Empowering leadership, perceived organizational support, trust, and job burnout for nurses: A study in an Italian general hospital

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Background: A strong nursing leadership that instills trust in the leader and in the organization is an important component for an effective leadership, particularly for health care organizations, because trust defines the heart of health care workplaces by promoting patient safety, excellence in care, recruitment, and retention of the nursing staff.
Purpose: This study aimed to test the impact of perceived empowerment leadership style expressed by the nurse supervisor, nurses' perceived organizational support, trust in the leader, and trust in the organization on nurses' job burnout.
Methodology/Approach: A group of 273 nurses from an Italian public general hospital took part in a cross-sectional study on a voluntary basis by filling out an anonymous questionnaire.
Findings: Empowering leadership was an important predictor of trust in the leader. Trust in the organization was influenced by perceived organizational support and by the Informing dimension of the empowering leadership style. Trust in the leader and trust in the organization showed a negative impact on job burnout and also mediated the effects of some empowering leadership dimensions and perceived organizational support on job burnout.
Practice Implications: The central role of trust in health care organizations was corroborated, as well as the beneficial effects of adopting specific features of empowerment leadership behaviors toward the nursing staff. Empowering leadership could be successfully proposed in training programs directed to nurses' supervisors and health care managers.

Key words: empowering leadership, job burnout, perceived organizational support, trust

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A strong nursing leadership, founded on a feeling of trust, is considered a key factor to create a culture of safety and mutual respect for health care organizations (Wong & Cummings, 2009). Trust, along with fairness and respect, constitutes the basis for a positive and healthy organizational culture, it is a significant component of effective business practice and of successful relations within the organization; basically, it defines the heart of health care workplaces by promoting patient safety, excellence in care, recruitment, and retention of staff (Wong & Cummings, 2009). Trustworthy leaders inspire a sense of commitment and pride in work; encourage subordinates to perform organizational citizenship behaviors (e.g., cooperative efforts), to discuss problems, and to make suggestions; and reduce job stress and psychological strain (Harvey, Kelloway, & Duncan-Leiper, 2003; Wong & Cummings, 2009).

Kerfoot (1998) already emphasized the importance of leadership behavior in developing and maintaining high trust levels in nursing work settings. Moreover, perceived support coming from the organization was found to be an antecedent of trust in managers (Tan & Tan, 2000) because it involves positive exchange relationships between individuals and the organization (Dirks & Ferrin, 2002).

The aim of the cross-sectional study presented in this article was to examine the relationships between perceived supervisor leadership style (in the form of the empowering leadership style), perceived organizational support, trust in the leader, trust in the organization, and job burnout of nurses in an Italian public health care organization. A causal model was hypothesized and tested via path analysis, which postulated that empowering leadership and perceived organizational support (i.e., the exogenous variables) and trust in the leader and trust in the organization (i.e., the endogenous variables) would predict job burnout of nurses (i.e., the outcome variable). Trust in the leader and trust in the organization were also expected to act as mediators of the effects of empowering leadership and perceived organizational support on job burnout.

The empowering leadership style may be seen as particularly appropriate in the health care context. This leadership style, introduced by Arnold, Arad, Rhoades, and Drasgow (2000), fosters the process that increases employees' feelings of self-efficacy and control and creates conditions that encourage a sense of power in followers. Empowering leadership is also expected to facilitate the replacement of traditional hierarchical management structures, thanks to the development of the so-called "empowered work teams." People working in empowered work teams are granted more autonomy, self-direction, and control over their work environment. Arnold et al. proposed a scale to measure empowering leadership style behaviors, which is made up of five factors, namely, (a) *leading by example*, which refers to the leader's commitment to his or her own work as well as to the work of his or her team members, such as working as hard as he or she can and working harder than team members; (b) *participative decision making*, which captures the leader's attention to suggestions coming from the team in decision-making processes, such as encouraging team members to express their ideas and opinions; (c) *coaching*, which expresses leaders' concerns in training and personal development of team members; (d) *informing*, which represents the leader's attention to disseminate core company information within the team, such as mission and organizational philosophy as well as other important information; and (e) *showing concern/interacting with team*, which summarizes sample behaviors all proving the leader's concern for team members' well-being. The five factors are highly correlated but distinct from each other, with LISREL's estimated factor correlations ranging from .67 to .94 (Arnold et al., 2000). Empowering leadership matches and widens traditional leadership approaches, such as the most studied trust-based and change-oriented leadership approach since the early 1980s, the transformational leadership style (Yukl, 2006). As an example, Bobbio, Manganelli Rattazzi, and Muraro (2007) showed that transformational leadership accounts for between 43% and 67% of the variance of the empowering leadership factors. Therefore, given both this partial overlap and the paucity of studies dealing with empowering leadership in the health care sector, our research hypotheses were also inspired by the transformational leadership literature.

