# Andrews University Digital Commons @ Andrews University

School of Business Administration Faculty Publications

School of Business Administration

10-2014

Perceived Executive Leader's Integrity in Terms of Servant and Ethical Leadership on Job Burnout among Christian Healthcare Service Providers: Test of a Structural Equation Model

Jerry L. Chi Andrews University, jerry@andrews.edu

Grace Chu-Hui-Lin Chi Andrews University, gracechi@andrews.edu

Follow this and additional works at: http://digitalcommons.andrews.edu/sba-pubs Part of the <u>Business Administration, Management, and Operations Commons</u>

#### **Recommended** Citation

Chi, Jerry L. and Chi, Grace Chu-Hui-Lin, "Perceived Executive Leader's Integrity in Terms of Servant and Ethical Leadership on Job Burnout among Christian Healthcare Service Providers: Test of a Structural Equation Model" (2014). *School of Business Administration Faculty Publications*. Paper 5.

http://digitalcommons.andrews.edu/sba-pubs/5

This Article is brought to you for free and open access by the School of Business Administration at Digital Commons @ Andrews University. It has been accepted for inclusion in School of Business Administration Faculty Publications by an authorized administrator of Digital Commons @ Andrews University. For more information, please contact repository@andrews.edu.

# Perceived Executive Leader's Integrity in Terms of Servant and Ethical Leadership on Job Burnout among Christian Healthcare Service Providers

# Test of a Structural Equation Model

Jerry L. Chi and Grace C. Chi

#### Abstract

Integrity is a key component in the definition of servant and ethical leadership, and honesty, authenticity, sincerity, respect and righteousness are major virtues and descriptors that make up this leadership integrity. Many leadership studies indicate that the lack of integrity from a leader, as well as the perception of the lack thereof, will exhaust the employees' exhilaration, degrade their physical and psychological health, and lead to frustration, fatigue and anxiety. For human service professions, this has become an occupational hazard for human service professions and is regarded as the last straw for workers, causing people to burnout and quit their jobs. 325 Full-time employees of the Metroplex Adventist Hospital were surveyed. Structural Equation Model (SEM) analysis showed that a leader's integrity offers two virtues: perceived positive integrity behavior and perceived negative integrity behavior, both of which significantly correlated with job burnout in terms of emotional exhaustion, depersonalization, and personal accomplishment. Excluding ethnic backgrounds, some of the most significant demographic variables to determine a leader's integrity and job burnout include Years of Service, gender and age. Employees with income below \$29,999, have 1-5 years of service, who are Asian, and are of female gender have experienced the highest score of job burnout and perceived highest score of negative integrity behavior.

**Keywords:** Perceived Leader's Integrity, Job Burnout, Integrity Behavior, Moral Integrity and Behavior Integrity

#### **INTRODUCTION**

One can agree that having a varied amount of stress is inevitable with any kind of job, but when things get tough, how can employees get through it? Often they will turn to their leaders for guidance, but what

#### Jerry L. Chi

School of Business Administration Andrews University Berrien Springs, MI 49103 (USA)

**Grace C. Chi** School of Health Professions Andrews University Berrien Springs, MI 49103 (USA) can they expect from their leaders to help manage their stress? There are three things that followers need from their leaders in order to cope with their jobs and the stress that comes with it: the leader's charisma, character (integrity), and competence (Bateman, 2011). Out of those three elements, however, the most essential one is character (integrity), and a leader possessing this important quality can thus motivate followers to have action and performance orientation, solve critical problems, seize opportunities, develop individual competence in order to meet high job demands, and reduce their anxiety levels with all the trust and support from their ethical leaders with integrity. Integrity is conceptualized as having consistent high moral values and defending individual core values, which reflects consistently on ten components: selfmotivation. moral courage, self-discipline, relationship consistency, honesty, diligence, responsibility, commitment reliability and (trustworthiness) (Barnard, 2011). Thus, it is a key major component in the definition of servant and ethical leadership (McCoy, 2007) and a crucial quality that any leader must have because it will impact the followers' mentality, personality, attitudes and anxiety levels (Liborius, 2014). Gaiter (2013) stressed that "integrity is the quality of being morally upright and continuously acting openly and honestly. Leaders who have integrity consistently act on their own values in all situations and do not hide critical information, break promises, or fail to fulfill commitments"

"In an era when healthcare organizations are beset by intense competition, lawsuits, and increased administrative costs, it is essential that employees perform their jobs efficiently and without distraction". (Chullen, Dunford, Angermier and Boss, 2010). However, the major distraction and stressors do not only come from the workload or content of the employees' jobs, but also, more importantly, from their top management, bosses, managers and supervisors. A leader without integrity can push stressed-out and employees to their limits, causing them to experience burnout and quit their jobs. They often say, "I just disagree with my boss's unethical behaviors and cannot deal with his/her integrity issues anymore" (Chullen et al., 2010).

Due to issues of constant reorganization, restructuring, and downsizing within healthcare institutions in recent years, coupled with more regulations and expectations of quality control, members of a healthcare staff question their leader's integrity, abilities, and competence on whether or not he/she can make all the administrative decisions transparent, protect employees' welfare and best interests, justify their worth, and handle crises. Furthermore, many leadership studies indicate that the lack of integrity from a leader can cause the loss of trust from the employees, co-workers, increase the employees' anxiety level to change jobs, and potentially severely wearing away the glory of organizational success and endanger long-term survival (Parry, Proctor-Thomson, 2002). Consequently, this sense of doubt for their leader and the leader's inability to regain the trust of the employees causes job demands to increase more intensively and the morale and resources to reduce significantly, and workers' passions for their jobs gradually erode. These senses of pessimism and powerlessness can induce the symptoms of burnout, causing increasing number of sick days and a subsequent downward spiral of substandard job performances. According to research findings, many healthcare managers have already sensed this inevitable trend (Gladsberg, Mprberg and Söderberg, 2007).

A leader with integrity must constantly build trust among his/her peers, abide the covenants of the organization, and cultivate his/her intellectual growth and knowledge base (McCoy, 2007). Moore (2012) stresses that one's character is revealed by how people treat those without power, and in order to assess that, he recommends watching how executives treat waiters, secretaries, and bathroom attendants. He also suggests finding business leaders that have the humility to acknowledge corporate shortcomings. Therefore, the major purpose of this study is to examine whether or not the perception of leader's integrity of Adventist Hospital based on the Perceived Leader's Integrity Scale (PLIS) can substantially reduce the job stress and burnout problems addressed in the Maslach Burnout Inventory (MBI).

# BACKGROUND OF THIS STUDY

# **Regained Interest in Leader Integrity**

Leader integrity is divided into two dimensions: behavioral integrity and moral integrity (Tony Simonsa, 2013). The core value of the first dimension, behavioral integrity, is consistency, which is the same as the core emphasis, consistency in quality management. In other words, leaders' integrity is an indication of quality leadership, and thus, a leader with integrity is a person of quality, consistently upholding his or her principles and staying on the track without deviations and defects. Demonstrations of this character of integrity, as explained by Moore (2012), are revealed by business leaders treating their inferiors with the humility and fairness, and this allows these leaders to become open-minded and down-to-earth, willing to consistently acknowledge the shortcomings of their companies or healthcare organization. In addition, the leader's behavioral integrity or state-like integrity such as experiences, expertise, wisdom and knowledge will also facilitate and reinforce the follower's attitudes and attainment of organizational objectives and reduce their job stress and confusion (Aronson, 2003).

The core value of the second dimension, moral integrity, is effectiveness, which is defined as doing the right thing ethically. Integrity has an impact above that of leadership behaviors on perceived effectiveness for managers (Moore, 2012). "Understanding perceptions of moral integrity may assist in developing strategies to reduce distress and promote workforce retention" (Laabs, 2011). Moral integrity as the trait personality has more power in fighting for what is right regardless of the outcome. In other words, the process is more important than the end result. The moral integrity will not facilitate the follower's attitudes and attainment but will reduce their personal anxiety (Aronson, 2003). Therefore, if a leader upholds his or her moral integrity and demonstrates the honesty, sincerity, trustworthiness and transparency, employees will not have moral confusion, dilemma, struggles and predicaments to do the right things (Laabs, 2011). In fact, they are empowered with confidence to carry forth what they believe and value. The stress and anxiety are thereby significantly reduced (Laabs, Interestingly, Robert Hooijberg's paper 2011). found that integrity has an impact above that of leadership behaviors on perceived effectiveness for managers association between honesty and integrity for all stakeholder groups. (Hooijberg, 2010).

