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Trustworthy leadership and its role in enhancing quality of work life (QWL): An analytical study at the Baghdad Al- Rusafa Health Directorate

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Abstract

Effective leadership serves as a cornerstone for fostering healthy and sustainable work environments by building trust, instilling transparency, upholding ethical standards, and promoting positive interactions between leaders and employees. In the face of increasing organizational challenges in healthcare institutions, it becomes essential to explore leadership styles that enhance Quality of Work Life (QWL), encompassing job satisfaction, psychological safety, and the balance between work demands and employees' personal needs. Accordingly, this study examined the impact of trustworthy leadership and its dimensions - relationship transparency, self-awareness, internal ethical perspective, and balanced processing - on QWL at the Baghdad/Rusafa Health Directorate, utilizing a sample of 156 respondents and employing descriptive analysis, simple linear regression, and stepwise regression to assess the strength and influence of these dimensions. The findings indicate that trustworthy leadership constitutes an effective organizational approach to improving the work environment, explaining approximately two-thirds of the variance in QWL, with relationship transparency, self-awareness, and internal ethical perspective emerging as the most influential determinants, while balanced processing remains in need of development. These results underscore the importance of investing in leadership development programs and fostering a leadership culture grounded in transparency, ethical values, and self-awareness, while considering employees' demographic characteristics to ensure an integrated and sustainable work environment, ultimately enhancing institutional performance and contributing to the provision of better healthcare services.

Keywords: Trustworthy leadership, quality of work life, Baghdad Health Directorate

Introduction

In a world increasingly shaped by organizations of all types, it has become imperative for researchers, particularly in administrative sciences, to intensify efforts that support organizational effectiveness and the fulfillment of stakeholder expectations (Hassanein, 2021) ^[1]. Amid contemporary challenges and unethical leadership, which have led to scandals such as Enron, managerial failures, and crises, organizations face mounting societal pressures and losses stemming from ethical collapses (Hoch *et al.*, 2018) ^[6]. These challenges necessitate the implementation of positive leadership characterized by integrity, honesty, ethics, and responsibility, offering a suitable response to the leadership crises confronting modern organizations. Trustworthy leadership facilitates idea generation, bridges trust between leaders and employees and fosters a work environment of adequate quality (Ratliff, 2012) ^[5]. It plays a crucial role in aligning intended and actual employee practices by leveraging personal traits that internally motivate consistent performance across the organization, thereby enhancing Quality of Work Life (QWL) (Gill *et al.*, 2018) ^[4]. QWL, in turn, affects employees' work experience and encompasses criteria for fostering security, job satisfaction, responsiveness to personal ambitions, and cultivating a positive work environment (Hidayah, 2024) ^[11].

Problem, Objectives, and Significance

Research Problem

Trustworthy leadership has emerged as a modern leadership approach attracting growing attention in administrative literature due to its role in enhancing work environments and organizational cohesion. Similarly, QWL is fundamental for achieving job satisfaction and psychological stability, positively impacting individual and collective performance. Despite the theoretical and practical importance of both variables, their relationship remains

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underexplored in the local context, particularly in the sensitive and complex healthcare sector. Prior studies reveal a lack of field-based research examining the effect of trustworthy leadership on QWL within Iraqi workplaces, especially at the Baghdad/Rusafa Health Directorate, leaving a knowledge gap that this study seeks to address. The research questions include: (1) Does the organization demonstrate a notable level of trustworthy leadership? (2) What is the level of QWL in the organization? (3) What is the nature of the correlation between trustworthy leadership and QWL? (4) What is the statistical and practical impact of trustworthy leadership on QWL?

Research Objectives

1. Assess the current state of trustworthy leadership within the organization.
2. Evaluate the current state of QWL in the organization.
3. Identify and interpret the correlational relationship between trustworthy leadership and QWL.
4. Determine the impact of trustworthy leadership on QWL.

Significance of the Study

1. **Practical Significance:** Selecting the Baghdad/Rusafa Health Directorate provides an important applied context, as it faces direct organizational and managerial challenges affecting its performance and service quality. Studying these variables within this environment offers actionable insights to improve administrative policies.
2. **Theoretical and Cognitive Significance:** The research highlights modern leadership concepts, particularly trustworthy leadership, by analyzing its core dimensions (self-awareness, relationship transparency, internal ethical perspective, and balanced processing), enhancing leaders' awareness of their role in building organizational trust and cohesion.
3. **Operational and Organizational Significance:** The study emphasizes QWL as a modern administrative concept that fosters an appropriate work environment, protects employees' rights, and promotes satisfaction, creativity, and organizational commitment, ultimately improving institutional performance and the quality of healthcare services.

Thus, the study's significance extends beyond theoretical contribution to providing practical recommendations for decision-makers at the Baghdad/Rusafa Health Directorate to enhance leadership practices and improve the work environment, benefiting both the organization and its stakeholders.

Theoretical Framework

Trustworthy Leadership

Concept of Trustworthy Leadership

Numerous researchers have explored the concept of trustworthy leadership. Snygans (2019) ^[12] defines it as a style that promotes transparency in relationships, where leaders and employees freely and honestly express their actual thoughts and feelings. Such positive social exchanges

can be linked to enhancing the attractiveness of work. Hilson (2018) ^[13] approaches it from a trust-based perspective, describing trustworthy leadership as a relatively new leadership theory characterized by traits, behaviors, and skills aimed at promoting ethical and honest conduct, yielding positive outcomes for both leaders and employees. Moreover, it enhances employee engagement; McAuliffe *et al.* (2019) ^[14] define it as a leadership behavior pattern focused on fostering meaningful relationships with employees by building trust, gaining support, and highlighting the authentic self of the organization.