Perceived organizational support results from the generalized beliefs of employees that their organization values their contribution and cares about their well-being (Rhoades & Eisenberger, 2002). Perceived organizational support raises employees' felt obligation to help the organization reach its objectives, affective commitment to the organization, and expectation that improved performance will be rewarded. Behavioral outcomes of perceived organizational support usually include increase in employees' in-role performance and decrease of stress and withdrawal behaviors, such as absenteeism and turnover (Rhoades & Eisenberger, 2002). Eisenberger, Huntington, Hutchison, and Sowa (1986) developed a unidimensional scale to measure perceived organizational support.

Bromiley and Cummings (1995) defined trust as "an individual's belief, or a common belief among the members of a group, according to which another individual or group makes good faith efforts to behave in accordance with any commitments both explicit or implicit, is honest in whatever negotiations preceded such commitments, and does not take excessive advantage of another, even when the opportunity is available" (p. 564). Consistently with this definition, they developed a measure made up of three correlated factors, that is, keeping commitments, negotiating honestly, and not taking excessive advantage. A study conducted by Vidotto, Vicentini, Argentero, and Bromiley (2008) in the Italian context proved that also a unique trust score could be computed by merging all items representing the three factors.

Job burnout, which is a psychological syndrome linked to job stress and typical of the helping professions, was conceptualized by Maslach, Schaufeli, and Leiter (2001) along three dimensions: (a) *emotional exhaustion*, which involves feelings of being depleted of energy and drained of sensations; (b) *reduced efficacy* or *accomplishment*, which includes repeated efforts that fail to produce results, leading to a feeling of inefficacy and reduced motivation; (c) *depersonalization* or, more recently, *cynicism*, both of which refer to negative, callous, or excessively detached responses to various aspects of the job. Several correlates were found to be associated with emotional exhaustion and depersonalization or cynicism (e.g., role conflict, role stress, role clarity, workload, work pressure, supervisory support) but

not associated with reduced professional accomplishment, thus supporting the belief that the latter develops somewhat independently from the former two (Lee & Ashforth, 1996).

The negative consequences of job burnout are well documented, particularly in the nursing sector. Job burnout usually lowers quality of life, organizational commitment, job performance, and contextual performance and increases intention of quitting (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Gilbert, Laschinger, & Leiter, 2010; Jawahar, Stone, & Kisamore, 2007). Aiken et al. (2002) reported data from their previous study attesting that 40% of hospital nurses in five countries (i.e., United States, Canada, England, Scotland, and Germany) have burnout levels exceeding the norm for health care workers, that job dissatisfaction among hospital nurses is four times higher than the average of U.S. workers, and that 20% of hospital nurses intend to quit their job within a year. Moreover, 53% of registered Canadian nurses in the study of Greco, Laschinger, and Wong (2006) experienced severe burnout. In Italy, Tabolli, Ianni, Renzi, Di Pietro, and Puddu (2006) reported job burnout experienced by 29% of the nursing staff in two hospitals in Rome and that it was captured predominantly by emotional exhaustion and depersonalization dimensions.

Job burnout for nurses was proven to be connected with concrete job conditions (e.g., patient-to-nurse ratio, patient mortality, and failure to rescue; Aiken et al., 2002). However, because trust could be considered as a key variable in health care workplaces (Wong & Cummings, 2009), with the present research, we expected to support and deepen results in the literature linking perceived leadership style, perceived support received from the organization and trust in management to job burnout in nurses (e.g., Cropanzano, Howes, Grandey, & Toth, 1997; Greco et al., 2006; Laschinger & Finegan, 2005).

Empowering Leadership Style and Perceived Organizational Support

Several studies on perceived organizational support have been based on the idea that employees take an active interest in the regard with which they are held by their employer (Rhoades & Eisenberger, 2002). Perceived organizational support turned out to be positively associated with supervisor support (Armstrong-Stassen & Cameron, 2003; Kottke & Sharafinski, 1988) and leadership style (e.g., transformational leadership; Bell & Menguc, 2002; Connel, Ferres, & Travaglione, 2003). These findings suggest that a positive correlation between empowering leadership style and perceived organizational support should be expected.

Hypothesis 1: Empowering leadership and perceived organizational support are positively correlated.

Empowering Leadership Style and Job Burnout

Several studies in the health care context have found that support and respect from the supervisor protect nurses from job burnout (e.g., Kanste, Kynga, & Nikkila, 2007). Transformational leadership and the quality of clinical supervision have shown to be related to low emotional exhaustion and depersonalization among staff in community mental health agencies (Webster & Hackett, 1999). Greco et al. (2006) reported that when acute care nurses perceived their leaders' behaviors to be somewhat empowering (e.g., fostering participation in decision making, expressing confidence in high performance, and facilitating goal accomplishment), a decrease in burnout is observed. The study of Bobbio et al. (2007) showed the direct negative effect of the coaching factor of empowering leadership on emotional exhaustion and the positive indirect effect of the informing factor on reduced professional accomplishment, which turned out to be mediated by increased affective commitment to the organization.