#### Job Burnout at Hospitals

Healthcare professions have been widely recognized as stressful occupations that may lead to burnout (Lee and Akhtar, 2011). The healthcare working environment is people-centered and presents various pressures and stressors, including job content, workload, social expectations, and professional competition. Many health professionals are susceptible to the hazard of burnout, which typically causes emotional and physical withdrawal from patient interactions (Lee and Akhtar, 2011). Occupational stress tolerance has been characterized as a determinant of psychological health (Huang, Chen, Du and Huang, 2012). Many healthcare professionals and hospital employees face tremendous demands in their jobs and often feel powerless to control the patient outcome. Sagie (2003) found that job burnout generally results from a working environment that is "high demand and low control." Some eventually experience disillusionment and may exhibit symptoms of burnout.

The classic symptoms of burnout in healthcare professionals include low interest and motivation in clinical work preparation, frequent complaints, cynicism, chronic fatigue and frustration, decreased effectiveness, apathy, doubt, excessive anxiety, malicious humor, low morale, unsatisfactory job performance, loss of passion, absenteeism, and thoughts of leaving the profession (Lee and Akhtar, 2011; Maslach and Jackson, 1986). Maslach and Jackson (1986) defined the symptoms of burnout as having three components: emotional exhaustion, depersonalization, and lack of personal accomplishment. Schaufeli, Maslach and Marek (1993) further described burnout as the professional's inability to develop a sense of competence, effectiveness, self-efficacy, and existential significance. These symptoms have a tremendous impact on healthcare organizations, including decreased service quality, reduced job satisfaction, high turnover rate, low organizational commitment, and poor relationships among colleagues and between staff and patients (Salahian, Oreizi, Abedi and Soltani, 2012).

# The Power of Perceived Leader's Integrity on Job Burnout

No matter how leader integrity has been developed

into behavioral (consistency) and moral (ethical effectiveness) integrity with narrower or broader definitions, the leader integrity has the power to significantly aspire and enhance executive leader's performance consequences in creating long-term mutual trusting and solid relationships with their followers in terms of productivity enhancement and anxiety reductions (Tony Simonsa, 2013).

#### RESEARCH QUESTIONS AND HYPOTHESES

The methodology of study was to explore the perceptions and lived experiences of employees of a Christian hospital and examine whether perceived executive leader's integrity can be effectively functioning and linked to job burnout in this setting. The research questions that framed this study were as follows:

- 1. What are the executive leader's integrity levels perceived by Christian hospital employees in terms of gender, income, years of work experiences, ethnic background?
- 2. What are the job burnout levels perceived by employees of the Christian hospital gender, income, years of work experiences, and ethnic background?
- 3. Are perceived executive leader's integrity levels linked to job burnout levels among Christian hospital employees?
- 4. Which components of executive leader's integrity can be significantly related to emotional exhaustion, depersonalization, and personal accomplishment among Christian hospital employees?

Based on the research questions and the literature review, the authors of this study developed the following hypotheses concerning the relationships between these first-order factors of perceived executive leader's integrity and the three dimensions of job burnout: emotional exhaustion, depersonalization, and personal accomplishments.

# Negative and Positive Perception of Executive Leader's integrity Perceived by Different Gender, Income, Years of work experiences, Ethnic backgrounds

Gender discrimination is the first of four listed inconsistent moral treatments toward other human beings, which are all considered problems regarding the leader's behavioral and moral integrity. Newman (2014) pointed out that in the healthcare settings gender discrimination and inequality have significantly impeded the development of human resource. As the governance, the leader needs to have the moral and behavioral integrity in order to recognize the diversity of workforce and to facilitate his or her actions with specific protocols and supports. People perceive differences in gender by how the leader's moral convictions in defending the core values assertively (Barnard, 2011). Studies have found that the gender inequality and sex discrimination exist in that male perspective of female leaders are still existing in perceiving female leadership quality (Timms, Graham and Caltabiano, 2006). Female leaders perceived by males tend to be more democratic instead of autocratic and tend to develop a style with which male managers or subordinates are comfortable in following and are acceptable in dealing with (Northouse, 2001). Likewise, because of this, female leaders face challenges in attempting to fully apply their assertiveness skills, saying no and voicing their opinions without feeling guilty (Barnard, 2011).

Salary inequality and discrimination is the second inconsistent moral treatment towards other human beings, and it may be potentially reflective of leader's management philosophy, personal bias, and any inconsistencies in racial, gender or aging discrimination as perceived by subordinates (Yamatani, 2006). The male-wealth stereotype mentality preoccupied by management automatically reflects differential, inconsistent, and automatic economic valuing of men and women (Williams, Paluck and Spencer-Rodgers, 2010). Yang and Aldrich (2014) stressed that "gender stereotypes of leaders pervasively and unethically [constraining] women's access to power positions" (pp. 303-304). Therefore, salary inequality is also associated with gender discriminatory mentality.

Aging discrimination is the third inconsistent moral treatment toward other human beings. Davies (2011) mentioned that inequalities in healthcare are particularly prevalent especially among older employees and older patients. Workers and patients alike may receive unfair advantages or disadvantages depending on how old they are. That gap in age differences should be minimized and greater involvement should be encouraged.

Racial discrimination is the fourth inconsistent treatment toward other human being. Leader's racial discrimination and integrity issues came up with different forms such as skeptical assessment on other races, avoidance, withdrawal, refused acceptance, verbal abuse or physical confrontation as the protective defense mechanism (Gadsden, 2005). Since consistency in treating others is the core value of leader's integrity, these types of discriminatory behaviors are against the ideal of leadership integrity concepts.

Thus, the following hypothesis was developed:

*H<sub>i</sub>:* there are significant differences of gender, income, years of services and ethnic backgrounds in perceiving leader's integrity.

# Job Burnout Perceived by Different Gender, Income, Years of work experiences, Ethnic backgrounds

Studies have found that the major sensitive factors that cause men and women to experience burnout on their jobs are job demands, job resources, and person-related factors. The most important determinant between men and women is the differences in coping style; women tend to cope by avoiding the stressful work environment and consequently have more depersonalization burnout problems, while men tend to cope with the stressful situation by confronting it (Houkes, Winants and Twellar, 2008). According to Timms, Graham and Caltabiano (2006), females' burnout and job stress are particularly associated with lack of trust on leader's integrity, credibility and honesty. Whether a person experiences job burnout can depend on the amount of money he or she is working for. In the healthcare industry, salary income has been regarded as both an extrinsic and intrinsic factor to justify highly stressful job demands and to protect from burnout (Basinska and Wilczek-Ruzyczka, 2013). A significantly higher salary income will motivate employees to cope with highly stressful job and stay on the job without a second thought of quitting.

Year of work experiences is significantly related to job burnout. The study among physiotherapists showed that workers with 5-15 years of service are at the highest risk of experiencing burnout. However, job satisfaction and satisfying family life can prevent burnout for those with the fewer years of work experiences (Œliwiñski, 2014).

Employees with different ethnic backgrounds will experience different levels of burnout syndromes, coping strategies and intervention acceptability, depending on the different perceptions in culture (Evans, Bryan, Owens and Koukos, 2004). The African American population experience burnout more than Caucasians, but the former are more willing to engage in stress management interventions than the latter.

Thus, the following hypothesis was developed:

*H<sub>2</sub>:* there are significant differences of gender, income, years of services and ethnic backgrounds in experiencing emotional exhaustion, depersonalization and personal accomplishment.

# Negative Perception of Executive Leader's integrity and the three Dimensions of Burnout

Leader's integrity is the lubricant of organizations and can determine the effectiveness of a leader. Without it, people will be discouraged and devalued (Maciariellom 2010). Studies have found that behavioral Integrity (consistency) and moral integrity (effectiveness) issues of politicians have been criticized because politicians tend have problems keeping their promises to the public and often create political corruption and immoral issues that impact on the citizen's confidence and trust in government. This problem is also applied to business corporate leaders (Mazzoleni, 2008).

