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THE MODERATING ROLE OF TRUST IN LEADER ON EQUITY SENSITIVITY AND QUALITY OF WORK LIFE AMONG A SAMPLE OF RESIDENT DOCTORS

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Abstract

The study investigated the moderating role of trust in leader on equity sensitivity and quality of work life among a sample of resident doctors. A total number of one hundred and eighteen (118) resident doctors fifty-five (55) males and sixty-three (63) females participated in the study. The participants were selected through multistage sampling technique (cluster, criterion & availability). Participant's ages ranged from 24-56 years with a mean age of 34.18 and standard deviation of 8.22. Three instruments were used for data collection; Trust in Leader Scale (Adams & Sartori, 2005), Equity Sensitivity Instrument (Huseman, Hatfield & Miles, 1985) and Work Related Quality of Life Scale (Simon & Darren, 2013). The study adopted correlational design and Hayes Regression-Based Macro PROCESS was used to test the hypotheses. Findings indicates that trust in leader was significantly associated with quality of work life among resident doctors ($B = .91, p < .01$). Equity sensitivity was significantly associated with quality of work life among resident doctors ($B = 1.33, p < .001$) and trust in leader moderated the relationship between equity sensitivity and quality of work life of resident doctors. Hospital management, consultants and other stakeholders in the medical profession should implement programs and strategies that will create equitable work conditions and enforce positive relationships between leaders and doctors in training in order to enhance their quality of work life.

Keyword: *Equity Sensitivity, Quality of Work Life, Resident Doctors, Trust in Leader*

Introduction

The recent brain drain among health workers especially medical doctors in Nigeria have attracted a bill at the National Assembly suggesting that doctors could be prevented from assessing their medical license immediately after graduation till they serve their nation and individual communities for at least five years before leaving the shores of the country. Doctors in search of a better quality of work life and equity leave in droves as statistics suggests that consultants who left Nigeria in 2022 alone are up to 13,000. The present brain drain and a decline in medical services in Nigeria can be attributed to lower quality of work life, perceived trust in leadership as well as fairness in remuneration alongside other professions who offer less and get more in return. Doctors are healthcare professionals who prevent diseases and injury, relieve pain and suffering of prospective patients caused by maladies as well as promote and maintain health. Even as they strive to provide comprehensive, continuous and coordinated health services, the quality of work life of doctors is quite unsatisfactory due to inadequate health resources in many healthcare systems in developing countries such as Nigeria. Lack of job resources affects doctors' work motivation leading to their low quality of work life, which further influences the quality of doctors' services. First, the rewards for Nigerian doctors, such as compensation and promotion opportunities are relatively limited compared to that of their counterparts in developed countries such as Netherlands, Australia and United States of America which raises the question on equity sensitivity as well as the role of leadership in the current brain drain crises bedeviling the state of the health sector in Nigeria.

Quality of work life denotes all the organizational inputs which aim at the employees' satisfaction and enhancing organizational effectiveness (Rahiman & Kodikal, 2018). Quality of work life is a combination of strategies, procedures and ambiance related to a workplace that all together enhances and sustains the employee satisfaction by aiming at improving work condition for the employees of the organizations (Nazir et al, 2011). The degree of excellence brought about work and working conditions that contribute to the overall satisfaction and performance primarily at the individual level and finally at the organizational level, is a pointer to high quality of work life. As a motivational phenomenon quality of work life is increasingly significant as well as a sense of equity to improve productivity.

Within the workplace, the notion of equity plays a key role in our understanding of how people perceive and react to injustice. The construct of equity sensitivity describes an individual's preference about his or her desired input to outcome ratio. It also describes how individuals' preference regarding their input and outcome ratio relate. Individuals high on equity sensitivity tend to be more input oriented and accept a negative distribution of rewards in relation to themselves. For them, the likelihood of getting a satisfactory outcome of relations is high, as the input of resources that they invest in exchange relations can exceed the output and are called "benevolent". Individuals low on equity sensitivity are more outcome oriented and are intolerant of unfair rewards allocation and prefer to receive more than they contribute to relations, and are described as "entitled" (Woodley et al, 2016). The benevolent are the net 'givers' and the entitled are the net 'receivers'. While in the middle of these two extremes are the individuals termed 'equity sensitive'. These individuals try to balance their input-outcome ratio with the referent group to avoid the situation of over and under reward. These three groups varied in their desire for outcomes (e.g., pay) in each relationship (Pereira, 2019). Individuals perceived equity is sensitive to disparate contexts and cultures (Pereira, 2019) and since Nigerian doctors have been found to work long hours with unpredicted schedules under severe strain, they will likely be faced with issue of unfairness in the workplace as such, increased brain drain, increased turnover intention, intention to quit, absenteeism as well as low level quality of work life will prevail. On the other side, as employees are different and sensitive to equal treatment, they vary in response to equity and fairness in the workplace, as such, perceived leadership styles, adequate pay, career growth prospects, personality attributes as well as a high trust in their leaders are all achieved through a high sense of equity in the workplace (Larkin et al, 2018; Rath et al, 2021).