Hypothesis 2: Empowering leadership is negatively correlated with job burnout.

Perceived Organizational Support and Job Burnout

A considerable amount of research has focused on social support as a way to reduce the harmful effects of stressors in organizational settings (Jawahar et al., 2007). Cropanzano et al. (1997) reported perceived organizational support to be negatively related to a general measure of job burnout. Armstrong-Stassen (2004) reported perceived organizational support to be negatively correlated to emotional exhaustion. In Italy, Hichy, Falvo, Vanzetto, and Capozza (2003) showed the negative correlation existing between perceived organizational support, emotional exhaustion, and cynicism components of job burnout.

Hypothesis 3: Perceived organizational support is negatively correlated with job burnout.

Empowering Leadership Style, Perceived Organizational Support, Trust in the Leader and in the Organization

In their meta-analysis dealing with the relation between leadership and trust, Dirks and Ferrin (2002) reported many important findings. Among the antecedents that increase trust, they listed different types of positive leadership actions and practices and perceived organizational support. In particular, transformational leaders usually engage in actions that enhance followers' trust, and that, in turn,

results in desirable outcomes, for example, lower intentions to leave the organization, higher frequency of citizenship behavior, and stronger organizational commitment (Connel et al., 2003; Pillai, Schriesheim, and Williams (1999).

Moreover, because leaders represent the proximal connections between followers and the organization as a whole (Yukl, 2006), trust in direct leaders is also presumed to be positively correlated with trust in the organization (Dirks & Ferrin, 2002). However, as shown by Dirks and Ferrin (2002), the target of trust (i.e., the leader or the organization) moderates the relationship between trust itself and its antecedents. Consequently, the following hypotheses were put forward:

> *Hypothesis 4:* Empowering leadership and perceived organizational support are positively correlated with trust in the leader and trust in the organization.

> *Hypothesis 5:* The correlation between empowering leadership and trust in the leader is higher than the correlation between perceived organizational support and trust in the leader; the correlation between perceived organizational support and trust in the organization, on the other hand, is higher than the correlation between empowering leadership and trust in the organization.

> *Hypothesis 6:* Trust in the leader and trust in the organization are positively correlated.

Trust in the Leader, Trust in the Organization, and Job Burnout

The conclusions of Dirks and Ferrin (2002) revealed that trust can be an important factor in determining several positive work outcomes, such as job satisfaction and organizational commitment. Laschinger and Finegan (2005) documented the negative relationship existing between trust in management and burnout in nurses. A leader's empowering behavior can also enhance person–job fit and prevent burnout (Greco et al., 2006). In the study by Wong and Cummings (2009), trust in management was negatively correlated with job burnout both in clinical (e.g., registered nurses and other health care professionals) and nonclinical (e.g., administrative and other support staff) groups from a western Canadian health care agency. Again, we expected the target of trust (i.e., the leader or the organization) to moderate the relation between trust itself and job burnout, presuming that it would be stronger when the target is the leader (Dirks & Ferrin, 2002).

> *Hypothesis 7:* Trust in the leader and trust in the organization are negatively correlated with job burnout.

> *Hypothesis 8:* The correlation between trust in the leader and job burnout is higher than the correlation between trust in the organization and job burnout.

Finally, according to Dirks and Ferrin (2002), who proposed the conception of trust as a construct distinct from leader behaviors that mediates the relationships between leaders' behaviors and followers' responses to those behaviors, we maintained that the relationships between empowering leadership, perceived organizational support, and job burnout are mediated by trust in the direct leader and trust in the organization.

> *Hypothesis 9:* Trust in the leader and trust in the organization mediate the relations between empowering leadership, perceived organizational support, and job burnout.

Methods

Sample

The sample recruited for the study consisted of 273 people from the nursing staff of a public general hospital located in the Veneto Region, which is in the North Eastern area of Italy. A total of 482 anonymous questionnaires were originally distributed to the whole nursing population, and therefore, the response rate was 56.62%. According to the classification proposed by Aiken et al. (2002) and the national statistics for the health care sector, the hospital involved in this study could be categorized as of medium size because it declared 230 beds. Medium-size hospitals (i.e., with number of beds between 200 and 400) represent 41% of health care organizations in Italy (Italian Ministry of Health, 2009).

The characteristics of the nurse sample and of the nurse population drawn from the hospital administrative database are summarized in Table 1.