Thus, the following hypothesis was developed:

**H<sub>s</sub>:** Negative Perception of Executive Leaders' Integrity is positively and significantly related to the three dimensions of burnout (emotional exhaustion, depersonalization and sense of personal accomplishments) in healthcare employees.

# Positive Perception of Executive Leader's integrity and the three Dimensions of Burnout

Studies have found that in healthcare settings good leaders take good care of their workers, namely healthcare providers, who in turn will be motivated to provide excellent quality treatment to the patients. The patients' satisfaction of care quality will be the direct outcome (Lövgren et al., 2002).

Liborius (2014) questioned who is worthy of being followed and found out that leader's character in terms of integrity, humility, forgiveness, interests and gratitude will change the followers' personality (agreeableness, conscientiousness, and traits neuroticism), stress level, job satisfaction and organizational outcome. Most of time, the leader has been perceived as a distraction from the employees' points of view. "In an era when healthcare organizations are beset by intense competition, lawsuits, and increased administrative costs, it is essential that employees perform their jobs efficiently and without distraction". (Chullen et Perceived supportive and positive al., 2010). leadership will effect on minimizing deviant behavior, burnout syndrome, and job design.

Thus, the following hypothesis was developed:

*H<sub>s</sub>*: Positive Perception of Executive Leaders' Integrity is negatively and significantly related to the three dimensions of burnout (emotional exhaustion, depersonalization and sense of personal accomplishments) in healthcare employees.

### Sample and Data Collection

An online survey was administered to full-time employees of a Christian hospital. Responses to the survey were anonymous. Respondents younger than 18 years or from other vulnerable populations who lack the full capacity to participate in this survey research such as computer or English illiterates were excluded by Human Resource Department. The online survey was distributed by the hospital human resource department during the annual evaluation to full-time employees who had an official hospital email account. Data was collected between December 25, 2013 and Feb 25, 2014, with administrative approval and assistance from the Human Resources Division of the Metroplex Adventist Hospital in Killeen, Texas. Institutional Review Board approval was obtained from Andrews University, Berrien Springs, Michigan, and resource support from Andrews University, Berrien Springs, Michigan. The online survey may be viewed at:https://docs.google.com/spreadsheet/ viewform?formkey=dHduUVNqdTBhcWJlc2I5 dHRTWkRBYUE6MA. The respondents were encouraged to participate in this research on a voluntary basis and were told that the general results would be shared with them if they voluntarily submitted their email address at the end of the online survey. Responding to the survey on hospital executives' integrity levels was determined to pose no detrimental physical, psychological, or social effect on the respondents. Power Analysis determined that an effective sample size of 210 would maximize the chance of achieving statistically significant results at a significance level of 0.05. The sample was selected on a voluntary self-report basis. The Gmail Doc website counter recorded the respondents' answers with their confirmation.

Metroplex hospital supports an exceptional staff of more than 150 physicians, representing 36 medical specialties. The response rate was 72.22% (325/ 450 full-time employees). Fifty eight percent of respondents are male and 42% are female. Thirty six percent of the respondents had worked at the hospital as full-time employees for 1 to 5 years. Hispanic American (36.5%) and Caucasian (29.8%) were the two dominant ethnic groups. Thirty-five percent of the respondents earned an annual salary less than \$50, 000, 31% earned more than \$70,000 annually. All the responses were transmitted electronically to an SPSS database for analysis. Because of the data analysis specification of Structural Equation Modeling, any responses missing data were dismissed from the data set.

#### **Instrumentation and Measures**

The permission to use Perceived Leader's Integrity Scale (PLIS) was initially granted by the primary author with his written document. The permission to use the Maslach Burnout Inventory (MBI-GS) was granted by Mind Garden, Inc. with license agreement and payment.

Craig and Gustafson (1998) developed an instrument to measure a person's perception of another person's integrity in order to determine the degree to which a person see that other person's behavior as ethical. Based on other instruments reported in the literature; their instrument identified 40 items to measure key dimensions of perceived leader's integrity, modifying these items to target top executive behavior specifically. Five questions are the descriptive statements of positive integrity behavior and 35 questions are of negative integrity behavior. "The PLIS was developed by industrialorganizational psychologists at Virginia Tech and North Carolina State University, using state-of-theart psychometric techniques and including item response theory and confirmatory factor analysis. The 40-item version demonstrates a unidimensional factor structure, reflecting perceivers' overall impression of a leader's ethical integrity, Cronbach's alpha internal consistency estimates greater than .95, and appropriate patterns of convergent and discriminant validity relative to other variables. For developmental feedback purposes, the instrument can be interpreted in terms of multiple facets of the leader's reputation for integrity" (Craig and Gustafson, 1998).

As defined by the Maslach Burnout Inventory

(MBI) study, a person with a high score for emotional exhaustion may be described as worn out, depleted, debilitated, and fatigued (Maslach and Jackson, 1986). The burnout can be explained as a psychological or emotional exhaustion rather than physical fatigue (Schaufeli et al., 1993; Maslach and Jackson, 1986). The second dimension in which burned out professionals have a moderately high score, depersonalization, can be explained as a moderately negative response to others, moderately negative or inappropriate attitudes toward clients, loss of idealism, and irritability (Maslach and Jackson, 1986). The third dimension of burnout, sense of personal accomplishment, is characterized by a high. In other words, healthcare provides perceived low level of lack of personal accomplishment, or low level of burnout. Therefore, the score item reflects "positive response toward oneself and one's personal accomplishment" (Maslach and Jackson, 1986).

This study used two published scales, Perceived Leader's Integrity Scale (PLIS) and Maslach Burnout Inventory (MBI), which have demonstrated validity and reliability as the latent variables or unobserved variables to describe the observed variable. Perceived Leader's Integrity was measured by the 40 items identified by Craig and Gustafson (1998). Under the Confirmatory Factorial Analysis (CFA) and reliability analysis, the PLIS is composed of two dimensions: (1) Negative Integrity Behavior, NIB, (Cronbach  $\alpha = 0.92$ ), (2) Positive Integrity Behavior, IB, (Cronbach  $\alpha$  = 0.90). Respondents were asked to indicate how frequently they experience a particular aspect of perceived leader integrity using a 4-point scale (1 =Not at all, 2 = Barely, 3 = Somewhat, 4 = Well). Under Confirmatory Factorial Analysis (CFA) and reliability analysis, the MBI, developed by Maslach and Jackson (1981), assesses the three dimensions of the burnout syndrome: (1) emotional exhaustion (Cronbach  $\alpha = 0.88$ ), (2) depensionalization (Cronbach  $\alpha = 0.90$ ), and (3) Sense of personal accomplishment (Cronbach  $\alpha = 0.92$ ). The three dimensions were measured using nine, five, and eight items, respectively. Respondents were asked to indicate how frequently they experience a particular aspect of burnout using a 7-point scale (0 = never, 1 = a few times a year or less, 2 = once a month or less, 3 = a few times a month, 4 = once a week, 5 = a few times a week, 6 = every day).

Table 1 shows that the respondents perceived a high level of integrity on the Perceived Leader's Integrity Scale (PLIS) based on each observed variable of perceived leader integrity and burnout. When the negative perception questions were polled, the respondents' average responses are "not at all" or not even "Barely" (x=1.88) with belowaverage scale score (x =2.5) on the 4-point PLIS, which is a good result towards the perception of leader's integrity. When the positive perception questions were polled, the respondents' average answers are "Somewhat" or "well" (x=3.05) with above-average scale score (x =2.5) on the 4-point PLIS, which is also a good result towards the perception of leader's integrity. Regarding job burnout level, respondents perceived slightly low degree of emotional exhaustion (x =2.21), depersonalization (x =2.10), the first and second level of burnout less than the scale mean (x = 3.0). More importantly, respondents experienced a slightly higher level of personal accomplishment (x

=3.84) than the scale mean (x =3.00). The employees enjoy the work environment with low degree of burnout and high degree of personal accomplishment.

