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An Assessment of Trust Orientation and Leadership Trust of Licensed Nursing Home Administrators in the State of Pennsylvania

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AN ASSESSMENT OF TRUST ORIENTATION AND LEADERSHIP TRUST OF
LICENSED NURSING HOME ADMINISTRATORS IN THE STATE OF
PENNSYLVANIA

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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December 2008

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Abstract

The purpose of this study was to investigate the relationship of trust and effective leadership through a trust orientation assessment. Analysis of the assessment provided data used to determine the general trust orientation of nursing home administrators.

This mixed-methods study used a 20-question survey tool with Likert scale response choices. Descriptive statistics and multiple regression analysis were used to evaluate responses and three open-ended questions. Results from these three open-ended questions were analyzed for emerging themes and the conclusions presented. Two hundred thirty-five nursing home administrators from across Pennsylvania responded.

Both quantitative and qualitative results indicate that there is a difference in the general trust levels of nursing home administrators based upon type of organization. Those who identified themselves as affiliated with non-profit organizations had higher trust levels than those who identified themselves as working with for-profit entities. There is also a difference in trust level based upon age. Those identifying themselves as older had higher trust levels than their younger counterparts. Additionally, the study provided insight about the importance of trust and how respondents defined the phenomenon of trust.

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To my family, I must say that words are not sufficient to describe the sacrifice each of you have made for this dissertation to become a reality. This was truly a “group effort”.

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CHAPTER I

INTRODUCTION

Background/Area of Study

The development of trust within an organization is a complex and often elusive task. Effective leaders must be able to demonstrate behavior that exemplifies trust as well as foster an organizational environment that encourages trust. The concept of trust and trust of leaders is particularly important in the field of healthcare. Johns (1996) explains that organizationally, trust is associated with various outcomes and levels of effectiveness. The provision of healthcare services is such a personal experience with enormous consequences that trust plays an integral part. Everyday, decisions are made by health care providers and organizations that affect our lives and quality of life. It has been my experience that tremendous levels of trust are placed upon health care personnel and the consequences of that trust have a dramatic effect in the lives of those involved.

Effective healthcare systems and their leaders must be aware of the high level of importance trust plays and be able to create an atmosphere that encourages it. Hupcey (2001) maintains that in a dynamic health care environment, trust is an important element in improving patient care and restructuring work. Goleman (2002) relates that if relationships are filled with trust it helps people make positive changes.

A considerable body of research has shown that trust is an essential feature of effective interpersonal and organizational relationships. Hatfield (1984) argued that trust is fundamental to every kind of relationship and that no major relationship can exist comfortably and with mutual benefit without trust. As evidenced by the literature review in this dissertation, my research supports this characterization of trust.

Despite the demonstrated importance of trust in forming effective relationships, many questions remain regarding the conceptualization and measurement of this construct (Couch, Adams & Jones, 1996). First, although trust has been studied extensively as a general orientation toward humankind and as a judgment in romantic partners, the role of trust in professional relationships is relatively unexplored. This research contributes to this area of needed inquiry.

A second issue concerns the measurement of trust. For example, the concept of global trust is often applied to the study of specific relationships. However, global trust measures do not significantly predict trust as it is experienced in individual relationships. I believe professional trust orientation and leadership trust fall into a different category and should be studied within the context of the professional relationship. It is also worth mentioning that it is conceivable that an individual may trust another person who does not merit that trust and vice versa.

Need for the Study

While there is widespread agreement among practitioners that trust plays a fundamental role in effective leadership, the discussion of trust as a construct has been hampered by the fact that each discipline has addressed the topic from its particular viewpoint. Each discipline claims a piece of the trust domain and, if that discipline perspective is absent in another's view, surely that epistemological perspective is lacking (Jones, 2002). This lack of consensus is troublesome for the study of trust as a construct of effective leadership. Given that the importance of trust in organizations and the posited relationship of trust and effective leadership have been reported mostly in the qualitative

research literature, it would be helpful to explore the phenomenon using quantitative methods. While much has been written anecdotally about this postulated relationship, there continues to be a void addressing the correlative strength of this relationship using statistical analysis.

Purpose and Significance of the Study

The purpose of this study was to investigate the relationship of trust and effective leadership through a trust orientation assessment. Analysis of the assessment provided data that was used in determining the general trust orientation of nursing home administrators in Pennsylvania.