Importance of Trustworthy Leadership

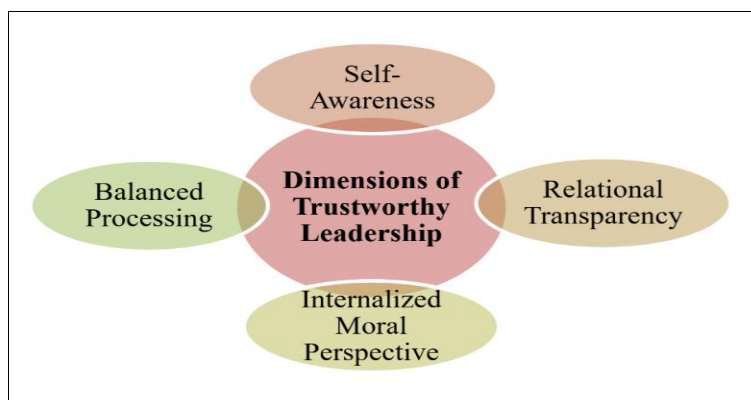
Wong & Walsh (2020) ^[15] emphasize its significance, particularly in the healthcare sector:

1. Reduces workplace bullying and burnout among newly graduated nurses within the first year.
2. Positively influences workplace relationships by modeling constructive interactions and establishing policies for professional behavior.
3. Leaders who demonstrate openness, honesty, reliability, and integrity in their communications uphold high standards.
4. Leaders build trust by exemplifying honesty, integrity, and ethical principles, strengthening leader-employee relationships.
5. The growing international research on trustworthy leadership highlights its relevance to emerging issues in healthcare environments, providing a solid foundation for leadership practices and organizational development.

Dimensions of Trustworthy Leadership

Walumbwa *et al.* (2008) ^[10] proposed a model of trustworthy leadership, widely supported by researchers, comprising four dimensions:

1. **Self-Awareness:** The leader's ability to recognize not only their strengths, values, knowledge, and weaknesses, but also to understand how they influence others. Self-awareness reflects the leader's comprehension of their own strengths and limitations (Joo *et al.*, 2021) ^[7].
2. **Relationship Transparency:** The open exchange of a leader's thoughts and beliefs with employees, presenting their authentic self, which fosters trust through genuine information sharing and expression while minimizing inappropriate emotional reactions (Al-Suwaidi & Abdel-Sayed, 2022) ^[2].
3. **Internalized Moral Perspective:** The self-regulation of the individual based on internalized ethical values and principles (Rego *et al.*, 2013) ^[8].
4. **Balanced Processing:** The leader's practice of considering multiple alternatives, analyzing relevant data sources, and seeking input from others before making important decisions. Balanced processing ensures that leaders account for subordinates' opinions and critical information prior to decision-making (Gigol, 2020) ^[9]. Figure 1 illustrates these four dimensions of trustworthy leadership.



Source: Prepared by the researcher.

Fig 1: Dimensions of Trustworthy Leadership

Quality of Work Life (QWL)

Concept of Quality of Work Life

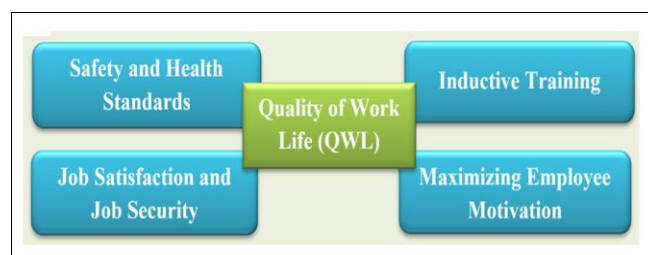
Quality of Work Life (QWL) plays a vital role in enhancing employee performance. It can be achieved by providing safe working conditions, ensuring job satisfaction, and fostering a sense of respect among employees. These elements contribute to creating an environment conducive to growth and development, thereby increasing employee dignity. Improving QWL also motivates employees to perform better in their roles (Simbolon *et al.*, 2023) ^[16]. Consequently, enhancing QWL leads to positive outcomes in employees' professional lives, such as increased efficiency, job satisfaction, higher productivity, and reduced workplace accidents (Abd-Elmoghith & Ebrahim, 2023) ^[17]. Some researchers view QWL as encompassing work components related to satisfaction, motivation, and performance, while others see it as fulfilling diverse physical, psychological, and social needs (López *et al.*, 2021) ^[18]. Furthermore, QWL is considered an indicator of increased effort driven by organizational commitment (Allam & Shaik, 2020) ^[19].

QWL has been a critical success factor for organizations, including hospitals, since 1973 (Babamohamadi *et al.*, 2023) ^[20]. According to Sabonete *et al.* (2021) ^[21], QWL research has evolved over the years to assess employees' perception of life within organizations. Many researchers consider QWL as an organizational practice aimed at implementing improvements and innovations in management. It is defined as the state in which employees can fulfill their personal needs through workplace performance while achieving organizational goals (Tarigan *et al.*, 2021) ^[22]. Bandar *et al.*, describe QWL as the extent to which employees meet essential personal needs by aligning their expectations with organizational objectives. Suryani (2023) ^[24] highlights that QWL reflects management's perspective on employees and emphasizes the importance of recognizing human value, playing a significant role in shaping the work climate both technically and socially.

Objectives of Quality of Work Life

The primary objective of QWL is to ensure security in the workplace and enhance trust between employees and the organization, thereby promoting employee commitment, increasing productivity, improving morale, and facilitating communication. It also reduces organizational strain, improves internal and external relationships, provides appropriate human resource development programs, fosters learning at work, supports continuous change management,

and encourages participation of all managerial levels in shaping the organization's image (Velmurugan & Sumathi, 2017) ^[26]. Additionally, QWL aims to humanize the workplace, improve employees' work experiences, and promote democratic practices at work (Velayudhan & Yameni, 2017) ^[27]. Figure 2 illustrates the objectives of QWL (Shankar, 2014) ^[25].



Source: Shankar, J. V. (2014) ^[25]. A study on quality of work life and employee motivational strategies. *International Journal of scientific research and management*, 2(5), 901-908.