The endogenous variables are the dependent variables affected by exogenous as the independent variables. Confirmatory factorial analysis (CFA) was used to construct the structural equation model (SEM), and all the observed variables and components were confirmed before putting them together. As part of the process, chi-square, comparative fit index (CFI), probabilities, and Cronbach  $\alpha$  were estimated and are displayed in Table 2. The results show that all observed variables functioned properly and maturely for testing the theoretical proposition and examining the extent of interrelationships among variables. The factor loadings with CFI greater than .95, Cronbach  $\alpha$ greater than .80, and probability less than .05 are accepted statistically.

Table 3 presents the correlations among all the observed variables in order to evaluate the assumptions of multivariate normality and linearity. There are missing data for the final sample of size of 325.

Categories	Ν	М	SD
Latent Concept: Executive Perceived Leader's Integrity Scale Unobserved Variable Scale Mean ( $x = 2.50$ )	(PLIS) –		
Observed Variable 1: Negative Integrity Behavior	296	1.88	1.00
Male (x = 1.46), Female (x =2.36)**			
Caucasian (x=1.20), Hispanic (x=1.51) African (x=2.57), Asian (x=3	8.79)**		
<\$29,999 (x=3.28)**, \$30000-\$49999 (x=2.64), \$50000-\$69999			
(x=1.62), >\$70000 (x=1.11)			
1-5 Years (x=3.12)**, 6-10 Years (x=2.38), 11-14 Years			
(x=1.52), >15 years (x=1.23)			

Table 1Descriptive Statistics for Observed Variables

Observed Variable 2: Positive Integrity Behavior	310	3.05	0.99
Male (x = 3.44), Female (x =2.56)**			
Caucasian (x=3.66), Hispanic (x=3.38) African (x=2.39), Asian (x=1.26)**			
<\$29,999 (x=1.68)**, \$30000-\$49999 (x=2.34), \$50000-\$69999 (x=3.30)	,		
>\$70000 (x=3.75)			
1-5 Years (x=1.86)**, 6-10 Years (x=2.56),			
11-14 Years (x=3.37), >15 years (x=3.65)			
Latent Concept: Maslach Burnout Inventory (MBI) – Unobserved Variable Scale Mean (x =3.00)			
Observed Variable 1: Emotional Exhaustion (EE)	309	2.21	1.93
Male (x = 1.37), Female (x =3.14)**			
Caucasian (x=0.84), Hispanic (x=1.46), African (x=3.83), Asian (x=5.65)**			
<\$29,999 (x=5.00)**, \$30000-\$49999 (x=3.89), \$50000-\$69999 (x=1.90)	3		
>\$70000 (x=0.39)			
1-5 Years (x=4.84)**, 6-10 Years (x=3.43), 11-14 Years (x=1.38),			
>15 years (x=0.85)			
Observed Variable 2: Depersonalization (DP)	312	2.10	1.93
Male (x = 1.27), Female (x =3.02)**			
Caucasian (x=0.65), Hispanic (x=1.42), African (x=3.76), Asian (x=5.62)*	*		
<\$29,999 (x=4.99)**, \$30000-\$49999 (x=3.67), \$50000-\$69999 (x=1.76)	,		
>\$70000 (x=0.34)			
1-5 Years (x=4.61)**, 6-10 Years (x=3.34), 11-14 Years (x=1.34),			
>15 years (x=0.68)			
Observed Variable 3 : Personal Accomplishments (PA)	312	3.84	1.94
Male (x = 4.59), Female (x =2.98)**			
Caucasian (x=5.11), Hispanic (x=4.49), African (x=2.39), Asian (x=0.37)*	*		
<\$29,999 (x=1.17)**, \$30000-\$49999 (x=2.43), \$50000-\$69999 (x=4.39)	3		
>\$70000 (x=5.16)			
1-5 Years (x=1.62)**, 6-10 Years (x=2.80), 11-14 Years (x=4.45),			
>15 years (x=5.09)			
** is significant at the 0.01 level (2 tailed)			

\*\*. is significant at the 0.01 level (2-tailed)

Observed and Unobserved Variables		d.f.	χ²	CFI	Р	Cronbach 0
Latent Concept: Executive Perceived Lead Scale (PLIS) –Unobserved Variable	er's Inte	grity				
Observed Variable 1: Negative Integrity Behav	vior	560	3311.0	0.952	.000	.92
Observed Variable 2: Positive Integrity Behavio	or	6	219.0	0.963	.000	.90
Latent Concept: Maslach Burnout Inventory (MBI) –Unobserved Variable	y					
Observed Variable 1: Emotional Exhaustion (EE)		27	362.2	0.953	.000	.88
Observed Variable 2: Depersonalization (DP)		5	40.8	0.951	.000	.90
Observed Variable 3 : Personal Accomplishmen	its (PA)	20	772.0	0.962	.000	.92
	Tał	ole 3				
Correlation	s for Cl	FA and	SEM Ana	lysis		
Observed Variables	1		2	3	4	5
Negative Integrity Behavior	1					
Positive Integrity Behavior9	955**		1			
Emotional Exhaustion (EE) 0.5	901**	-0.8	98**	1		
Depersonalization (DP) 0.9	921**	-0.9	61**	0.459*	1	

-0.959\*\*

0.942\*\*

Table 2
Validation of Observed Variables through SEM and Reliability Analysis

\*\*. Correlation is significant at the 0.01 level (2-tailed)

\*. Correlation is significant at the 0.05 level (2-tailed)

#### **Measurement Model**

Personal Accomplishments (PA)

The SEM was adopted with the maximum likelihood method. SPSS 19.0 and IBM AMOS 20.0 have been used to perform instrument validation, descriptive statistics, canonical discriminant analysis, regression, CFA, and structural equation analysis (Gardner, 2003). CFA is a hypothesized model to measure and estimate a population covariance matrix with minimum differences between the estimated and observed matrices (Schumaker and Lomax, 1996). SEM is a statistical method for examining and estimating causal relationships by using a graphical combination of statistical data and qualitative assumptions (Bishop, 2008). Figure 1

shows a CFA with two latent variables, executive leader's integrity measured by the PLIS and job burnout measured by the MBI. The number "1" in the diagram represents the regression coefficient and is used to minimize and standardize the number of parameters (Schumaker and Lomax, 1996).

-0.389

1

-0.373

In this study, a CFA was conducted to link two latent concepts: Perceived leader's integrity as the endogenous or dependent variables and the three dimensions of job burnout as the exogenous or independent variables. The structural equation is shown as below:

- Job Burnout (Three Levels) = Perceived Leader's Integrity (Two Factors) + Error (Disturbance Variance)
- X (Measured Items) =  $\Lambda x \xi$  (Exogenous) +  $\delta$  (Errors)

The major purpose of the SEM and the CFA was to test the reliability of the observed variables toward the unobserved latent variables (Schumaker and Lomax, 1996). The SEM model parameters were using the maximum likelihood method. The goodness of fit was good and sufficient and adequate based on the following guideline: CFI >0.95, normal fit index (NFI) >0.95, incremental fit index (IFI) >0.95, Tucker-Lewis index (TLI) >0.95, and root mean square error of approximation (RMSEA) <0.06 for acceptance (Schumaker and Lomax, 1996).

### Structural Modal

In reference to model fit, it is necessary to validate each latent variable and use several goodness-of-fit indicators to assess the model. Figure 1 presents the structural equation model of Maslach and Jackson (1986) burnout for the scale validation purpose prior to the model assembling.

Results of the CFA revealed a second-order factor, job burnout, with three first-order factors reflecting the essential three job burnout levels identified by Maslach (see Figure 2 and Table 4). Three second-order factors, emotional exhaustion, depersonalization, and personal achievement, were clustered for the latent concept, job burnout. This factor structure and goodness of fit (GFI) adequately fit the data with CFI = 0.954, NFI = 0.958, IFI = 0.96, TLI = 0.959,  $\chi^2$ =2196, degree of freedom = 207, probability level (p)=0.000, and RMSEA=0.047.

Table 4 presents the standardized regression coefficients for the confirmatory factor analysis and

the structural equation analysis of the Maslack Burnout Inventory (MBI).

Figure 3 presents structural equation of Perceived Leader's Integrity Scale for the scale validation purpose.