Leadership plays a critical role during challenging and uncertain times (Baran & Woznyj, 2020) as employees look up to leaders for guidance and direction. Whether an organization achieves success or not is highly

dependent on leadership of the organization. Mutual trust among consultants, doctors in training and their management is a crucial matter that hinders or enhances the process of success in the health sector. Trust can be defined as part of a relationship between two people that involves the voluntary acceptance by the trustor of risk based on the actions of the other party. Trust in leader is regarded as a psychological process between a transformational leader and his or her followers, which leads to a sense of identification with the firm by employees, and allows them to improve on a constant manner (Farmanesh & Zargar, 2021). It is the ability to use power to build a sense of security, in subordinates and supporters. A trustful relationship between a manager (leader) and employee is very vital as it increases employees' quality of work life as well as their sense of equity. Trust in leader is one of the most significant elements in shaping the personality of an organisation and its people, as negative leader action and practices, perceived organizational support, quality and quantity of information, low credibility and reliability of leaders as well as a decreased sense of equity are related to trust in leader negatively (Farmanesh & Zargar, 2021). Trust in leader promotes organizational strength, stability and happiness among the employees or co-workers, reduces unfavorable conflicts, and improves effective problem-solving solution (Zia-ur-Rehman, et al, 2022) and has been linked to a variety of positive outcomes such as, high level of performance, job satisfaction, lowers stress, stronger cohesion, autonomy, commitment, creativity and innovative behavior as well as an increased sense of equity and quality of work life and as such, teams may become extremely unproductive if the individual members feel tense, unsatisfied, and less emotionally committed.

The behavior of leaders during turbulent and unpredictable times even as resident doctors are scarce can gain or lose followers' trust and support. Leaders whose words and action are not aligned will find it hard to be trusted by their team members (Agote et al, 2016). Trust as a key element in the entity's success is established mainly through the leader's strategies, plans, and actions (Ndevu, 2019). Trust is a crucial element of effective leadership that can impact followers in ways ranging from the mundane to the heroic. With the existence of trust, workplace environment becomes soothing for individuals leading to increased sense of equity as well as an improved quality of work life (Farmanesh & Zargar, 2021), hence, this resource serving as a moderator. To this end, the present study is focused on the extent to which trust in leader could moderate the relationship between equity sensitivity and quality of work life of resident doctors.

Theoretical background and hypotheses

This study is anchored on Maslow's hierarchy need theory of motivation (Maslow, 1943) which demonstrated links between the predictor, moderating and criterion variable. From the practical view point, Nigerian resident doctors have issues with maintaining a reputable quality of work life which may be influenced by perceptions of unfairness and connections established between the leader and doctors in training hence heightening unmet physiological, safety, social, esteem and actualization needs thereby reducing quality of work life.

Given that trust in leader and quality of work life are desirable outcomes that has proven to affect performance positively, Beheshtifar (2013) have shown that lack of equity impede quality of life of individuals thereby creating the need to identify a buffer. Studies (e.g. Sun, et al. 2023; Widodo, Gustari & Permana, 2023; Setyo et al. 2022; Mubeyyen & Meltem, 2020) suggests that trust in leader is a critical resource that has elicited research interest and believed to be a moderator between achieving quality of work life and other goal directed behaviors in the health sector. Dearth of scientific literature that investigate the moderating role of trust in leader on two key variables of interest, quality of work life and equity sensitivity among a sample of resident doctors using a Nigerian sample prompted the researchers' interest to explore the moderating role of trust in leader on equity sensitivity and quality of work life.