Fig 2: Objectives of Quality of Work Life

Dimensions of Quality of Work Life (QWL)

The research adopted a set of QWL dimensions based on several studies:

- 1. Working Conditions:** This dimension includes all conditions surrounding employees at the time and place of work, whether physical, psychological, or environmental. Providing safe working conditions and necessary services motivates employees to perform at their best (Kim *et al.*, 2015) ^[28]. Working conditions are crucial for employee satisfaction and career development. Studies have shown that a favorable work environment, including work methods, equipment, tools, and working hours, significantly enhances career development and employee satisfaction (Kitanan & Karam, 2017) ^[30]. Conversely, excessive workload can harm employees, leading to stress and health complaints (Rethinam & Ismail, 2008) ^[29].
- 2. Participation in Decision-Making:** Employee participation in decision-making is part of their freedom within the organization and a core aspect of QWL. Engaging employees in decisions, idea sharing, analysis, communication, and problem-solving prepares them to become future leaders (Swamy *et al.*, 2015) ^[31]. Participation fosters innovation, improves work processes, enhances interaction between employees and management, and reduces misunderstandings or misperceptions toward management (Zaware, 2020) ^[31].

3. **Social Integration:** This dimension reflects the efforts made by the organization to create a harmonious and respectful work environment among individuals and teams. Cooperation, boosting morale, building trust, and fostering a sense of belonging are essential aspects of social integration (ERDEM, 2014)^[33].
4. **Research Design and Methodology:** Research methodology is a critical element of any scientific study. It is a systematic combination of fundamental concepts used to investigate and solve a specific problem in the business or economic environment that requires solutions. Research design serves as the overall plan or roadmap for how a researcher collects the

necessary data to answer their research questions. According to Bickman & Rog (2008), “research designs function as an architectural blueprint for a research project, linking design activities, data collection, and analysis to the research questions.” The significance of research design lies in its role as a vital link between theory, supporting arguments, collected data, and resulting conclusions. Therefore, when developing a research design, the researcher must make informed decisions regarding key aspects of the research process (Saunders, 2014). Figure 3 illustrates the research design for this study, which facilitates answering the research questions accurately and effectively.

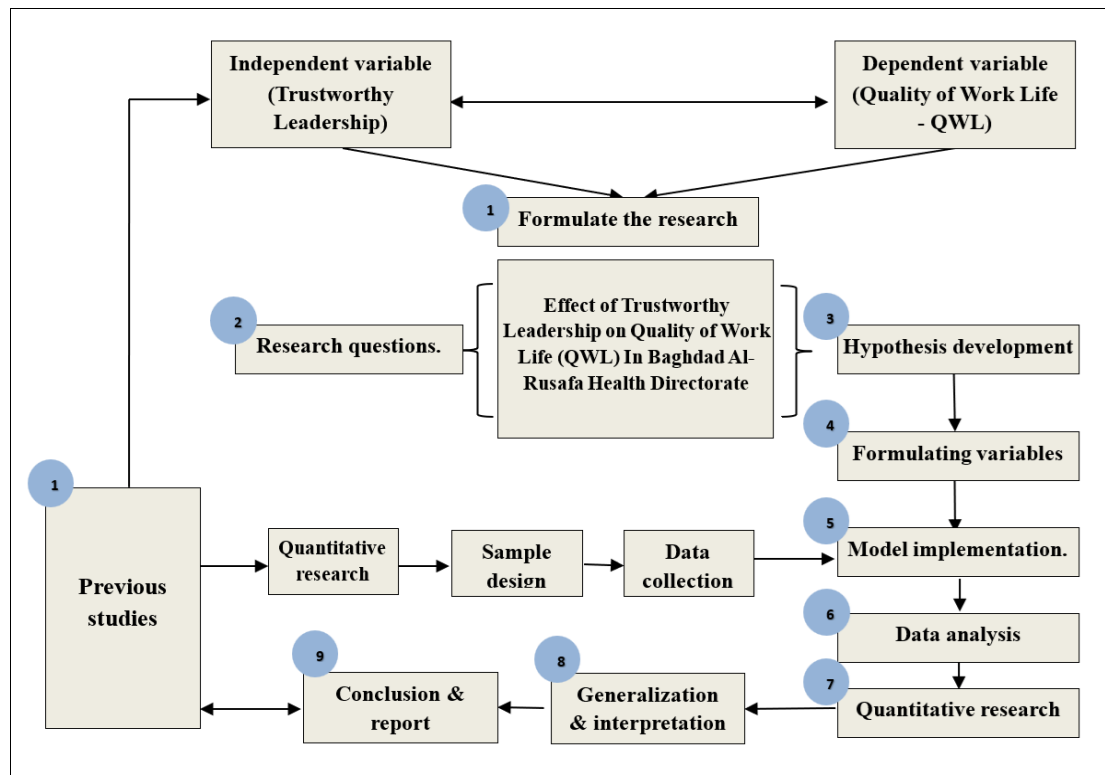


Fig 3: Research design

Measurement Scales

The study relied on a questionnaire as the primary data collection tool. The questionnaire included four general questions in addition to an attitude scale consisting of 32 items, which were structured according to a five-point Likert scale. Theoretical concepts were operationalized into measurable terms. Furthermore, the development of the

scales was based on recommendations from previous researchers wherever applicable, as existing scales should be adapted for the current study context (Sekaran & Bougie, 2016). On this basis, the measurement scales used in this study were derived from prior literature, as presented in Table (1).

Table 1: Questionnaire construction scale

Variables	Dimensions	No. of Items	Measures
Trustworthy Leadership	Self-Awareness	4	(Yang & Mossholder, 2010; Savolainen & López-Fresno, 2012; Freire & Azevedo, 2015; Koohang, <i>et al.</i> , 2017)
	Relational Transparency	5	
	Internalized Moral Perspective	4	
	Balanced Processing	4	
Quality of Work Life (QWL)	Working Conditions	5	(Bagtasos, 2011; Narehan, <i>et al.</i> , 2014; Riyono, <i>et al.</i> , 2022)
	Participation in Decision-Making	5	
	Social Integration	5	

Study Conceptual Framework and Hypotheses

Figure (4) illustrates the nature of the relationships among the study variables, based on the research problem and its

objectives, and grounded in the theoretical foundations of the variables under investigation.