Results of the CFA revealed a second-order factor, Perceived Leader's Integrity Scale (PLIS), with two first-order factors reflecting the essential two sections identified by Craig (see Figure 3 and Table 4). Three second-order factors, Negative Integrity Behavior (NIB) and Positive Integrity Behavior (IB), were clustered for the latent concept, job burnout. This factor structure and goodness of fit (GFI) adequately fit the data of Negative Perception (NIB) with CFI = 0.952, NFI = 0.950, IFI = 0.96, TLI = 0.959,  $\chi^2$ =3311, degree of freedom =560, probability level (p)=0.000, and RMSEA=0.045. The factor structure and goodness of fit (GFI) adequately fit the data of Positive Perception (IB) with CFI = 0.963, NFI =0.960, IFI = 0.959, TLI = 0.95,  $\chi^2$ =219, degree of freedom =6, probability level (p)=0.000, and RMSEA=0.045.

Two second-order factors, Positive Perception and Negative Perception of leader's integrity, were clustered for the latent concept, Maslach Burnout as shown in Figure 4. This factor structure adequately fit the data well with a CFI = 0.958,  $\chi^{2}$ =10889, degrees of freedom = 1926, probability level (p) = 0.000, RMSEA =0.038, NFI = 0.953, IFI = 0.951, TLI = 0.958.

The results showed that the goodness of fit (GFI) was good and sufficient and adequate: This factor structure adequately fit the data with a CFI = 0.951,  $\chi^2$ =12875, degrees of freedom = 1926, probability level (*p*) = 0.000, RMSEA =0.03, NFI = 0.953, IFI = 0.951, TLI = 0.958. (See Figure 4 and Table 6). Those values indicate a good fit between the hypothesized model and the observed data; no post-hoc modifications analyses were conducted because of the good fit of the data to the model.

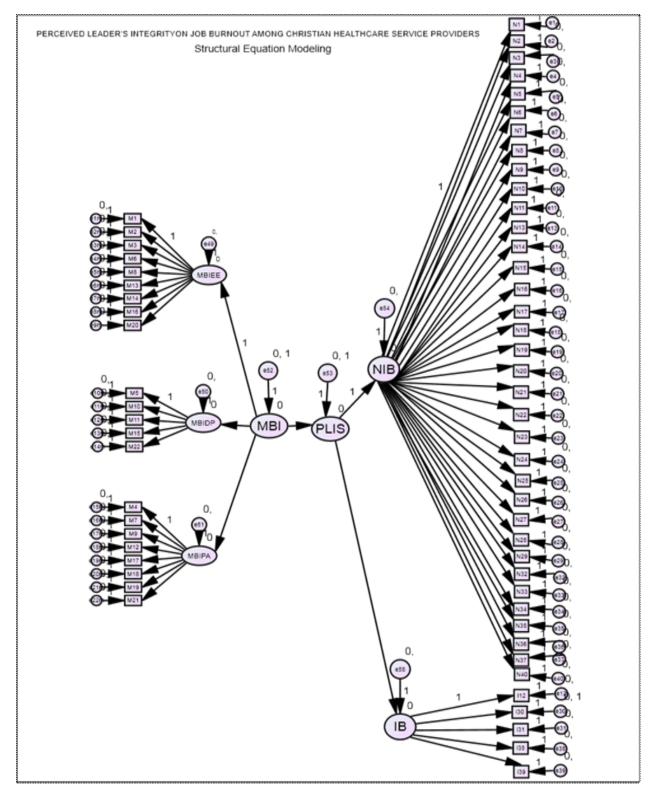


Figure 1: Default Structural Equation Model (SEM) of Maslach Burnout Inventory (MBI) And Perceived Leader's Integrity Scale (PLIS)

#### PERCEIVED LEADER'S INTEGRITY ON JOB BURNOUT AMONG CHRISTIAN HEALTHCARE SERVICE PROVIDERS Structural Equation Modeling

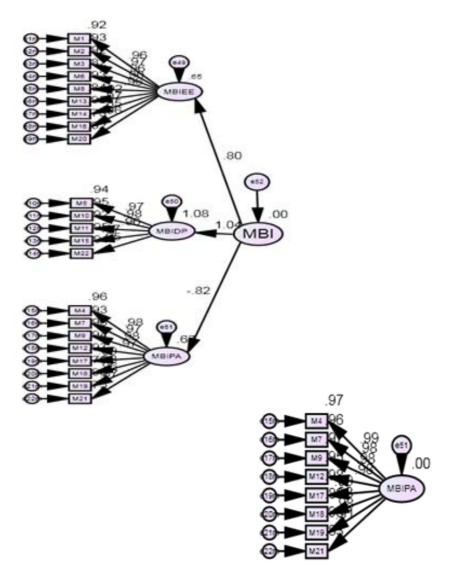


Figure 2: Structural Equation Model (SEM) of Maslach Burnout Inventory (MBI)

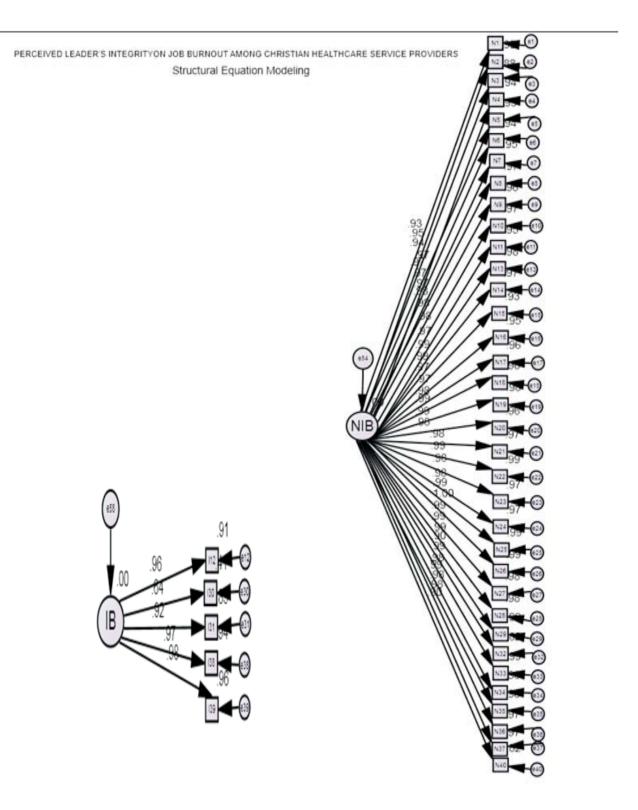


Figure 3: Structural Equation Model (SEM) of Perceived Leader's Integrity Scale (PLIS)

	Observed Variable	Latent Construct	β (Standardized Regression Estimates)
1.	I feel emotionally drained from my work.	Factor 1: Emotional Exhaustion (EE)	0.961
2.	I feel used up at the end of the workday.	Factor 1: Emotional Exhaustion (EE)	0.967
3.	I feel fatigued when I get up in the morning and have to face another day on my job.	Factor 1: Emotional Exhaustion (EE)	0.961
6.	Working with people all day is really a strain for me.	Factor 1: Emotional Exhaustion (EE)	0.905
8.	I feel burned out from my work.	Factor 1: Emotional Exhaustion (EE)	0.963
13.	I feel frustrated by my job.	Factor 1: Emotional Exhaustion (EE)	0.916
14.	I feel I'm working too hard on my job.	Factor 1: Emotional Exhaustion (EE)	0.975
16.	Working with people directly puts too much stress on me.	Factor 1: Emotional Exhaustion (EE)	0.854
20.	I feel like I'm at the end of my rope.	Factor 1: Emotional Exhaustion (EE)	0.960
5.	I feel I treat some clients as if they were impersonal objects.	Factor 2: Depersonalization (DP)	0.969
10.	I've become more callous toward people since I took this job.	Factor 2: Depersonalization (DP)	0.976
11.	I worry that this job is hardening me emotionally.	Factor 2: Depersonalization (DP)	0.958
15.	I don't really care what happens to some clients.	Factor 2: Depersonalization (DP)	0.975
20.	I feel like I'm at the end of my rope.	Factor 2: Depersonalization (DP)	0.967
4.	I feel easily understand how my clients feel about things.	Factor 3: Personal Accomplishments (PA)	0.981
7.	I deal very effectively with the problems of my clients.	Factor 3: Personal Accomplishments (PA)	) 0.967
9.	I feel I'm positively influencing other people's lives through my work.	Factor 3: Personal Accomplishments (PA)	0.978
12.	I feel very energetic.	Factor 3: Personal Accomplishments (PA)	0.972
17.	I can easily create a relaxed atmosphere with my clients.	Factor 3: Personal Accomplishments (PA)	0.985
18.	I feel exhilarated after working closely with my clients.	Factor 3: Personal Accomplishments (PA)	0.884
19.	I have accomplished many worthwhile things in this job.	Factor 3: Personal Accomplishments (PA)	0.963
21.	In my work, I deal with emotional problems very calmly.	Factor 3: Personal Accomplishments (PA)	0.866

