high performance with pleasure and satisfaction (BACKES et al., 2006). Collaborating for employee's health and physical and psychological well-being aggregates improved productivity and service to the patient (CAVALCANTI, 2002). Humanize means to ensure ethical dignity, recognizing the needs, suffering, pain and pleasure of others (BECK et al., 2007).

The relations should happen horizontally, person to person, recognizing and valuing each one in their sphere of work by stimulating the potential for creativity and freedom to build and transform the environment reality. For this transformation to occur, it is necessary that there be reflection, dialogue, listening and self-awareness in a democratic and participative way, involving all staff (BACKES et al., 2006).

Teamwork is a basic tool for caring, since there is no way to develop a health care quality if there is no teamwork. In this paper, relationships should enhance confidence, respect, understanding, cooperation, communication, and, finally, the integration of individuals who form the workplace (ABREU et al., 2005).

Team meetings are used in order to proposed professional growth and improvement of efficiency in the workplace. They provide employees discussions, reflections, exchange of ideas and dissemination of knowledge, i.e., appropriate communication that can, and try to solve problems, to transform reality and reduce conflicts and/or misunderstandings between employees (ABREU et al., 2005).

In health there is a number of different professionals, each one with their own rules, parameters, worldviews and notions of ethics. In some institutions this aspect may be considered the beginning of the formation of the multidisciplinary team, while in others, this is used to explain the infeasibility of multi professional work. There are those situations which admit that it

is possible to work with a multidisciplinary team, providing it is without physicians, usually understood as a separate category.

#### *Servant behavior characteristics*

Nobrega (2009), conducted empirical research and built the base of the attributes of servant behavior, finding 7 dimensions to describe it: responsibility, simplicity, resignation, initiative, willingness to help, practices well and utility, presented in Figure 1.

Table 1 - Conceptualization of servant behavior

Servant behavior conceptualization	Definition
Responsibility	to act with responsibility, commitment, consistency, and required performance
Simplicity	to make things simple, but necessary, in value, without fear that this causes you any feeling of inferiority
Resignation	to resign, abandoning self wishes, space or valorization, in order to take care of another
Initiative	to take initiative and act proactively, performing activities with responsiveness
Willingness to help	to act with a sense of proximity, complicity and reciprocity in order to attend and help another
Welfare practices	s a pleasure, tendency and disposal to do good to people and community
Usefulness	to give meaning to activities aiming do make useful actions, providing result, value and productivity

Font: Nobrega (2009)

#### **Methodology**

This research, a case study, made use of qualitative approach, having as the universe for application, a group of 38 employees at the clinic of a Public Maternity Hospital, in Natal / RN. This corresponds to the total of employees working at the researched clinic.

The data collection instrument was a questionnaire with two open questions, which inquired: 1. "what do you understand by the word server?" And 2. "to a public employee, what is a servant behavior?" The questionnaires application occurred between November and December 2012.

For data analysis, content analysis was used, delimiting the units coding in word and / or phrase that reflected the speeches of the actors, treating them through the frequency of items that made sense to dimensions of server and servant behavior by semantic approach. Thus, the thematic analysis was quantitative and based on frequency.

Importantly, the study was submitted to the Ethics Committee of HUOL / UFRN due to the realization of the same being in an environment of health, and was duly approved on

26.10.2012, in the opinion paragraph. 132.190 and CAAE 07760012.9.0000.5292 in system platform of Brazil's Ministry of Health - National Health Council - National Commission on Ethics in Research - CONEP.

For the study, the four principles of bioethics were respected: autonomy, beneficence, nonmaleficence and justice, as recommended by the Resolution n.196/96, from the National Health Council, which contain guidelines and regulatory standards for research directly or indirectly involving human, individually or collectively, whether performed by any professional categories, field biological, psychological, educational, cultural or social, including the management of information and materials (BRAZIL, 1996).

Autonomy is guaranteed to the subjects, explaining on its total freedom of choice to participate in different times, in order that participation is voluntary and that, at any moment, they could refuse to answer any of the questions and quit the study, leaving these terms disclosed in the Terms of Consent (IC), which is required by the Ethics Committee to ensure voluntary participation in research and clarify the participant all the research procedures.

### Results and discussion

Table 1 presents data from the question: "what do you understand by the word server?" Data are presented in decrescent order or frequency.

Table 2 Respondents answers to the question "what do you understand by the word server?"

Item	Answers	Frequency	Percentage
1	Hired to serve; to serve something or someone, to serve public; being able to serve	12	21.4
2	Serving population with empathy; work for community	10	17.9
3	Run what is requested: solving issues and problems inherent in their work"	6	10.7
4	Being public employee	5	8.9
5	Help as best as possible; help on new professionals formation	4	7.1
6	Being honest, assiduous and work on time	4	7.1
7	Have more duties and obligations than rights	3	5.4
8	Work with pleasure	2	3.6
9	Take care of local and equipment	2	3.6
10	Understand that public service belongs to everybody	2	3.6
11	Employment stability	2	3.6
12	Cooperate with everyone	2	3.6
13	Professionals admitted through public selection	1	1.8

14	Serving to public government	1	1.8
	Total of answers	56	100%

Font: Elaborated by the authors

From data, it is observed that the highest frequency was for "Hired to serve: Serve to something or someone; serve public; be able to serve", with 21.4% of answers, followed by "Serving population with empathy; work for the community", with 17.9% and third, "Run what is requested: solving issues and problems inherent in their work", with 10.7%. These three responses with higher frequencies, represented a percentage of 50%, among the fourteen answers. Understanding that the role of the server is to serve the public, working for community, somehow enhances the possibility of transferring value to customers by meeting their needs and desires, argued by Dahmer and Estrada (2002) as the essence of service, and that Meirelles (1988) mentions as meeting the essential and secondary needs of a community.