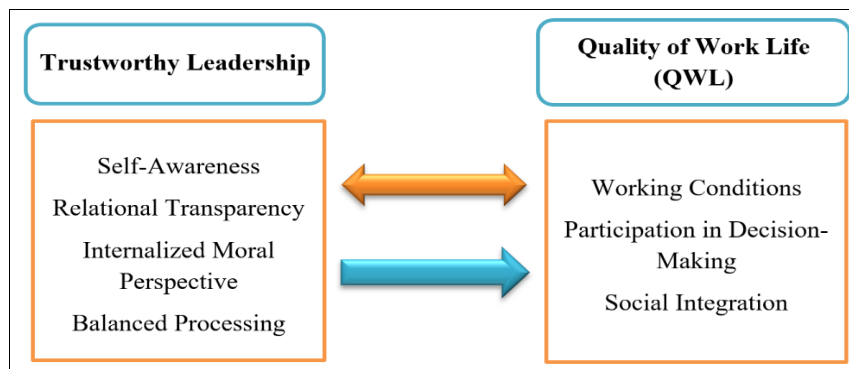


Fig 4: Hypothetical diagram of the study model

From the framework, it is evident that the study tests one main hypothesis, from which four sub-hypotheses are derived, as follows:

H₁: Trustworthy leadership positively affects Quality of Work Life (QWL) in the Al-Rusafa Health Directorate in Baghdad.

H_{1.1}: The self-awareness dimension supports the enhancement of QWL in the Al-Rusafa Health Directorate in Baghdad.

H_{1.2}: The relational transparency dimension contributes to increasing QWL in the Al-Rusafa Health Directorate in Baghdad.

H_{1.3}: The internal moral perspective dimension positively affects QWL in the Al-Rusafa Health Directorate in Baghdad.

H_{1.4}: The balanced processing dimension positively supports the improvement of QWL in the Al-Rusafa Health Directorate in Baghdad.

Study Population and Sample

The study population generally refers to all individuals,

organizations, or entities sharing a set of characteristics relevant to the research topic (Clark & Creswell, 2010). In this study, the population comprises all employees at various administrative levels in the Al-Rusafa Health Directorate in Baghdad, totaling 275 staff members. The researcher adopted a probability sampling method (simple random sampling), ensuring that each member of the population had a known and equal chance of selection. Using the formulas by Thompson (2012) and Krejcie & Morgan (1970), the minimum sample size needed to represent the population was determined to be 161 respondents, equivalent to 58.5% of the total population. Data was collected through an electronically distributed questionnaire, employing digital tools to facilitate access to the sample. This approach enabled rapid data collection, simplified statistical processing, and ensured higher accuracy and organization of responses. After reviewing the returned questionnaires, 5 responses were excluded due to insincere answers or missing data exceeding 10% of the questionnaire items. Consequently, the final sample comprised 156 respondents, yielding a response rate of 96.9% of the selected sample. Tables (2) and (3) present the distribution of the study population and sample, along with general characteristics of the respondents, including personal, educational, and professional experience data.

Table 2: Study population and sample distribution according to administrative level

	Study Population	Study Sample			
		Distributed Questionnaires	Excluded Questionnaires	Final Sample	Response Rate
Total	275	161	5	156	96.9

Table 3: Demographic characteristics of the respondent's sample

Factors	Dimensions	No.	Percentage (%)
Gender	Male	89	57.1
	Female	67	42.9
Age	Less than 30 years	24	15.4
	From 30 to less than 40	50	32.1
	From 40 to less than 50	55	35.3
	50 years and above	27	17.3
Educational Level	Intermediate	29	18.5
	Bachelor's	80	51.3
	Master's	23	14.7
	PhD	24	15.4
Job Experience	Less than 5 years	8	5.1
	From 5 to less than 10 years	74	47.4
	From 10 to less than 15 years	36	23.1
	15 years and above	38	24.4

Table (3) shows that the majority of the sample were males, representing 57.1%, compared to 42.9% females, reflecting the workforce composition in the health institutions under study, where males remain the predominant group. The most represented age group was 40-50 years (35.3%), followed by 30-40 years (32.1%), indicating that most employees fall within middle age, providing a balance between practical experience and professional vitality. Regarding educational level, bachelor's degree holders constituted the largest group (51.3%), followed by intermediate certificate holders (18.5%), PhD holders (15.4%), and master's degree holders (14.7%), showing that the workforce primarily relies on university qualifications while maintaining a considerable presence of advanced degree holders. In terms of work experience, the 5-10 years category was the largest (47.4%), followed by the 15 years or more group (24.4%), reflecting a substantial presence of both medium and long-term experience within the health directorate.

Questionnaire Validation (Reliability and Validity)

To ensure confidence in the collected data and the adequacy of the data collection methods for achieving the study's objectives, the researcher employed exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), in addition to face validity, to verify the validity of the questionnaire items. Results in Table (4) indicate convergent validity, demonstrated by high factor loadings of items forming the latent constructs of trustworthy leadership and QWL. Factor loadings exceeded the threshold value of

0.40 but did not reach 1.0. The average variance extracted (AVE) was also calculated, showing values above the acceptance threshold of 0.50, indicating that the study scales exhibit convergent validity. Table (5) shows that correlation coefficients between latent factors for each variable were high but below 0.90, while the Chi-square differences were statistically significant at the 1% level. HTMT values in Table (6) were below 0.90, indicating discriminant validity between the latent constructs, meaning no overlap exists between dimensions, and each latent dimension represents itself. Hence, CFA and EFA are essential tools for researchers seeking to validate their measurement constructs, providing a rigorous approach to align data with theoretical structures, enhancing the reliability and validity of subsequent analyses based on these measures.