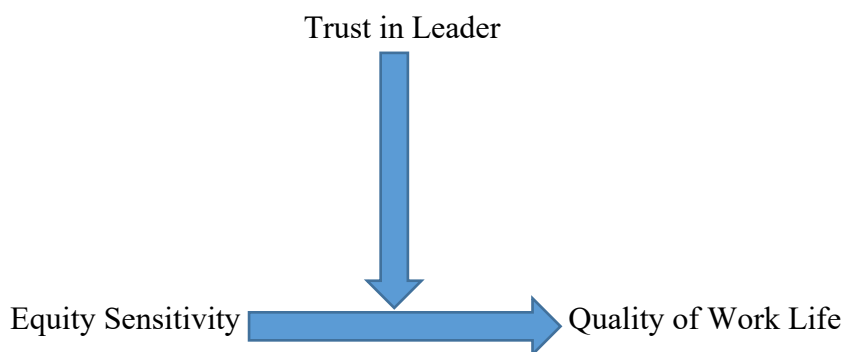


Figure 1

Hypotheses

The following hypotheses were tested

- Trust in leader will significantly relate to quality of work life of resident doctors.
- Equity sensitivity will significantly relate to quality of work life of resident doctors.
- Trust in leader will significantly moderate the relationship between equity sensitivity and quality of work life of resident doctors.

Method

Participants

A total number of one hundred and eighteen (118) participants comprising fifty-five (55) male and sixty-three (63) female resident doctors with a mean age of 34.18 and standard deviation of 8.22 were drawn from two major government owned hospitals in Enugu State and they are University of Nigeria Teaching Hospital Ituku Ozalla Enugu and Enugu State University Teaching Hospital Parklane. The hospital units and participants were selected through multistage sampling technique (cluster, criterion & availability). Age, gender, marital status and years of service were explored as control variables.

Instrument

Three sets of instruments were used for this study and they include:

Work-Related Quality of Life (WRQoL) Scale (Easton & Van Laar, 2013).

The Work-Related Quality of Life (WRQoL) scale is a 23-item psychometric scale designed to assess an individuals' quality of working life as measured through six psychosocial sub-factors which includes general wellbeing (GWB), home-work interface (HWI), job and career satisfaction (JCS), control at work (CAW), working conditions (WCS) and stress at work (SAW). The response was designed on a 5 point Likert response format, ranging from strongly disagree (1) to strongly agree (5). Items 7, 9 and 19 are reverse scored while the rest of the 20 items are directly scored. Sample items include (1) I feel well at the moment. (2) I work in a safe environment. (3) I often feel under pressure at work. The scale obtained an overall Cronbach alpha reliability co-efficient of 0.91 and a sub-factor reliability ranging between .75 and .88. For GWB = .88, HWI= .83,

JCS= .86, CAW= .81, WCS= .75 and SAW= .81. Among Nigerian samples, Cronbach alpha of .94, .87 and .85 were obtained from three studies (Owolabi, 2015 & Ogungbamila, 2016).

Equity Sensitivity Instrument (ESI) (Huseman, Hatfield & Miles 1985).

This is a five-item forced distribution measure which assesses individuals' equity sensitivity level. For each item, respondents allocate 10 points between two statements, one representing a benevolent response and the other representing an entitled response. Examples of the items are "It would be more important for me to: A) help others; B) watch out for my own good.", and "The hard work I would do should: A) Benefit the organization; B) Benefit me." The ESI demonstrated Cronbach's alpha of .84 and reliability of .92 as obtained by the developers. In the Nigerian context Onyishi (2011) obtained a reliability coefficient (Cronbach Alpha) of .68.

Trust In Leader Scale (Adams & Sartori, 2005).

Trust in leader was measured using a 20-item trust in leader scale (Adams & Sartori, 2005) which is designed to measure trust in direct leaders of small teams. This scale was designed to primarily tap person-based trust that accrues as the direct result of personal experience and shared history. Ratings were on a 7-point scale ranging from 1 (completely disagree) to 7 (completely agree) with a neutral midpoint. Examples of items include; (1) my leader watches my back, (2) I believe my leader is honest and (3) I believe my leader is fair. As obtained by the developers, the reliability co-efficient of the trust in leader scale overall was very high at .97 with a mean inter-item correlation of .62. Nwoye and Eze (2021) obtained a reliability coefficient of .097 and a Cronbach alpha of 0.86 among a Nigerian sample.