This study is an important contribution in the area of leadership by providing leaders with a more meaningful understanding of how a personal trust orientation impacts effective leadership. Essentially, this research focused on the well-documented importance of trust in relationships and explored the impact of that trust level on leadership ability. It is worth noting here that although this study looked at how trust affects leadership, there is an awareness that effective leadership often leads to a trusting relationship. Additionally, the research looked at the building of trust by effective leaders.

Paradigm and Assumptions

This research was approached from the post positivist paradigm. The basic assumption guiding the post positivist paradigm is the belief that the social world can be studied in the same way as the natural world, that there is a method for studying the

social world. (Mertens, 1998). Mertens (1998) emphasizes that post positivism differs from positivism in that there is a belief that researchers cannot prove a theory, but can make a stronger case by eliminating alternative explanations. By eliminating alternative explanations, the researcher is left with a reasoned conclusion based on scientific data.

This study makes the following assumptions:

1. Trust is a concept with which people are familiar
2. Leaders and employees believe that trust is desirable in their organizations
3. Defining and quantifying trust is a process that is often contextual and situational.

These assumptions are derived from and supported by the literature related to this topic of inquiry.

The ontology of the post positivist paradigm is that reality does exist but it can only be known within the researcher's human limitations (Mertens, 1998). Many post positivist researchers convert dependent and independent variables into quantitative variables so they can conduct statistical analysis to determine the strength of the relationship whenever a relationship exists.

Researcher Positionality

The epistemology of the post positivist paradigm is rooted in the belief that the theories, hypotheses, and background of the researcher can strongly influence what is observed (Reichardt & Rallis, 1994). Mertens (1998) agrees adding that this paradigm strives for objectivity while being aware of the potential influences acting upon the researcher. Having been in the field of health care my entire professional life as a

licensed nursing home administrator and Registered Nurse, I have a significant amount of life experience to bring to this study.

During the eighteen years I have been licensed as a nursing home administrator in the state of Pennsylvania I have held several positions with varied organizations. For the past twelve years I have worked with a management and consulting firm with a client base including hospitals, nursing homes and rehabilitation facilities. In my role as an operations and clinical consultant, I have worked with organizations at many levels.

Whether working with entry-level employees, mid-level managers or senior executives, it has been my experience that professional relationships are affected by trust. When assessing an organization for effectiveness and efficiencies, the identification of trust level is a critical component. This is especially true if there is a need for significant change in the way the organizations is structured or functions. In organizations where the leadership is trusted change occurs more smoothly and quickly. In low-trust organizations the skepticism of the stakeholders frequently impedes the change process.

Research Questions

The research questions which guided this study are:

1. Is there variation in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon type of organization?
2. Is there variation in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon years of experience?
3. Is there variation in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon gender?

4. Is there variation in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon age?

Chapter Summary

In this chapter I have discussed how trust has been studied in past research and how it was measured. The need for the study was addressed as trust has been recognized as a critical component of leadership. I spoke to the purpose and significance of the study relating that we need to begin assessing trust orientation and leadership trust in nursing home administrators to better understand how to effectively lead these organizations. Finally, I stated how the study was approached and the assumptions inherent in the study followed by the research questions. In the next chapter I will discuss the definition(s) of trust and explore the literature on the topic.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Definitions of Trust

Chapter II discusses current definitions of trust found in the literature. In addition to the word trust itself, other words have been associated with the construct of trust. The other words include reliability, competency, credibility, openness, faith, and honesty.

There are many global definitions of trust and the literature suggests that there is no clear agreement on how to clearly define the concept of trust. Ruscio (2004) writes that trust is an extremely complex subject, made all the more confusing by the elasticity of the term. It has been my experience that the meaning of trust and the concept of trustworthiness varies from person to person and is affected by the level of stakes involved in a given situation.

For example, when purchasing a new appliance there is a certain level of trust that must exist between the buyer and the salesperson. The buyer expects to be told the truth about the capabilities of the appliance and to purchase it at a fair price. He or she trusts the salesperson. If the trust is violated in some manner the buyer may end up with an appliance that does not function as well as stated or the buyer may end up paying more for the product than he or she should have. The consequences of the trust level being violated are arguably minimal. However, when arriving at a hospital emergency room with sudden acute abdominal pain, the patient expects to be told the truth about what is wrong and what has to be done to correct the problem. The patient trusts the physician and nurse. If the trust is violated in some manner the patient may end up in continued pain and a worsened condition resulting in deteriorating health and possibly death.