Cronbach's alpha (Cronbach, 1951) is among the most widely used reliability measures in social and organizational sciences. It describes the reliability of the sum (or average) of multiple measurement items (q), which commonly represent questionnaire/test items. Cronbach's alpha is considered a measure of internal consistency (Bonett & Wright, 2015), reflecting the extent to which all items in a test measure the same concept or construct. Higher alpha values indicate lower measurement error, meaning the test would yield the same or similar results upon repeated administration (Tavakol & Dennick, 2011). Cronbach's alpha reliability coefficients for all constructs in this study are presented in Table (4).

Table 4: Convergent validity and Reliability of the instrument's constructs

Variables	Phrase code	Loading factors	AVE	Cronbach's alpha
Self-Awareness	A1	0.817	0.627	0.847
	A2	0.911		
	A3	0.713		
	A4	0.718		
Relational Transparency	B1	0.772	0.571	0.879
	B2	0.753		
	B3	0.724		
	B5	0.817		
Internalized Moral Perspective	C1	0.780	0.596	0.924
	C2	0.769		
	C3	0.695		
	C4	0.837		
Balanced Processing	D1	0.748	0.721	0.741
	D2	0.794		
	D3	0.747		
	D4	0.646		
Working Conditions	E1	0.782	0.604	0.759
	E2	0.773		
	E3	0.621		
	E4	0.791		
	E5	0.697		
Participation in Decision-Making	F1	0.805	0.580	0.848
	F2	0.763		
	F3	0.735		
	F4	0.681		
	F5	0.704		
Social Integration	G1	0.647	0.523	0.780
	G2	0.852		
	G3	0.633		
	G4	0.754		
	G5	0.689		

Table 5. Discriminant Validity (X^2 Difference) for the instrument's constructs

		1	2	3	4	5	6	7
1)	Self-Awareness	1						
2)	Relational Transparency	0.6659 [38.59]**	1					
3)	Internalized Moral Perspective	0.6020 [41.49]**	0.9042 [1.8e-8]	1				
4)	Balanced Processing	0.4855 [77.56]**	0.6197 [50.77]**	0.8115 [4.821]*	1			
5)	Working Conditions	0.5551 [60.53]**	0.6796 [31.69]**	0.7296 [15.37]**	0.6502 [36.59]**	1		
6)	Participation in Decision-Making	0.2829 [136.9]**	0.6372 [55.43]**	0.5731 [53.54]**	0.4281 [120.1]**	0.6210 [51.06]**	1	
7)	Social Integration	0.3308 [69.59]**	0.6591 [22.39]**	0.6487 [19.78]**	0.3835 [62.33]**	0.4219 [57.19]**	0.7773 [7.709]**	1

Note: **, * indicate statistical significance at the 1% and 5% levels, respectively.

Table 6: HTMT standard for the instrument's constructs

		1	2	3	4	5	6	7
1)	Self-Awareness	1						
2)	Relational Transparency	0.603	1					
3)	Internalized Moral Perspective	0.553	0.927	1				
4)	Balanced Processing	0.543	0.627	0.803	1			
5)	Working Conditions	0.518	0.737	0.734	0.666	1		
6)	Participation in Decision-Making	0.278	0.686	0.602	0.447	0.675	1	
7)	Social Integration	0.370	0.623	0.587	0.295	0.552	0.766	1

It is evident that the questionnaire as a whole, along with all its variables, demonstrates high reliability, as Cronbach's alpha coefficients for the questionnaire and its variables significantly exceed the standard threshold of 0.7. This indicates that the instrument would produce consistent results if applied again, confirming the reliability of the questionnaire. Consequently, the researcher has ensured both the validity and reliability of the questionnaire items, providing full confidence in the accuracy and appropriateness of the instrument for analyzing results, addressing the research questions, and testing its hypotheses.

Measurement Analysis and Results

Descriptive Analysis

Descriptive analysis, as defined by Mishra *et al.* (2019), refers to presenting information in a concise manner to describe the fundamental characteristics of the study data. It is used to summarize a set of observations, conveying the maximum information as simply as possible. Table (7) summarizes the relevant descriptive statistics, including the mean, which is a measure of central tendency, and standard deviation and variance, which are measures of dispersion, along with the relative importance index. These statistics provide a description of all variables in the study model, specifically trustworthy leadership and quality of work life (QWL).

Table 7: Statistical summary of the study's variables

Variables	Mean	Std. Dev.	RII	Variance	Rank	Importance level
Independent variable:						
Trustworthy Leadership	3.5001	0.624	0.7000	0.387	-	Medium - High
1. Self-Awareness	3.0603	0.934	0.6121	0.464	3	Medium - High
2. Relational Transparency	3.6427	0.851	0.7285	0.548	1	Medium - High
3. Internalized Moral Perspective	3.4917	0.847	0.6983	0.471	2	Medium - High
4. Balanced Processing	2.9574	0.953	0.5915	0.489	4	Medium - High
Dependent variable:						
Quality of Work Life (QWL)	3.8254	0.656	0.7651	0.453	-	Medium - High
1. Working Conditions	3.9770	0.707	0.7954	0.506	1	Medium - High
2. Participation in Decision-Making	3.6738	0.849	0.7348	0.609	3	Medium - High
3. Social Integration	3.9184	0.736	0.7837	0.480	2	Medium - High

Table 8: Pearson correlation matrix between the study sub-variables

		1	2	3	4	5
1.	Quality of Work Life (QWL)	1				
2.	Self-Awareness	0.798**	1			
3.	Relational Transparency	0.527**	0.701**	1		
4.	Internalized Moral Perspective	0.650**	0.512**	0.618**	1	
5.	Balanced Processing	0.301**	0.569**	0.545**	0.522**	1

Note: ** indicates statistical significance at the 1% level.