Procedure

Two government hospitals in Enugu State, University of Nigeria Teaching Hospital (UNTH) and Enugu State University Teaching Hospital Parklane were selected using simple random sampling technique (ballotting). The researchers proceeded to the hospital management to obtain permission for ease of access to resident doctors posted to its various units. The hospital units (accident & emergency, children's ward, burns unit, coronary care unit, intensive care unit, oncology, otolaryngology, radiology, urology, cardiology, dialysis) formed clusters and with the help of ward attendants, doctors who were available and met the set criteria for selection (doctors on training) were drawn and each given a copy of the questionnaire. The researchers recruited and trained ward attendants who served as research assistants that helped in administering and retrieving copies of the questionnaire. Participants who consented to be a part of the study were advised to take their time in filling out copies of the questionnaire since any improper filling invalidates the instrument. They were also informed that participation is voluntary and are free to withdraw in case the need arises. A total of one hundred and thirty (130) copies of questionnaire were distributed, one hundred and twenty three (123) were retrieved, but only one hundred and eighteen (118) were properly filled and used for data analysis.

Design/Statistics

Correlational design was adopted while Hayes Regression-Based Macro PROCESS for SPSS 22 was used to test the hypotheses as it enabled the researcher to test the moderating relationship between the criterion and predictor variables.

Results

Table 1: Correlations of demographic variables, equity sensitivity, trust in leader and quality of work life

S/N	Variable	M	SD	1	2	3	4	5	6	7
1	Gender	1.54	.50	-						
2	Age	34.18	8.22	-.16*	-					
3	Marital Status	1.67	.86	.01	.45** *	-				
4	Years of Service	7.85	6.99	-.15*	.89** *	.44**	-			
5	Equity Sensitivity	40.59	11.17	.03*	.02	-.07*	.05*	-		
6	Trust in Leader	109.18	16.49	-.18*	-.03	-.04*	.02*	.02** *	-	
7	Quality of Work Life	83.84	11.93	.10** *	-.09*	.08*	.05*	.04**	.52** *	-

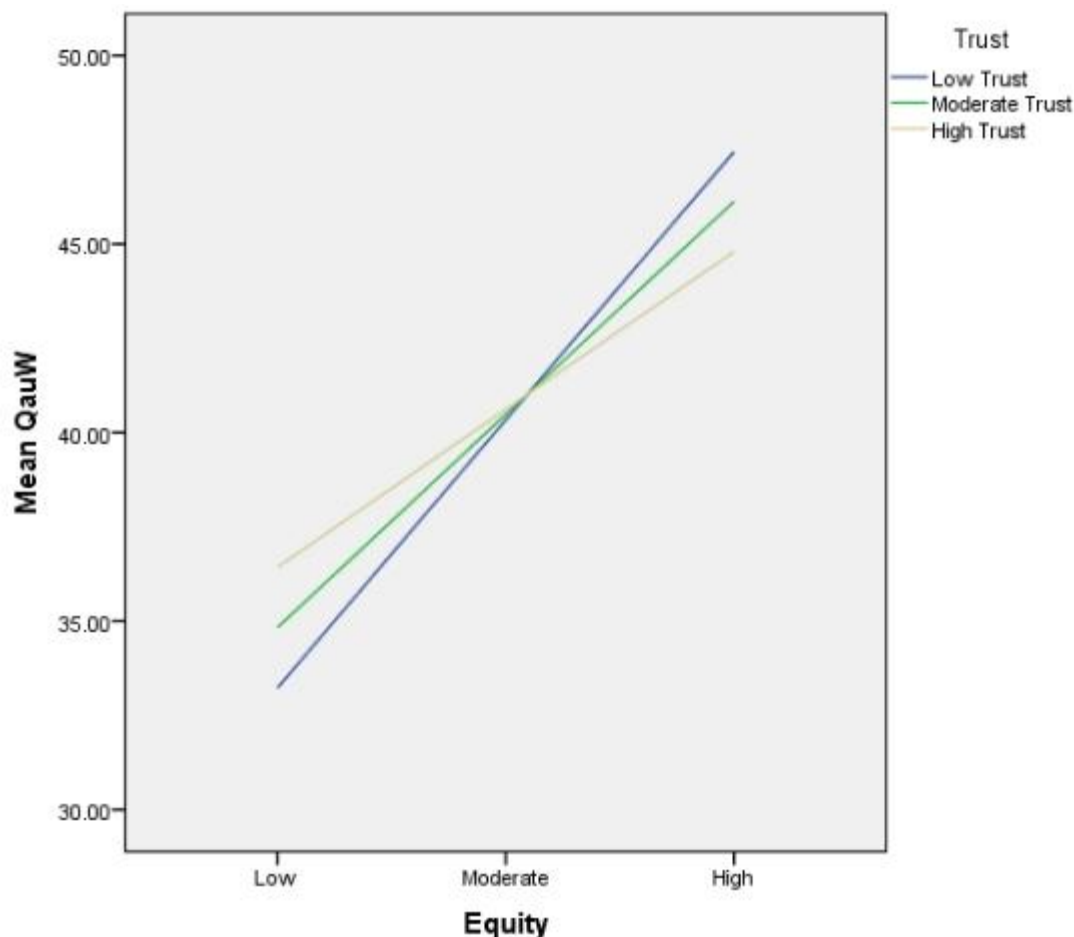
Note: * $p < .05$; ** $p < .01$; *** $p < .001$.