# Table 4: Standardized Regression Coefficients for CFA and SEM Analysis of MBI

Copyright © Mind Garden Company

My (	Observed Variable Organization'sTop Executives	Latent Construct	β (Standardized Regression Estimates)
1.	Ridicules people for their mistakes	Factor 1: Negative Perception (NIB)	0.930
2.	Tries to get even	Factor 1: Negative Perception (NIB)	0.947
3.	Shows unfair favoritism toward some people	Factor 1: Negative Perception (NIB)	0.939
4.	Would lie to me	Factor 1: Negative Perception (NIB)	0.971
5.	Would risk other people to protect himself/ herself in work matters	Factor 1: Negative Perception (NIB)	0.966
6.	Deliberately fuels conflict among other people	Factor 1: Negative Perception (NIB)	0.971
7.	ls evil	Factor 1: Negative Perception (NIB)	0.972
8.	Would use "feedback" as an excuse to criticize someone as person	Factor 1: Negative Perception (NIB)	0.983
9.	Has it in for me	Factor 1: Negative Perception (NIB)	0.978
10.	Would allow someone else to be blamed for his/her mistake	Factor 1: Negative Perception (NIB)	0.984
11.	Would falsify records if it would help his/her work situation	Factor 1: Negative Perception (NIB)	0.974
13.	Would deliberately exaggerate people's mistakes to make them bad to others	Factor 1: Negative Perception (NIB)	0.990
14.	Is vindictive	Factor 1: Negative Perception (NIB)	0.986
15.	Would withhold information or constructive feedback because he/she wants	Factor 1: Negative Perception (NIB)	0.966
16.	Would treat some people better if they were of the other sex or belonged to a different ethnic group	Factor 1: Negative Perception (NIB)	0.974
17.	Would deliberately distort what other people say	Factor 1: Negative Perception (NIB)	0.978
18.	Is a hypocrite	Factor 1: Negative Perception (NIB)	0.989
19.	Would try to hurt someone's career because of a grudge	Factor 1: Negative Perception (NIB)	0.988
20.	Would blackmail an employee if she/he thought she/he could get away with it	Factor 1: Negative Perception (NIB)	0.981
21.	Enjoy turning down requests	Factor 1: Negative Perception (NIB)	0.982
22.	Would make trouble for someone who got on his/her bad side	Factor 1: Negative Perception (NIB)	0.992

# Table 5: Standardized Regression Coefficients for CFA and SEM Analysis of PLIS

23.	Would try to take credit for other people's ideas	Factor 1: Negative Perception (NIB)	0.984
24.	Would steal from the organization	Factor 1: Negative Perception (NIB)	0.983
25.	Would risk hurting the organization to further his/her own personal interests	Factor 1: Negative Perception (NIB)	0.994
26.	Would engage in sabotage against the organization	Factor 1: Negative Perception (NIB)	0.996
27.	Would try to get people fired just because she or he doesn't like them	Factor 1: Negative Perception (NIB)	0.988
28.	Would do things that violate organizational policy and then expect others to cover for him/her	Factor 1: Negative Perception (NIB)	0.991
29.	Would risk hurting the organization to further his/her own personal interests	Factor 1: Negative Perception (NIB)	0.994
32.	Would deliberately put off doing tasks in order to create a problem for someone else	Factor 1: Negative Perception (NIB)	0.905
33.	Would argue or disagree with someone without a good reason (e.g., to embarrass or make trouble for someone, to establish dominance)	Factor 1: Negative Perception (NIB)	0.994
34.	Would deliberately avoid responding to e-mail, telephone, or other messages to cause problems for some else	Factor 1: Negative Perception (NIB)	0.981
35.	Would spread rumors or gossip to try hurt people, or to the organization	Factor 1: Negative Perception (NIB)	0.988
36.	Put his or her personal interests ahead of the organization	Factor 1: Negative Perception (NIB)	0.985
37.	Not interested in tasks that don't bring personal glory or reorganization	Factor 1: Negative Perception (NIB)	0.983
40.	Believes rules are meant to be broken	Factor 1: Negative Perception (NIB)	0.904
12.	Has high moral standards	Factor 2: Positive Perception (IB)	0.956
30.	Can be trusted with confidential information	Factor 2: Positive Perception (IB)	0.639
31.	Tell the truth	Factor 2: Positive Perception (IB)	0.921
38.	Would take action against an employee who was guilty of ethical misconduct	Factor 2: Positive Perception (IB)	0.970
39.	Would report ethical violations committed by other employees	Factor 2: Positive Perception (IB)	0.978

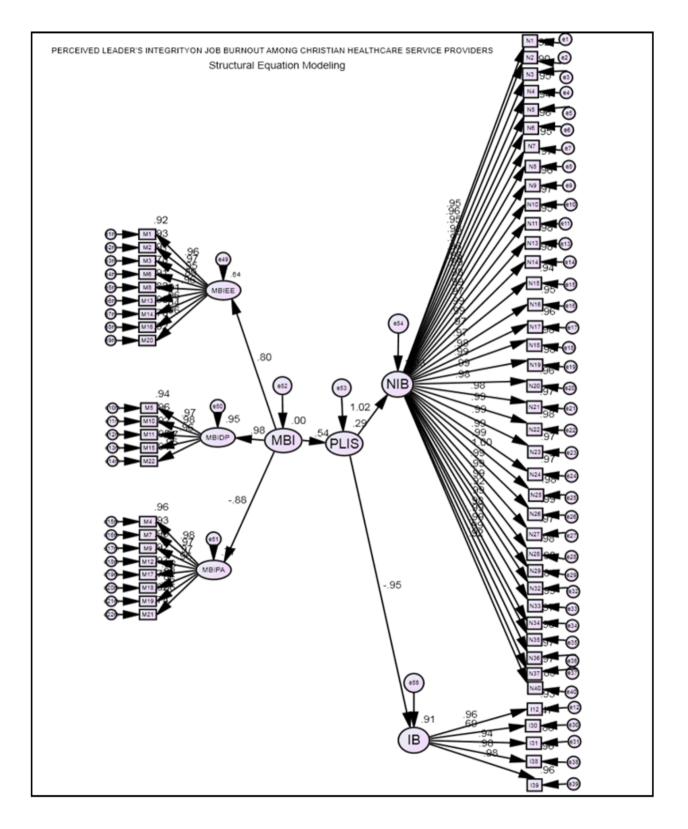


Figure 4: Complete SEM CFA Model

Observed Variable	Latent Construct	β	В	SE	Probability S	Significance
					.000	****
MBI and ESLS		0.54	0.59	-0.057	.000	****
Emotional Exhaustion (EE)	MBI	.80	1.00		.000	****
Depersonalization (DP)	MBI	.98	1.347	.048	.000	****
Personal Accomplishment (PA	A) MBI	88	-1.298	-1.298	.000	****
Negative Perception of Leader (NIB)	PLIS	.29	1.00		.000	****
Positive Perception of Leader (IB)	PLIS	91	-0.928	-0.928	.000	****

Table 6: Standardized and Unstandardized Coefficients for CFA and SEM Analysis

Table 7: Canonical Correlations Between Three MBI Burnout Fac	ctors and Demographic Characteristics
---	---------------------------------------

Demographic Backgrounds	Eigen value Correlation	Canonical	Variance Lambda	Wilk's	Probability
Year of Service	1.361	0.759	99.0%**	.418	0.000**
Ethnic Groups	2.167	0.627	65.7%	.288	0.219
Income	2.922	0.863	97.4%**	.234	0.000**
Gender	0.266	0.458	88.8%**	.790	0.000**

\*\* is significant at the 0.01 level (2-tailed).