Examining the key characteristics of the data, it can be observed that the level of trustworthy leadership in the Baghdad/Rusafa Health Directorate falls within the "above average" range, with a relative importance index of 70%. This reflects employees' recognition of the presence of positive leadership traits, albeit still requiring further

reinforcement. Regarding the dimensions of this variable, the "relationship transparency" dimension ranked first (72.9%), indicating that leaders in the directorate tend to demonstrate a certain degree of clarity in their interactions, followed by the "internal ethical perspective" dimension (69.8%), reflecting an acceptable level of ethical and value-

based commitment. The “self-awareness” dimension ranked third (61.2%), while the “balanced processing of information” dimension ranked last (59.2%), highlighting the need for leaders to further develop their ability to listen objectively and consider different viewpoints before making decisions.

Regarding the dependent variable, Quality of Work Life (QWL), results also fell within the “above average” range with a relative importance index of 76.5%, indicating that the work environment in the directorate achieves a satisfactory level of functional and social balance. The “working conditions” dimension ranked highest (79.5%), reflecting employee satisfaction with the physical and organizational work environment, followed by “social integration” (78.4%), indicating strong social relationships among colleagues. The “participation in decision-making” dimension ranked third (73.5%), suggesting that employee involvement still requires greater encouragement from management.

To initially verify the strength and direction of the assumed relationships between variables, zero-order Pearson correlations were analyzed (Kremelberg, 2011). The results showed positive correlations between QWL and all dimensions of trustworthy leadership at the 1% significance level, confirming that improvements in trustworthy leadership practices contribute to higher levels of QWL in the Baghdad/Rusafa Health Directorate. The strongest relationship was observed with the “self-awareness” dimension (79.8%), indicating that leaders’ understanding of their own strengths and weaknesses is a crucial factor in fostering a healthy and integrated work environment. This

was followed by the “internal ethical perspective” dimension (65%), demonstrating that leaders’ adherence to ethical principles positively affects employees’ sense of satisfaction and job security. The “relationship transparency” dimension showed a moderate correlation (52.7%) with QWL, confirming that leaders’ clarity and honesty in interactions enhance professional relationships and institutional commitment. The “balanced processing” dimension exhibited the lowest correlation (30.1%); although statistically significant, its relative weakness indicates limited direct impact on QWL, suggesting a need to strengthen leaders’ abilities to evaluate alternatives and make more objective decisions.

Analysis of Variance

This section aims to compare groups by examining whether significant differences exist in respondents’ average scores on study measures based on demographic characteristics (gender, age, educational level, and professional experience). This analysis determines whether respondents’ perceptions vary according to their demographic characteristics. Accordingly, the study sample was divided into subgroups based on each demographic characteristic (MacFarland *et al.*, 2016). Given the non-normality of the measures, non-parametric tests were employed: the Kruskal-Wallis test to examine differences among more than two independent groups, and the Mann-Whitney U test to compare averages between two groups, such as gender (male and female) (Gleason, 2013). Table (9) summarizes the results of the variance analysis.

Table 9: Analysis of variance in respondents' perceptions of study variables based on their demographic characteristics

Factorial variables	Category	Trustworthy Leadership	Quality of Work Life
Gender	Male	-1.046	-0.8117
	Female	(0.607)	(0.279)
Age	Less than 30 years	21.078 (0.000)**	18.039 (0.001)**
	From 30 to less than 40		
	From 40 to less than 50		
	50 years and above		
Educational Level	Intermediate	11.946 (0.003)**	9.8164 (0.000)**
	Bachelor's		
	Master's		
	PhD		
Job Experience	Less than 5 years	7.3284 (0.001)**	14.032 (0.000)**
	From 5 to less than 10 years		
	From 10 to less than 15 years		
	15 years and above		

Note: ** indicates statistical significance at the 1% level.

The table shows that the Mann-Whitney test for gender revealed no statistically significant differences in respondents’ perceptions of study variables (trustworthy leadership and QWL) attributable to gender. The Z-value was not statistically significant, reflecting the similarity of mean ranks between males and females, indicating that employees’ perceptions of the study topics are not influenced by gender differences. In contrast, the Kruskal-Wallis test showed high statistical significance at the 1% level for both study variables, indicating meaningful differences in respondents’ perceptions based on demographic characteristics (age, educational level, and

years of experience). Older individuals, those with postgraduate education, and employees with low to medium experience levels demonstrated higher agreement with the questionnaire items. Meanwhile, younger employees, those with lower education, and individuals with relatively long experience showed lower levels of agreement, indicating a relatively cautious perception of the study variables.

Accordingly, these results confirm that leadership development programs and initiatives to improve Quality of Work Life (QWL) should consider demographic diversity within the workplace. Older and more highly educated employees tend to be more open and receptive to

trustworthy leadership practices and favorable working conditions, whereas younger employees, those with lower education levels, and employees with longer tenures require targeted motivational and communication strategies to enhance their engagement and strengthen their trust in leadership. Therefore, it is necessary to design flexible administrative policies that balance the needs of different groups, contributing to higher levels of satisfaction, organizational commitment, and a more stable and integrated work environment.

Inferential Analysis (Hypotheses Testing)

Inferential statistics focus on examining the research questions to make decisions regarding the acceptance or rejection of hypotheses, as follows:

Testing the Main Hypothesis

Table (10) presents the test of the study's main hypothesis, which states: "*Trustworthy leadership positively affects Quality of Work Life in the Baghdad/Rusafa Health Directorate.*" To test this hypothesis, simple linear regression was employed using the Enter Method.

Table 10. Impact of Trustworthy leadership on Quality of work life: Simple linear regression results

	Unstandardized Coefficient	Standardized Coefficient	Std. Err.	stats.	Prob.
Trustworthy Leadership	0.850	0.815	0.033	26.01	0.000**
Constant	5.232	-	0.129	40.50	0.000**
Key Regression Statistics					
Correlation coefficient (R)	0.815	Standard error of estimate		0.31457	
R-squared	0.664	Adjusted R-squared		0.663	
ANOVA test (F stats.)	676.531	F stats. (Prob.)		0.000**	

Note: ** indicates statistical significance at the 1% level.