Results in Table 1 showed that quality of work life was positively significantly related to gender ($r = .10$, $p < .001$), marital status ($r = .08$, $p < .05$), years of service ($r = .05$, $p < .05$), equity sensitivity ($r = .04$, $p < .01$), and trust in leader ($r = .52$, $p < .001$); and negatively related to age ($r = -.09$, $p < .05$). Thus, the more doctors tend to balance their input with the output they get in their work, the more the quality of their work life increases. Similarly, the more trust they have in the leadership of their institution, the more their quality of work life increases. Gender was negatively significantly related to age ($r = -.16$, $p < .05$), years of service ($r = -.15$, $p < .05$), trust in leader ($r = -.18$, $p < .05$); and positively related to equity sensitivity ($r = .03$, $p < .05$). Age was positively significantly related to marital status ($r = .45$, $p < .001$) and years of service ($r = .89$, $p < .001$). Marital status was positively significantly related to years of service ($r = .44$, $p < .001$); and negatively significantly related to equity sensitivity ($r = .07$, $p < .05$) and trust in leader ($r = .04$, $p < .05$). Years of service was positively significantly related to equity sensitivity ($r = .05$, $p < .05$), and trust in leader ($r = .02$, $p < .05$). Equity sensitivity was positively significantly related to trust in leader ($r = .02$, $p < .001$).

Table 2: Hayes PROCESS macro results for equity sensitivity predicting quality of work life with trust in leader as moderator

Variable	<i>B</i>	<i>T</i>	<i>p</i> -level	95% <i>CI</i>
Trust in Leader	.91	2.46	.01	[-.46, .73]
Equity Sensitivity	1.33	4.47	.00	[-2.04, .77]
Trust X Equity Sensitivity	.05	2.46	.01	[-.05, .01]

In Table 2, it was found that trust in leader was significantly associated with quality of work life of resident doctors ($B = .91$, $p < .01$). Equity sensitivity was significantly associated with quality of work life of resident doctors ($B = 1.33$, $p < .001$). The interaction of trust in leader and equity sensitivity was significant ($B = .05$, $p < .01$), indicating that trust in leader moderated the relationship between equity sensitivity and quality of work life. Slope of the interaction (see figure 2 below) indicated that trust in leader was significantly associated with quality of work life at low level of equity sensitivity among resident doctors ($B = .75$, $p = .001$); at moderate level of equity sensitivity among resident doctors ($B = .59$, $p = .001$); as well as at high level of equity sensitivity among resident doctors ($B = .44$, $p = .001$). The model explained about 5% of the variance in quality of work life, $R^2 = .05$, $F(1, 114) = 6.06$, $p = .014$.



Summary of Findings

- 1). Quality of work life was positively and significantly related to gender, marital status, years of work life, equity sensitivity, trust in leader; and negatively related to age.
- 2). Trust in leader was positively associated with quality of work life among resident doctors.
- 3). Equity sensitivity was positively and significantly associated with quality of work life of resident doctors.
- 4). Interaction indicated that trust in leader was significantly associated with quality of work life at low level, moderate level and high level of equity sensitivity among resident doctors.