Measures

Empowering leadership was measured via the 38-item Empowering Leadership Questionnaire by Arnold et al. (2000), using the Italian version by Bobbio et al. (2007). Participants were asked to assess their nurse manager indicating how often (from 1 = *never* to 5 = *always*) he or she showed the behaviors described by items tapping the five dimensions of the empowering leadership scale: (a) leading by example (five items, α = .91), for example, "(My nurse manager)...works as hard as anyone in my work group"; (b) participative decision making (six items, α = .94), for example, "...listens to my work group's ideas and suggestions"; (c) coaching (11 items, α = .96), for example, "...helps my work group see areas in which we need more

Table 1

Sociodemographic characteristics of the nurse sample and of the nurse population

	Nurse sample	Nurse population
Gender		
Male	82 (30%)	132 (28%)
Female	191 (70%)	350 (72%)
Total	273	482
Mean age (years)		
Males	47.03	47.84
Females	42.30	45.50
Total	44.51	46.59
Tenure		
Between 1 and 6 years	43 (15.7%)	72 (15%)
Between 6 and 10 years	30 (11%)	51 (11%)
More than 10 years	197 (72.2%)	359 (74%)
N/A	3 (1.1%)	
Total	273	482

training"; (d) informing (six items, α = .92), for example, "…explains rules and expectations to my work group"; and (e) showing concern/interacting with the team (10 items, α = .95), for example, "…cares about work group members' personal problems."

Perceived organizational support was measured with eight items from the Survey of Perceived Organizational Support by Eisenberger et al. (1986; α = .76). A sample item is "My organization values my contribution to its well-being." Respondents used a 5-point Likert-type scale from 1 = *totally disagree* to 5 = *totally agree*.

Trust in the leader and trust in the organization were assessed with the 12-item reduced version of the Organizational Trust Inventory by Cummings and Bromiley (1996) validated in Italy by Vidotto et al. (2008). Two versions of the scale were prepared: The first referred to the leader and the second referred to the whole organization. Sample items of the three factors were as follows: (a) keeping commitments (four items), for example, "I think my nurse manager/the organization keeps the spirit of an agreement"; (b) negotiating honestly (four items), for example, "I feel that my nurse manager/the organization will keep its word"; and (c) not taking excessive advantage (four items), for example, "I think that my nurse manager/the organization takes advantage of people who are vulnerable." Participants indicated their agreement or disagreement using a 5-point scale (from 1 = *totally disagree* to 5 = *totally agree*). Alpha for the leader version (12 items) was .93, and for the organization version (12 items), it was .88.

Job burnout was measured with the 16-item Maslach Burnout Inventory-General Survey scale (MBI-GS) by Schaufeli, Leiter, Maslach, and Jackson (1996), validated in the Italian context by Borgogni, Armandi, Consiglio, and Petitta (2005). A sample item for the emotional exhaustion factor (five items, α = .87) was "I feel emotionally drained by my work"; for the reduced professional accomplishment factor (six items, α = .78), it was "I feel I am making an effective contribution to what this organization does" (reverse scored); and for the cynicism factor (five items, α = .70), it was "I have become more cynical about whether my work contributes anything." The response scale was a 5-point Likert-type one ranging from 1 = *never* to 5 = *every day*.

Procedure

All questionnaires were individually distributed by a trained research assistant and returned through sealed ballot boxes placed in various locations within the hospital. The questionnaire was presented as part of a broader research project on organizational well-being. No special recruiting methods or inducements were used. Moreover, no special instructions were given to participants other than to answer all items as accurately as possible. Voluntary participation was highlighted and emphasized. Completion of the questionnaire was taken as consent to participate in the study. The maintenance of confidentiality with regard to individual findings was clearly assured as quantitative findings were to be reported as a group. The research project was approved by the Ethic Committee of Psychological Research at Padova University and authorization both by top management and local unions of the health care organization was obtained.

Data Analysis

Convergent and discriminant validity of the measures included in the causal model was tested with confirmatory factor analysis applied to the covariance matrix and via the maximum likelihood procedure using LISREL 8.80. A model that assumed 11 correlated latent factors (i.e., five for the empowering leadership factors, one for perceived organizational support, one for trust in the leader, one for trust in the organization, and three for the burnout factors) was tested. For each latent variable, two indicators were computed by aggregation of items to reduce the number of parameters to be estimated, to increase the accuracy of parameter estimates, and to decrease measurement error (partial disaggregation model; Bagozzi & Heatherton, 1994). Evaluation of model fit was based on multiple indices, such as χ^2, χ^2/df, root mean square error of approximation (RMSEA), comparative fit index (CFI), standardized root mean square residual (SRMR), akaike information criterion (AIC), and following the main cutoff criteria in the literature (Kline, 2005). Subsequently, Cronbach's alpha, descriptive statistics, and differences from the central point of the response scale were computed for all variables. Hypotheses 1 to 9 were assessed first with Pearson's

Table 2

Descriptive statistics and zero-order correlations between empowering leadership factors and the other variables (N = 273)