It is noteworthy that in most of the answers, the servers point to the perception of their work reflecting the significance of the role of the server (function / assignments) which implies "what to do" in the strict sense, as reported: "hired to serve"; "perform what is required"; "resolve issues and problems inherent in the work".

Other dimensions could be categorized as not representing the complement to the role to be played: expected behavior at work (how to do), as in the words "help the most", "be honest, punctual and diligent"; "work with pleasure" and inherent in working conditions, such as: "having a steady job"; "be hired for public service". The interrelations between dimensions, meaning the server's role, behavior and conditions relating to work, may contribute to the that Estefano (1996).

Table 2 shows results to the second question "to a public employee, what is a servant behavior?" Answers were grouped according to the dimensions structured by Nobrega (2009), as shown in table 1. The answers with no correspondence to any original dimension were classified as "others", representing 3.5 % of the answers.

Table 3: Respondents answers to the question "what do you understand by the word server?"

Servant behavior dimension	Respondents' answers (individual frequency)	Frequency	Percentage
Responsibility	Achieving goals (11) Punctuality (9) Responsibility to work (7)	27	31.4%
Welfare practice	Community welfare (13) Respect colleagues (5) Put oneself in the other's place (2) Being cordial (5)	25	29.1%
Initiative	Being able to act (10) Take initiative (1)	11	12.8%

Simplicity	Working with affection and love (7)	7	8.1%
Usefulness	Effectiveness (5)	5	5.8%
Resignation	Working wherever needed (5)	5	5.8%
Willingness to help	Collaborate with the institution (3)	3	3.5%
Others	Working in direct administration (2) Having permanent and gainful occupation (1)	3	3.5%
Total of responses		86	100%

*Font: Elaborated by the authors*

According to the dimensions developed by Nobrega (2009), the dimension that took first place was Responsibility with 31.4%, followed by Welfare practice, with 29.1%, the Initiative, with 12.8%, with 8.1% Simplicity, Resignation and Usefulness, with 5.8% each, and Willingness to help, Others with 3.5% each.

Complementing about Responsibility, that got the highest frequency, according to the researched service, employees seem to feel responsible. Some of their reports are shown: "Acts responsibly with work, contributes to the effectiveness of the public service and its social mission"; "Meets rigor, accountability and promptness their daily assignments" ; "attends service regularly and punctually"; "Serves the public attention and warmth"; "Executes one's tasks with responsibility"; "Responsible, caring, handles well, correctly reports, providing a service of excellence"; "Is committed to public service, which carries out everyday tasks punctual, caring, serving customers well"; "Tend to know their function, is punctual, respects and works with all the love"; and "Behold, thus some answers listed by respondents, in order to confirm the results".

It is noteworthy that the dimension Responsibility, most cited as a reference to the servant behavior, relates to the representation of what is most significant to the concept of being a server. This corroborates the point of view that the server's role is to serve the community, and to that, much responsibility is needed, diverging from Albrecht's claim (2003) that "if there is something that the public employees hate, it is serving the public", because, in this case, there are many public servants who know their true function, which is to serve the public.

The second associated dimension "welfare practices" corresponded to 29.1% of the responses. Regarding the concept from Nobrega (2009), "welfare practices" reports that goodness is pleasure and willingness to act, doing good for people and community, so it is a concept that is consistent with the exercise of a servant behavior. Thus, the results indicate that, for the respondents, kindness is the second most important dimension to a server behavior.

Initiative got third position. This reminds us that in the public service, often to perform a good service, we need to take initiative, to suit certain situations and solve problems without harming the service, even in the face of unforeseen situations or which is not able to perform fully adequate service.

Finally, it is noteworthy that the dimensions Responsibility and Welfare practice, associated to the open question about servant behavior, showed a percentage of 60.5% of the responses, and then meaningful statements among those surveyed employees.

## 5 Conclusions



These results are part of a larger research, which will involve quantitative approach, with closed questions applied with the service customer-users, aiming to evaluate "how servant" may the behavior of the clinic employees be considered.

This first part dealt just with the comprehension about the concept of server, as well as about the servant behavior. About the concept of server, it can be said the principal items are "hired to serve; to serve something or someone, to serve public; being able to serve"; "Serving community with empathy"; "Run what is requested: solving issues and problems inherent to one's work"; and "being public employee".

On comparing the comprehension of the servant behavior with Nobrega's servant behavior dimensions, the most cited were Responsibility, Welfare practices and Initiative. The least cited dimensions were Usefulness, Resignation and Willingness to help.

Limitations of this research are related to a simple and particular case study, not allowing generalization, as well as the fact that, due to the number of interviewees, it was not conducted a deeper analysis, making use of a statistical tool such as factorial analysis. Once this research is essentially qualitative and exploratory, the findings are useful, me allow reflections for further studies.

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