Discussion

Considering the result, the first hypothesis which stated that equity sensitivity will significantly relate to quality of work life among resident doctors was confirmed. This finding implies that lower perceptions of injustice and unfair reward allocation in the workplace enhances a resident doctors feelings about every dimension of work including economic rewards and benefits, security, working conditions, organizational and interpersonal relationships and its meaning in a person's life, leading to organizational effectiveness. This finding resonates the observations of Beheshtifar, (2013) who emphasized the positive relationship between quality of work life and equity perception.

The second hypothesis which stated that trust in leader will significantly relate to quality of work life among resident doctors was confirmed as trust in leader was positively and significantly related to quality of work life.

This findings suggests that when resident doctors rely on their leaders to do the right thing or believe that their trainers and leaders are reliable, committed, compassionate and capable, employee's quality of relationship with the total work environment is enhanced. A trustful and trustworthy relationship between leaders in the medical profession and resident doctors heightens a person's broader employment related experiences which encompasses perceptions of equality, work ethics, involvement, degree of autonomy and working conditions. The finding aligns with the assertions of Mubeyyen and Meltem (2020) and Sun, et al (2023) who emphasized the intricate balance between trust in leader and work-related quality of life.

The final hypothesis was confirmed and it stated that trust in leader will significantly moderate the relationship between equity sensitivity and quality of work life. Results of interaction indicated that trust in leader was significantly associated with quality of work life at low level, moderate level and high level of equity sensitivity among resident doctors. This findings implies that resident doctors with lower, moderate and high levels of equity sensitivity are bound to be more trustful which in turn enhances quality of work life. This finding suggest a complex interplay resonating from the assumptions of Maslow's hierarchy of needs (Maslow, 1943) which suggests that resident doctors approach work conditions with a variety of needs and thus engage in calculations of costs and benefits in seeking reinforcement. Once perceptions of equity is heightened especially in terms of meeting basic individual needs, an enhanced quality of work life is imminent.

Implications of the Findings of the Study

The findings of this study have theoretical, empirical and practical implications. Theoretically, this study contributed to our understanding of the moderating role of trust in leader on equity sensitivity and quality of work life among resident doctors. The findings have given credence to the assertions of Maslow's hierarchy of needs (Maslow, 1943) which posits that resident doctors have basic needs they seek to fulfil through work and will derive a satisfied quality of work life once needs around equity is met which invariably enhances trustful relationships between them and their trainers. Empirically, the findings of this study align with earlier findings (Mubeyyen & Meltem, 2020; Akter, Tang & Adnan, 2021 & Sun, et al., 2023) which found a significant positive relationship between trust in leader and quality of work life and findings of Beheshtifar, (2013) suggested a positive relationship between quality of work life and equity. Since, there is a dearth in research especially between quality of work life and equity sensitivity, this study also added to literature especially in the Nigerian context and can serve as a basis of reference for future researchers.

Practically, hospital management, consultants and other leaders in the medical profession should implement programs and strategies that will create equitable conditions and positive relationships between perceived leaders and resident doctors in order to enhance their quality of work life.

Limitations of the study and suggestions for further studies

This research is not without limitations. First, small sample size is a major limitation as the researcher focused on resident doctors from two major government hospitals in Enugu out of the myriad of resident doctors within and outside the state. Also, all data were obtained from the participants at one point in time using self-report measures which might have induced social desirability responses and bias. In addition, this study was a cross-sectional study and precludes causal inference. Further studies in this area should go beyond resident doctors in the South Eastern part of Nigeria to other climes in different parts of the nation and beyond. A large sample drawn from both private and public hospitals in Nigeria will enhance the external validity of this study. A mixed method approach and other qualitative methods comprising of detailed interviews and group discussions will also help to avert social desirability responses therefore increasing the generalizability and validity of the findings.

Summary and Conclusion

This study explored the moderating role of trust in leader on equity sensitivity and quality of work life among one hundred and eighteen resident doctors. Findings pointed to a significant and positive relationship between trust in leader and equity sensitivity on quality of work life whereas trust in leader also moderated this relationship. Through the analysis of these relations, hospital management and stakeholders in the health sector may be favorably equipped to give no room to inequity as well as optimize interpersonal relationship between doctors in training and their trainers as a resource required to improve their overall performance and quality of work life.

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