Variables	*M*	*SD*	6	7	8	9	10	11
1. EL leading by example	3.03	1.14	.23**	.72**	.32**	−.34**	.05	−.31**
2. EL participative decision making	3.02	0.93	.23**	.76**	.32**	−.33**	.08	−.28**
3. EL coaching	3.01	1.10	.26**	.80**	.33**	−.31**	.02	−.26**
4. EL informing	2.88	1.11	.27**	.68**	.34**	−.23**	.07	−.23**
5. EL showing concern/interacting with team	3.08	1.10	.22**	.82**	.29**	−.31**	.05	−.27**
6. Perceived organizational support	2.26***	0.78		.18**	.58**	−.17**	.01	−.13*
7. Trust in the leader	3.34***	0.94			.39**	−.38**	.04	−.30**
8. Trust in the organization	2.51***	0.76				−.28**	.01	−.29**
9. JB emotional exhaustion	2.69***	1.04					.07	.47**
10. JB reduced professional accomplishment	2.05***	0.74						.12*
11. JB cynicism	2.20***	0.85						

Note. EL = empowering leadership; JB = job burnout.
*$p < .05$.
**$p < .01$
***$p < .0001$.

correlation coefficients. Finally, the causal model and the mediation hypotheses were tested by means of path analysis performed via LISREL.

Findings

Convergent and Discriminant Validity

The 11-correlated-factor model with 22 indicators, $\chi^2(154) = 286.21$, $p \cong .000$, $\chi^2/df = 1.86$, RMSEA = .05, CFI = .99, SRMR = .04, AIC = 484.21, fitted the data better than the one-factor model did, $\chi^2(209) = 1{,}656.13$, $p \cong .000$, $\chi^2/df = 7.92$, RMSEA = .14, CFI = .90, SRMR = .10, AIC = 1,744.13. Standardized factor loadings showed that each factor was defined only by its own indicators, and this supported convergent validity: Factor loadings ranged between .69 and .97. Correlations between the seven latent factors ranged from −.34 to .98.[1] We observed that the highest LISREL estimated factor correlations were those between the five factors of the empowering leadership scale, and this is coherent with the results of the original study (Arnold et al., 2000). Interestingly enough, the correlations between the empowering leadership factors and trust in the leader ranged between .61 and .74, thus indicating only a moderate overlapping between constructs. The correlation between perceived organizational support and trust in the organization was .19. No indications emerged for further respecifications of the model or for allowing correlations between errors.

Descriptive Statistics and Correlations

Table 2 presents the mean scores, standard deviations, significant differences (*t* test) from the central point of the response scale (i.e., 3), and zero-order correlations between empowering leadership factors and the other variables. Intercorrelations between all empowering leadership factors, not reported in Table 2 for parsimony, were high, and this is consistent with previous results that repeatedly proved the factors to be highly correlated but distinct from each other (Arnold et al., 2000; Bobbio et al., 2007): The average *r* was .83.

Mean scores were significantly lower than the central point of the response scale in the case of perceived organizational support, trust in the organization, and job burnout factors. On the contrary, the mean score for trust in the leader was higher than the central point of the response scale and also higher than the mean score for trust in the organization, $t(272) = 14.47$, $p < .0001$. Participants declared to have faith in their leaders, whereas trust in their

[1] *This high correlation that emerged between the participative decision making and coaching dimensions of the Empowering Leadership Questionnaire led us to evaluate whether these two factors were distinct by comparing the five-factor model (B) with a nested model where the correlation between these factors was fixed to one (A) (Schermelleh-Engel, Moosbrugger & Müller, 2003). The fit of the nested (A) model was as follows: $\chi^2(155) = 290.02$, $p \cong .000$, $\chi^2/df = 1.86$, RMSEA = .05, CFI = .99, SRMR = .06, AIC = 486.02. The chi-square difference test was $\Delta\chi^2(1) = 3.81$, $p \cong .05$. The SRMR was lower for model B (.04 vs. .06), as was the AIC (484.21 vs. 486.02). In this situation, we preferred to reject the null hypothesis of equal fit for both models and retained the original five-factor structure for the Empowering Leadership Questionnaire that is consistent with the literature.*

organization was low, as was their perceived support from the organization. The overall job burnout could be considered as moderate (3 = few times in a month). A positive correlation existed between emotional exhaustion and cynicism factors of job burnout. With regard to the reduced accomplishment factor, only a weak, positive correlation emerged with the cynicism factor.