#### Table 8: Canonical Correlations Between Two PLIS Integrity Factors and Demographic Characteristics

Demographic Backgrounds	Eigen value Correlation	Canonical	Variance Lambda	Wilk's	Probability
Year of Service	0.799	0.666	97.7%**	.556	0.000**
Ethnic Groups	1.737	0.487	63.7%	.363	0.077
Income	1.498	0.774	95.4%**	.398	0.000**
Gender	0.254	0.650	88.8%**	.798	0.000**

\*\* is significant at the 0.01 level (2-tailed).

# Table 9: Canonical Correlations Between Two Perceived Leader's Integrity Factors And All Three Job Burnout Levels

Job Burnout	Eigen value Correlation	Canonical	Variance Lambda	Wilk's	Probability
Negative Integrity Behavior	9.314	0.950**	87.80%	0.095	0.000**
Perceived Positive Integrity Behavior	4.305	-0.901**	88.50%	0.185	0.000**
Total (PLIS)	9.296	0.912**	88.01%	0.095	0.000**

\*\* is significant at the 0.01 level (2-tailed).

Volume 14, Number 4 • October–December 2014

Table 7 shows that predictors of fields (p=0.000) and age groups (p=0.000) correlated significantly with the dependent variable, job burnout, in three subsets: emotional exhaustion, depersonalization, and personal accomplishment. This demonstrated that respondents' perception of their hospital work experiences in three dimensions were related to their demographic backgrounds and can be attributed as moderating effects (Carroll, 2010).

Burnout, as reflected by emotional exhaustion, depersonalization, and sense of personal accomplishment, was experienced by respondents of demographic backgrounds. Workers with income below \$29,999, 1-5 years of service, Asian, and female gender experienced the highest score of Exhaustion burnout in Emotional and Depersonalization and the lowest score in Personal Accomplishment.

Table 8 shows that predictors of fields (p=0.000) and age groups (p=0.000) correlated significantly with the independent variable, Perceived Leader's Integrity (PLIS), in two subsets: Negative Integrity Behavior (NIB) and Positive Integrity Behavior (IB). This demonstrated that respondents' perception of their hospital work experiences in two dimensions were related to their demographic backgrounds and can be attributed as moderating effects (Carroll, 2010).

Perceived leader's integrity, as reflected by negative integrity behavior (NIB) and positive integrity behavior (IB) was experienced by respondents of demographic backgrounds. Workers with income below \$29,999, 1-5 years of service, Asian, and female gender experienced the highest score of negative integrity behavior (NIB) and lower score of positive integrity behavior (IB).

When the employees perceived leader's negative integrity behavior, the canonical- correlation analysis (CCA) showed the high correlation with three levels of burnout (r=0.950).

When the employees perceived leader's positive integrity behavior, the canonical- correlation analysis (CCA) showed the high correlation with three levels of burnout (r=-0.901).

In a total, the employees perceived leader's integrity behavior, the canonical- correlation analysis (CCA) showed the high correlation with three levels of burnout (r=0.912).

Besides the SEM, additional multivariate analysis showed that canonical correlations between perceived leader's integrity and job burnout are statistically significantly correlated (Table 9). The two factors of perceived negative leader's integrity (NIB) (p=0.000), and perceived positive leader's integrity (IB) (p=0.000) significantly correlated with the dependent variable, job burnout, in three subsets: emotional exhaustion, depersonalization, and loss of sense of personal accomplishment. This demonstrates that employee job burnout in all three dimensions was related to their perceptions of their CEO's integrity in two levels.

#### DISCUSSION

The findings of the SEM show that the employees' slightly low level of job burnout is highly correlated with their perceptions of high levels of leader's integrity in their organization. Hypotheses 1-4 were tested and accepted on the basis of statistical analysis, with a significance level of 0.01 and high goodness of fit (CFI = 0.951). A good leader should be able to create a high-performance culture (Mosley and Patrick, 2011). Our findings imply that Christian hospitals that practice and exemplify leader's integrity principles instill values into management-employee relationships and job designs that reduce the inclination of burnout and enhance the sense of personal accomplishment and performance among these employees.

Among the demographic variables tested, Years of Service, Income and Gender had an effect on perception of level of perception of leader's integrity; employees with years of service during 1-5 years, income below \$29,999, and female gender perceived that leader's integrity was practiced at the lowest levels in both positive and negative perception of leader's behavior examined and that their job burnout was perceived at the highest levels of emotional exhaustion, depersonalization and lowest level of personal accomplishment. Ethnic Background does not influence the workers' perceptions, and it also has not been identified as a factor in perception of leader's integrity in previous research. Salameh (2011) stressed that, although leaders have personal prejudices and biases, they know how to celebrate differences among employees and confront those who look down on and devalue others. By upholding justice and discouraging discrimination, such a leader can reduce the risks for job burnout. This is the one in the democratic society that the CEO can influence the perception of various employees with diversified ethnic background.

Job burnout is an enormous problem in healthcare service industries. Hospital administrators, practitioners, researchers, and academics have been concerned with identifying factors and stressors that explain why healthcare providers leave hospitals. Recent research has largely implicated leadership as the one of the major stressors, especially in whether or not leaders use their power ethically to serve or unethically to manipulate others (Salameh, 2011). The practice of leader's integrity behavior increases job satisfaction and reduces turnover intentions (Savage and Honeycutt, 2011).

#### IMPLICATIONS OF THIS STUDY

Moral integrity is the top determinant for healthcare providers to remain employed without feelings of burnout and thinking of quitting. The other determinants that can affect healthcare providers' decisions to remain employed include incorporating clear communication systems, maximizing employee involvement in decision-making, promoting praise and recognition, and establishing a shared vision and goals (Touranqeu and Cranley, 2006).

The executive leaders at a Christian hospital are called to use faith to inspire employees and create a better organizational climate for the employees' personal growth and accomplishment as part of the organization's goals for success (Black, 2010). The basic statistics show that the Christian hospital employees we surveyed perceived a higher level of perceived leader's integrity than the scale mean. The below-average emotional exhaustion and depersonalization scores, as well as the aboveaverage personal accomplishment scores, in our survey indicate that job burnout at the Christian hospital studied is under control by a good servant and ethical leader. More importantly, these employees, on average, experienced low levels of burnout and perceived high levels of personal accomplishment. These results imply that the perceived leader's integrity helps prevent the higher levels of burnout.

### LIMITATIONS OF THE STUDY

This study demonstrates the validity, power, and contribution of perceived leader's integrity in one organizational outcome, the intensity of employee job burnout. However, several limitations should be addressed. First, this study relied on validated, single-source, self-reported questionnaires with content and construct validity. These findings must be validated on repeat measures by showing consistency with the findings in other populations using the same instruments. The correlation matrix shows that minimizing the common variance has controlling power and will not affect the hypothesis testing. Second, the cross-construct validity must be established, such that our findings are consistent with those obtained by other measures and instruments, both quantitative and qualitative approaches. Third, respondents were all recruited from an Adventist-affiliated Christian hospital in Texas. The cultures of Texas and this Christian denomination might be regarded as extraneous factors that limit the generalizability of the findings. Fourth, increasing sample size and using repeated measures will ensure that the population mean is close to sample means and give statistical power adequate for rejecting the null hypothesis. Since this was a single-source measurement, because of resource and time constraints, the power analysis was used to determine the effective sample size for a one-time measure. This is theoretically acceptable and durable, but there are some extraneous variables such as internal events, seasonality, or leadership tenure on the position limiting and intervening the Fifth, even though the validity of findings. response rate was good, the responses are based on voluntary participation rather than randomized selection.

#### DIRECTIONS FOR FUTURE RESEARCH

The findings about perceived leader's integrity and the structural equation model could be applied to other service organizations to discover whether leader's integrity can be regarded as a valid strategy for reducing the intensity of job burnout. They also could be used to identify multivariate correlations among background factors, perceived leader's integrity, and job burnout levels. Job burnout can lead to human resource issues such as job turnover intention, job dissatisfaction, and insubordination. Future research might explore how perceived leader's integrity affects the quality of care quality, customer service and the attitudes of customers. Future studies also might explore other ways in which bottom-up perceived leader's integrity might superior to the traditional top-down be

authoritarian leadership or other leadership styles such as situational, charismatic, transformational, or transactional.