The statistical analysis results indicate a significant positive effect of the overall trustworthy leadership measure on the level of Quality of Work Life (QWL) at the Al-Rusafa Health Directorate in Baghdad, with significance at the 1% level. This finding aligns with previous literature emphasizing the role of trustworthy leadership in enhancing QWL within healthcare organizations. Based on the unstandardized regression coefficient (β), a one-unit increase in trustworthy leadership results in a 0.850-unit increase in QWL (i.e., an 85% increase), with a relatively low standard deviation of 0.033, reflecting the stability and statistical reliability of this estimate at the 1% significance level. Additionally, the standardized regression coefficient ($Z\beta = 0.815$) indicates a relatively strong effect, further highlighting the importance of adopting trustworthy leadership as an effective means to support QWL. These results support the acceptance of the study's main hypothesis (H_1).

Moreover, general model indicators - specifically the correlation coefficient ($R = 0.815$) and the coefficient of determination ($R^2 = 0.664$) - show that trustworthy leadership accounts for approximately 66.4% of the variance in QWL. This implies that two-thirds of the variation in QWL can be explained solely by the performance of trustworthy leadership, confirming that investing in programs for developing reliable leaders and training on positive leadership behaviors can have a tangible impact on improving the work environment. Although significant, this still leaves approximately 33.6% of the variance unaccounted for, representing other organizational considerations. The adjusted R^2 (0.663) supports this estimation and confirms the model's consistency and strong explanatory power without bias due to sample size or number of variables.

The low standard error of estimate (0.31457) further

enhances the model's quality, indicating precise estimation and limited dispersion of predicted values compared to actual values. Regarding the ANOVA analysis, the high F-value (676.531), significant at the 1% level, reflects the overall model strength and confirms the rejection of the null hypothesis of no effect for trustworthy leadership, thereby supporting the main hypothesis and indicating a substantial relationship between the two variables. These findings underscore that trustworthy leadership represents a pivotal organizational approach for improving QWL in healthcare institutions, where managers can directly enhance employee satisfaction and organizational commitment through promoting transparency, ethical accountability, and self-awareness.

Testing the Sub-Hypotheses

Following the testing of the main hypothesis, this section addresses the sub-hypotheses, which examine the individual effects of the four dimensions of trustworthy leadership on QWL. The study employed the stepwise regression method to test these hypotheses, as it identifies the most explanatory variables, thereby maximizing the explained variance in QWL with the minimum number of independent variables. Stepwise regression is widely used in social and administrative research to evaluate the relative importance of variables and to select useful subsets of independent variables. This method builds the study model incrementally, adding or removing one independent variable at a time based on statistical significance. Stepwise regression combines forward and backward selection techniques, reassessing all candidate variables after each step to determine whether their significance has fallen below the predetermined tolerance level. This approach ensures the identification of an optimal model that effectively explains QWL.

Table 11: Impact of Trustworthy leadership dimensions on Quality of work life: Stepwise regression results

Models	Independent Variables	Unstandardized Coefficient	Standardized Coefficient	Std. Err.	t stats.	Prob.	VIF
1	Relational Transparency	0.858	0.795	0.035	24.25	0.000**	1.000
	Constant	5.363	-	0.144	37.28	0.000**	-
2	Relational Transparency	0.622	0.576	0.046	13.57	0.000**	1.941
	Self-Awareness	0.281	0.314	0.038	7.400	0.000**	1.941
	Constant	5.562	-	0.136	40.77	0.000**	-
3	Relational Transparency	0.388	0.359	0.061	6.323	0.000**	3.774
	Self-Awareness	0.233	0.261	0.037	6.213	0.000**	2.053
	Internalized Moral Perspective	0.258	0.303	0.047	5.475	0.000**	3.577
	Constant	5.412	-	0.134	40.44	0.000**	-

Note: ** indicates statistical significance at the 1% level.

Table 12: Impact of Trustworthy leadership dimensions on Quality of work life: Stepwise regression summary

Models	R	R ²	Adjusted R ²	Std. Err. of the Estimate	ANOVA	Durbin Watson	F Change	Sig. F Change
1	0.795	0.632	0.631	0.32919	588.047**		588.05	0.000**
2	0.827	0.683	0.681	0.30602	367.629**		54.765	0.000**
3	0.842	0.709	0.706	0.29379	275.908**	2.010	29.980	0.000**

Note: ** indicates statistical significance at the 1% level.

Table 13: Impact of Trustworthy leadership dimensions on Quality of work life: Excluded variables results

Models	Independent Variables	Unstandardized Coefficient	t stats.	Prob.	VIF
3	Balanced Processing	0.079	1.875	0.062	2.113

The results of the stepwise regression analysis (Table 11) indicate the construction of three successive predictive models to explain the level of Quality of Work Life (QWL) at the Al-Rusafa Health Directorate in Baghdad. In the first model, the Transparency in Relationships dimension emerged as the most influential, explaining 63.1% of the variance in QWL, with a standard error of 0.32919. In the second model, Self-Awareness was added alongside Transparency in Relationships, increasing the explanatory power to 68.1% and reducing the standard error to 0.30602, confirming that the combination of transparency and self-awareness further enhances employees' perception of QWL. The third and final model additionally incorporated the Internal Ethical Perspective, raising the explanatory power to 70.6% and further reducing the standard error to 0.29379. This indicates that these three dimensions collectively represent the most influential determinants for enhancing QWL in healthcare settings.