All the empowering leadership factors were positively correlated with perceived organizational support (average $r = .24$; Hypothesis 1). Moreover, they were all negatively correlated with job burnout emotional exhaustion (average $r = -.30$) and cynicism (average $r = -.27$; Hypothesis 2); however, empowering leadership was not significantly correlated with reduced accomplishment. Perceived organizational support was negatively correlated with job burnout emotional exhaustion and cynicism (Hypothesis 3); however, it was linearly independent with reduced accomplishment. Both the empowering leadership factors and perceived organizational support were positively correlated with trust in the leader and trust in the organization (Hypothesis 4). The correlations between the empowering leadership factors and trust in the leader (average $r = .75$) were higher than the correlation between perceived organizational support and trust in the leader ($r = .18$), and the correlation between perceived organizational support and trust in the organization ($r = .58$) was higher than the correlations between the empowering leadership factors and trust in the organization (average $r = .32$; Hypothesis 5). Trust in the leader and trust in the organization were positively correlated (Hypothesis 6). Trust in the leader and trust in the organization were negatively correlated with job burnout emotional exhaustion and cynicism (Hypothesis 7); however, they were not significantly correlated with reduced accomplishment. The correlation between trust in the leader and job burnout emotional exhaustion and cynicism (average $r = .34$) was higher than the correlation between trust in the organization and job burnout emotional exhaustion and cynicism (average $r = .28$; Hypothesis 8).

Path Analysis

A causal model was hypothesized where empowering leadership factors and perceived organizational support (i.e., the exogenous variables) and trust in the leader and trust in the organization (i.e., the endogenous variables) were expected to predict job burnout of nurses (i.e., the outcome variable). In addition, trust in the leader and trust in the organization were expected to mediate the effects of empowering leadership and perceived organizational support on job burnout. Figure 1 depicts the final result of path analysis, presenting only the significant paths that emerged. The fit of the model was satisfactory: $\chi^2(18) = 21.27, p \cong .27, \chi^2/df = 1.18$, RMSEA = .03, CFI = 1.00, SRMR = .02. No other paths were significant and no indications for adding direct paths from empowering leadership factors and perceived organizational support to job burnout factors emerged. R^2 values for trust in the leader, trust in the organization, job burnout emotional exhaustion, and cynicism were .67, .37, .16, and .12, respectively. Trust in the leader was increased by leading by example and showing concern/interacting with the team. Trust in the organization was increased by perceived organizational support and informing. Both trust in the leader and trust in the organization showed a negative effect on job burnout emotional exhaustion and cynicism.

Mediation Effects

The standardized indirect effects of leading by example on emotional exhaustion and cynicism were $-.04$ ($p < .05$) and $-.03$ (*ns*), respectively; those of showing concern/interacting with the team were $-.23$ ($p < .001$) and $-.15$ ($p < .001$), respectively. The indirect effects of informing on emotional exhaustion and cynicism were $-.03$ ($p < .05$) and $-.04$ ($p < .02$), respectively, and those of perceived organizational support were $-.08$ ($p < .02$) and $-.11$ ($p < .01$), respectively. Therefore, on one hand, we concluded that trust in the leader and trust in the organization mediated the effects of leading by example, showing concern/interacting with the team, informing, and perceived organizational support on emotional exhaustion. On the other hand, trust in the leader and trust in the organization mediated the effects of showing concern/interacting with the team, informing, and perceived organizational support on cynicism (Hypothesis 9).