#### **CONCLUSION**

This study's findings demonstrate empirically that leader-follower relationships and employee burnout problems are closely associated with perceived leader's integrity in terms of the leader's vision, philosophy, attitudes, behaviors, and management policy in the areas of positive integrity behavior (IB) and negative integrity behavior (NIB). In the Christian healthcare organization studied here, years of service, income and gender are the only demographic variable observed to correlate significantly with both perception of leader's integrity and job burnout: older, higher salary income, and male healthcare providers perceived a higher level of perceived leader's integrity and lower burnout than younger, lower salary and female employees.

#### **REFERENCES**

- Aronson, E. (2003), Ethics and Leader's Integrity in the Health Sector, ProQuest, 65(2): 195.
- Barnard, A. (2011), The Competencies of Integrity, Journal of Psychology in Africa, 21(2): 267-273.
- Basinska, B. and Wilczek-Ruzyczka, E. (2013), The Role of Rewards and Demands in Burnout Among Surgical Nurses, International Journal of Occupational Medicine & Environmental Health, 26(4): 593-604.
- Bateman, T. (2011), What Followers Really Need From Their Leaders, T+D, 65(6): 70-72
- Bishop, J. W. (2008), First Course in Structural Equation Modeling, Organizational Research Methods, Organizational Research Methods, 11(2): 408-411.
- Black, G. L. (2010), Correlational Analysis of Servant Leadership and School Climate. Catholic Education: A Journal of Inquiry and Practice, 13(4): 437-466.
- Carroll, D. (2010), Building a Community, Citizen by Citizen, Vision Monday, 24(4): 82.
- Chullen, L., Dunford, B., Angermier, I. and Boss, I. (2010), Minimizing Deviant Behavior in Healthcare Organizations: The Effects of Supportive Leadership and Job Design, *Journal of Healthcare Management*, 55(6): 381–397.
- Craig, S. B. and Gustafson, S. B. (1998), Perceived Leader Integrity Scale: An Instrument for Assessing Employee Perceptions of Leader Integrity, *The Leadership Quarterly*, 9: 127–145.
- Davies, N. (2011), Reducing Inequalities in healthcare Provision for Older Adults, Nursing Standard, 25(41): 49-55.
- Evans, D., Bryan, E., Owens, S. and Koukos, K. (2004), Ethnic Differences in Burnout, Coping, and Intervention Acceptability Among Childcare Professionals, *Child & Youth Care Forum*, 33(5): 349–371.
- Gadsden, D. (2005), Adjusting To a New Racial Climate: Maintenance of Personal Integrity, Journal of Religion & Health, 44(3): 263-266.
- Gaiter, D. (2013), Leadership Facet, Neurodiagnostic Journal, 53(4): 323-327

- Gardner, W. (2003), Perception of Leader Charisma, Effectiveness and Integrity, Management Communication Quarterly, 16(4): 502-527.
- Gladsberg, A., Mprberg, A. and Söderberg, A. (2007), Sources of Burnout Among Healthcare Employees as Perceived by Managers, *Journal of Advanced Nursing*, 60(1): 10–19.
- Hooijbert, R. (2010), A Multidirectional Approach toward Leadership: An Extension of the Concept of Behavioral Complexity, *Human Relations*, 49: 917–946.
- Houkes, I, Winants, Y. and Twellar, M. (2008), Specific Determinants of Burnout Among Male and Female General Practitioners: A Cross-lagged Panel Analysis, *Journal of Occupational & Organizational Psychology*, 81(2): 249–276
- Huang, Y. H., Chen, C. H., Du, P. L. and Huang, I. C. (2012), The Causal Relationships Between Job Characteristics, Burnout, and Psychological Health: A Two-wave Panel Study, *International Journal of Human Resource Management*, 23(10): 2108–2125.
- Laabs, C. (2011), Perceptions of Moral Integrity: Contradictions in Need of Explanation, Nursing Ethics, 18(3): 431-440.
- Lee, J. S. and Akhtar, S. (2011), Effects of the Workplace Social Context and Job Content on Nurse Burnout, Human Resource Management, 50(2): 227-245.
- Liborius, P. (2014), Who Is Worthy of Being Followed? The Impact of Leaders' Character and the Moderating Role of Followers' Personality, *Journal of Psychology*, 148(3): 347-385.
- Lövgren, G. Rasmussen and Engström. B (2002), Working Conditions and the Possibility of Providing Good Care, Journal of Nursing Management, 10(4): 201–209
- Maciariello, A. (2010), The Importance of Integrity in a Leader and Personal Relationships, Leader to Leader, 2010(1): 43-46.
- Maslach, C. and Jackson, S. (1981), The Measurement of Experienced Burnout, Journal of Occupational Behavior, 2(2): 99-113.
- Maslach, C. and Jackson, S. E. (1986), Maslach Burnout Inventory (2nd Ed), Consulting Psychologists Press, Palo Alto, CA.
- Mazzoleni, O. (2008), Moral Integrity and the Reputation of Politicians as Perceived by Supporters of 'Populist' Parties: A Comparison of Switzerland and Italy, *Perspectives on European Politics & Society*, 9(1): 53-72
- McCoy, B. (2007), Success, Vital Speeches of the Day, 73(7): 321-322
- Moore, K (2012), Choosing Business Leaders With Integrity, Journal for Quality & Participation, 35(2): 8-19.
- Newman, C. (2014), Time to Address Gender Discrimination and Inequality in the Health Workforce, Human Resources for Health, 12(1): 1–22.
- Northouse, P. (2001), Leadership: Theory and Practice, Sage Publications: London, United Kingdom.
- (Eliwiński, Z. (2014), Burnout Among Physiotherapists and Length of Service, International Journal of Occupational Medicine & Environmental Health, 27(2): 224–235.
- Parry, K. and Proctor-Thomson, S. (2002), Perceived Integrity of Transformational Leaders in Organisational Settings, *Journal* of Business Ethics, 35(2): 75–96.
- Sagie, A. (2003), What Aspects of the Job have Most Effect on Nurses? Human Resource Management Journal, 13(1): 46-62.
- Salahian, A., Oreizi, H. R., Abedi, M. R. and Soltani, I. (2012), Burnout and Relevant Factors in Organizations, Interdisciplinary Journal of Contemporary Research in Business, 3(12): 551-558.
- Salameh, K. M. (2011), Servant Leadership Practices Among School Principals in Educational Directorates in Jordan, International Journal of Business and Social Science, 2(22): 138–145.
- Savage, A. R. and Honeycutt, A. (2011), Servant leadership: A Phenomenological Study of Practices, Experiences, Organizational Effectiveness, and Barriers, *Journal of Business & Economics Research*, 9(1): 49-54.
- Schaufeli, W. B., Maslach, C. and Marck, T. (1993), Professional burnout: Recent Developments in Theory and Research, Washington, DC: Taylor & Francis.

Schumaker, R. and Lomax, R. G. (1996), A Beginnner's Guide to Structural Equation Modeling, Mahwah, NY: Erlbaum.

- Timms, C., Graham, D. and Caltabiano, M. (2006), Gender Implication of Perceptions of Trustworthiness of School Administration and Teacher Burnout/Job Stress, *Australian Journal of Social Issues*, 41(3): 343-358
- Tony Simonsa, M. P. (2013), Toward a Broader But Still Rigorous Definition of Leader Integrity: Commentary, The Leadership Quarterly, 24(3): 391–394
- Williams, M., Paluck, L. and Spencer-Rodgers, J. (2010), The Masculinity of Money: Automatic Stereotypes Predict Gender Differences in Estimated Salaries, *Psychology of Women Quarterly*, 34(1): 7–20.
- Yang, T. and Aldrich, H. (2014), Who's the Boss? Explaining Gender Inequality in Entrepreneurial Teams, *American Sociological* Review, 79(2): 303-327.
- Yamatani, H. (2006), Unveiling Patters of Salary Inequity: Suggested Measurement Strategy for Health Care Organizations, Journal of Health & Social Policy, 21(4): 95-108.