The F-change statistics reported in Table 12 were statistically significant at the 1% level, indicating a substantial improvement in the explanatory power of QWL across the successive models. Moreover, the ANOVA results showed a high F-value of 275.908, significant at the 1% level, supporting the strength of the third model as a whole. The correlation coefficient ($R = 0.842$) indicates a strong positive relationship between the dimensions of trustworthy leadership and QWL, while the coefficient of determination ($R^2 = 0.709$) suggests that these dimensions collectively explain 70.9% of the variance in QWL, with the remaining 29.1% attributed to other organizational factors not included in the model. The adjusted R^2 (0.706) confirms the consistency of this result. The Durbin-Watson statistics (2.010) indicate no autocorrelation, and all VIF values were below 10, confirming the absence of multicollinearity issues.

Regarding the relative importance of the dimensions, the standardized regression coefficients ($Z\beta$) revealed that Transparency in Relationships (0.359) was the most influential, followed by the Internal Ethical Perspective

(0.303) and Self-Awareness (0.261). The Balanced Processing dimension was found to be statistically non-significant, reflecting its limited impact on QWL. According to the unstandardized regression coefficients (β), a one-unit increase in support for Transparency in Relationships leads to a 0.388-unit increase in QWL, while Self-Awareness contributes 0.233, and the Internal Ethical Perspective contributes 0.258.

These findings indicate that enhancing QWL in healthcare institutions requires a strong focus on fostering a culture of transparency in workplace relationships, which plays a critical role in building trust and improving job satisfaction. Investment in programs aimed at developing self-awareness among leaders enables them to evaluate their behaviors and improve their capacities, enhancing interaction with employees and raising engagement levels. Incorporating the Internal Ethical Perspective demonstrates that leaders committed to ethical values and principles strengthen organizational trust and create a fairer, more equitable environment. The limited impact of Balanced Processing suggests that employees do not perceive it clearly in current leadership practices, highlighting the need for institutional mechanisms to promote more balanced decision-making participation. Therefore, adopting leadership practices based on transparency, self-awareness, and ethical commitment constitutes a strategic priority for improving QWL at the Al-Rusafa Health Directorate.

6. Conclusions & Recommendations

This study is situated within the growing interest in examining the impact of modern leadership approaches on the work environment, particularly in healthcare institutions facing complex organizational and human challenges. The research focused on trustworthy leadership as a leadership style that promotes transparency, integrity, and accountability, creating a supportive work environment that enhances organizational cohesion and positive interaction between leaders and employees. At the same time, the concept of Quality of Work Life (QWL) is a critical

indicator reflecting employees' job satisfaction, psychological and professional security, through the provision of adequate working conditions, participatory decision-making, and the strengthening of social integration within work teams.

Based on this theoretical framework, the study aimed to test the relationship between trustworthy leadership and QWL in a specific practical setting: the Al-Rusafa Health Directorate in Baghdad. The analysis examined the four dimensions of leadership - Self-Awareness, Transparency in Relationships, Internal Ethical Perspective, and Balanced Processing - and linked them to the core components of QWL. This approach allowed for a comprehensive assessment of the role of trustworthy leadership in improving the work environment and enhancing organizational cohesion, balancing organizational needs with employees' aspirations, and establishing a foundation for developing policies that support sustainable performance and improve healthcare service quality.

The study targeted the effect of the trustworthy leadership model on QWL at the Al-Rusafa Health Directorate, using a final sample of 156 employees, representing 56.7% of the total population. Utilizing Ordinary Least Squares (OLS) and stepwise regression, the study concluded that trustworthy leadership serves as an effective organizational approach for improving QWL. Descriptive analyses indicated that the leadership variables were estimated at an above-average level, reflecting employees' perception of existing positive leadership traits, although there remains a need for further enhancement, particularly in the Balanced Processing and Self-Awareness dimensions. Transparency in Relationships emerged as the most critical factor in terms of relative importance, indicating that leader clarity and openness foster trust and organizational commitment, while Balanced Processing remains less evident and influential, necessitating development to enhance leaders' decision-making capabilities.

Inferential analysis confirmed a strong, statistically significant positive relationship between trustworthy leadership and QWL, with simple linear regression indicating that increases in trustworthy leadership levels are associated with approximately 85% improvement in QWL. These results explain about two-thirds of the variance in QWL, highlighting the vital role of reliable leadership practices in supporting a healthy and integrated work environment. Stepwise regression of the sub-dimensions revealed that Transparency in Relationships, Self-Awareness, and the Internal Ethical Perspective are the most influential determinants of QWL, with Balanced Processing having the least impact, indicating a need for development in leadership training programs.

The findings underscore that investing in a leadership culture grounded in transparency, ethical commitment, and self-awareness enhances job satisfaction and organizational commitment, creating a more stable and integrated work environment. The analyses also emphasize the importance of considering employees' demographic characteristics when designing leadership development programs and improving QWL, as older and highly educated employees are more receptive to trustworthy leadership practices, while younger, less educated, and highly experienced employees require targeted motivational and communication strategies to enhance engagement and job satisfaction. Accordingly, trustworthy leadership is not merely a set of individual

behaviors but a strategic organizational factor capable of producing a tangible impact on QWL in healthcare institutions, positively affecting overall organizational performance. This underscores the necessity of comprehensive administrative programs to promote and integrate these practices into daily organizational culture.

Based on the study's findings, it is recommended to enhance leadership development programs at the Al-Rusafa Health Directorate, focusing on cultivating skills in relationship transparency, self-awareness, and ethical commitment, as these are the most critical determinants for improving QWL. Mechanisms to support Balanced Processing in decision-making should also be developed to ensure fair and objective employee participation, fostering a sense of justice and organizational belonging. Recommendations further stress the importance of considering employees' demographic characteristics in program design, developing tailored communication and motivational strategies according to age, education level, and work experience, thereby enhancing job satisfaction and organizational commitment. Additionally, it is advised to embed these leadership practices into daily policies and procedures and periodically measure their impact on QWL to ensure sustainable improvement in the work environment and strengthen institutional performance and healthcare services for beneficiaries.

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