Discussion

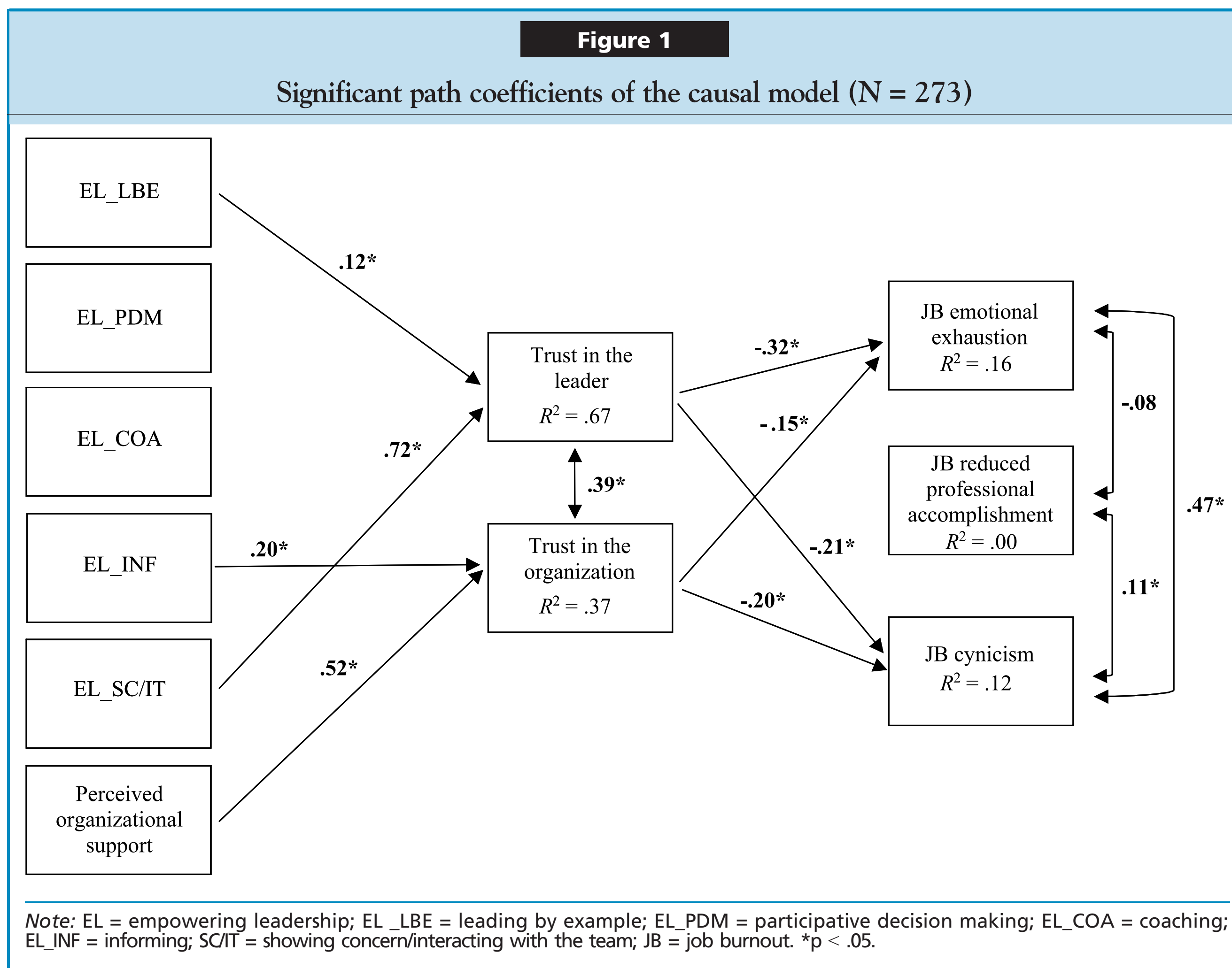
The results of this study offer support to the research hypotheses. Supervisors' perceived empowering leadership style and nurses' perceived organizational support, which are positively correlated with each other (Hypothesis 1), had a joint negative effect on nurses' job burnout (Hypothesis 2 and 3), via the mediation of both the nursing staff's trust in their supervisors and trust in the organization (Hypothesis 9).

We identified empowering leadership as a strong and inspiring leadership style suitable for health care organizations where specialized workgroups cope daily with many thorny, delicate trust-rooted commitments. As hypothesized, empowering leadership showed a high positive effect on trust in the leader, a finding that is consistent with the conclusion of Dirks and Ferrin (2002), whereas perceived organizational support did the same on trust in the organization (Hypotheses 4 and 5). Trust in the leader and trust in the organization were positively correlated (Hypothesis 6), and the fact that nurses turned out to trust their direct supervisor more than the organization is also worthy of note.

Trust in the leader and trust in the organization showed a negative impact on nursing staff's emotional exhaustion and cynicism dimensions of job burnout (Hypothesis 7 and 8). The reduced professional accomplishment dimension of

Figure 1

Significant path coefficients of the causal model (N = 273)



Note: EL = empowering leadership; EL _LBE = leading by example; EL_PDM = participative decision making; EL_COA = coaching; EL_INF = informing; SC/IT = showing concern/interacting with the team; JB = job burnout. *p < .05.

job burnout seemed to be unaffected by all the aforementioned variables. This result is consistent with the meta-analytic findings reported by Lee and Ashforth (1996), which supported the idea that personal accomplishment develops largely independently of emotional exhaustion and depersonalization and, presumably, relies much more on objective work outcomes.

Trust in the leader and trust in the organization express distinct aspects of nursing staff's overall trust, which is influenced by different sources, with the nurse supervisor being the predominant one. Trust in the leader was enhanced by leading by example and showing concern/interacting with the team behaviors. Trust in the organization was boosted by perceived support from the organization and by the informing behavior displayed by the direct supervisor. Therefore, the leader's commitment to his or her work and to the work of team members, the leader's concern for team members' well-being, and the leader's attention to dissemination of important information so that all team members can consider themselves on board turned out to be the most important bricks for building the nursing staff's trust in their leader and in the organization itself. Results also suggest that creating leadership and organizational conditions that empower nurses, in an atmosphere of trust, support, participation, and respect, may reduce job burnout and may perhaps go a long way toward attracting and retaining a sustainable nursing workforce.

In conclusion, we believe that this study supported and deepened results linking perceived leadership style and perceived organizational support to the reduction of job burnout for nurses, via the critical mediation of both trust in the direct supervisor and in the organization.

Limitations

This study has some limitations. First, all data were gathered at one point in time, and therefore, it is not possible to infer cogent causal relationships, neither can we rule out reverse causation. Certainly, a longitudinal design would have been more revealing than a cross-sectional one. Second, all data were derived from self-report questionnaires filled out by the respondents themselves, thus raising concerns about

common method bias. Third, the sample was recruited on a voluntary basis, and this leaves the door open to self-selection bias. Fourth, self-report measures are more likely to capture employees' personal perceptions of leadership style, organizational support, trust, and job burnout than more objective measures.

However, the use of instruments with high reliability and demonstrated validity offsets these limitations to some extent (Spector, 1987). These weaknesses may also be counterbalanced by what we considered as the strength of this study, that is, the use of path analysis that permits simultaneous testing of multiple relationships.

Finally, the results presented may be seen as limited to the context of Italian hospitals. However, we believe that implications for non-Italian hospitals are promising and realistic, even if a comparable setting should be identified.

Future Research

The results of this study showed that nurses trusted their direct supervisor more than the whole organization. This difference could be read as a symptom of a trust-based intergroup conflict potentially threatening the daily functioning of these organizations (e.g., the nursing staff and his or her supervisor vs. the whole organization). Further research is needed to deepen consequences of this classic and intriguing opposition from a trust-based perspective (Glouberman & Mintzberg, 2001).

Job burnout for nurses is influenced not only by objective job conditions (e.g., Aiken et al., 2002) but also by leadership behaviors of the immediate supervisor, perceived support from the organization, and trust in management (e.g., Cropanzano et al., 1997; Greco et al., 2006; Laschinger & Finegan, 2005). Future studies aiming to understand antecedents of job burnout for nurses should try to combine both objective job conditions and relevant psychological perceptions with regard to key variables in the workplace, such as those selected in this study.

Practice Implications

Organizations in the health care in many countries—Italy included—are characterized not only by continuous restructuring but also by structural reforms aimed at boosting efficiency and effectiveness to deal with rising competition among hospitals and with lack of both organizational resources and available funding (Boerner & Dütschke, 2008; Gilbert et al., 2010). Many studies reported that restructuring and the continuing focus on constrained resources result in a weakening of health care professionals' trust in their leader and in their organizations. Employees who are experiencing (or have survived) important change processes are understandably suspicious about the future direction of the organizations and about their roles within them (Wong & Cummings, 2009). As a result, trust in management and in organizations has become an increasingly important element in determining organizational climate, employee performance and satisfaction, and commitment to the organization (Wong & Cummings, 2009).

This study shed light on trust in the leader and in the organization as key intermediate variables connecting perceptions of leadership style and organizational support in the nursing environment to a valuable outcome, that is, the attenuation of job burnout of nurses. The results achieved may have at least two practical implications.

First, they emphasize the importance of nursing supervisor selection and actual behavior to foster trust within the demanding environment of health care organizations. Because frequent calls for efforts to improve leader selection and training at all levels in health care organizations are present in the literature (Boerner & Dütschke, 2008), our results suggest paying attention to a particular leadership style—empowering leadership—that could be implemented via specific training programs directed to already employed nurse supervisors and also adopted as a model of reference in the recruitment and selection process of nurse supervisors. Showing commitment to the work, working harder than team members, setting a good example for team members, and finding time to take care of interpersonal relations with the team and to pay attention to the personal—even extra work—well-being of team members are tangible examples of behaviors that, if regularly performed, should enhance trust in the nurse supervisor and consequently protect nurses from job burnout. Moreover, nurse supervisors should be trained and requested to schedule regular team meetings with the specific purpose of disseminating and discussing information regarding organizational policies, decisions, rules, and expectations. This could be a complementary and concrete way to improve trust in the organization and, as a result, to shield nurses from job burnout.

Second, some conclusions can also be drawn for hospital management. The positive impact of perceived organizational support on trust in the organization and, in turn, its negative impact on job burnout received support from this study. Arguably, there are several viable options to enhance perceptions that the organization actually cares about the expectations, harms, and concrete needs of nurses, that values their contribution and that takes pride in their accomplishment at work. As an example, hospital management could enhance the attention paid to recognize and reward team and individual performances above expectations. Furthermore, a particular focus on work–life balance concerns, such as the implementation of flexible working hours or the support to individual transitions from full-time work to part-time work and vice versa, when necessary, could be of great benefit to the belief that a general positive orientation toward the nursing staff really exists. Finally, the effort spent by hospital management to maximize the quantity and quality of information concerning critical

issues and ongoing organizational challenges spread across the organization (e.g., through the use of intranet-based information and documentation systems, also accessible from home) could be another important hint of fairness and respect existing between people with a common organizational membership and a shared mission.

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