Zand (1997) defines trust as consisting of a willingness to increase vulnerability to another whose behavior you cannot control, in a situation in which your potential benefit is much less than your potential loss if the other person or entity abuses your vulnerability. According to Reynolds (1999), there is often little agreement regarding the definition of trust, however, there is general agreement regarding the importance of trust in meaningful relationships. She goes on to say that current research suggests trust is the core of any successful relationship and must be examined more closely within the context of professional relationships. Hosmer (1995) agrees with Reynolds voicing that although there is widespread agreement on the importance of trust in human conduct, there is lack of agreement on a suitable definition of the concept.

McKnight, Choudhury & Kacmar (2002) note that most researchers have defined trust according to their specific disciplinary worldview. For example, psychologists define trust as a tendency to trust others, social psychologists define trust as cognition about the trustee, and sociologists define trust as a characteristic of the institutional environment. The confusing proliferation of trust types has prompted some researchers to develop composite trust definitions (McKnight, Choudhury & Kacmar, 2002). Tan & Tan (2000) agree with McKnight, Choudhury and Kacmar adding that different researchers have defined trust differently; some have conceptualized trust as one-dimensional, and others have added dimensions to the concept.

Numerous attempts have been made to identify the core elements of trust. Misztal (1996) defines trust as believing that the consequences of someone else's intended action will be appropriate from our own point of view. This conception of trust as informing action is supported by the fact that individuals choose to act or react toward others based

on the amount of trust they have placed in those persons or the level of trustworthiness the person is perceived to have demonstrated (Hardin, 2002).

In her dissertation titled *Exploring trust: A dynamic and multidimensional model of interpersonal trust development in a task setting*, Sparks (2000) writes that defining trust in specific terms and capturing the particulars of its nature is difficult. In her dissertation she chose a definition of trust developed by Mayer, Davis, & Schoorman (1995). After an extensive review of trust related literature, Mayer, David, & Schoorman (1995) developed the following definition of trust: "...the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party" (p. 982). This definition captures the dynamic nature of trust as well as some of its complexities. These complexities include a party's willingness to take risks, an incentive for taking a risk, and vulnerability to a loss if risk is taken.

Through a cross disciplinary review Rousseau, Sitkin, Burt, and Camere (1998) propose that "Trust is a psychological state comprising the intention to accept vulnerability based upon expectations of the intentions or behaviors of another" (p. 395). This definition, again, emphasizes the element of a willingness to be vulnerable as do previously cited definitions.

Working Definition of Trust

Integrating this brief review of trust, its various elements, and characteristics, I presented the following working definition of trust: *A willingness to allow a vulnerability to another whose actions you can not control.* Expanding on this definition of trust, I

offer the following operational definition of leadership trust: *A willingness to allow a vulnerability to a leader whose actions you can not control based on the belief that the leader shares similar values, beliefs or norms that will guide his or her decision making.* For the purpose of this study vulnerability will be defined as allowing openness with lack of suspicion.

History/Background

In this section a brief history of the investigation of trust will be offered to assist the reader in placing this current research into perspective. The history will briefly touch on the classical and early psychological writings on the subject and then move into more current applied literature on the topic of inquiry.

Philosophers, politicians, academicians, and business people have written about leadership for centuries, frequently touching themes that are relevant today (American Academy of Physician Assistants, 2003). Burns (2003) writes that ancient Greeks raised the right questions about leadership. Plato identified four virtues associated with philosopher-kings: wisdom, courage, moderation, justice (Plato, trans. 1992). Bass & Steidlmeier (1998) write that from Plato's "philosopher king" to the virtuous Confucian minister of the State, the "moral sage" and the "Superior person" are portrayed as both a font of wisdom and the embodiment of virtue.

Burns (1978) relates that long before modern sociology Plato analyzed not only philosopher-kings but the influences of rulers and responses of followers. Burns (1978) goes on to say that long before today's calls for moral leadership, Confucian thinkers

were examining the concept of leadership in moral teaching and by example. A rich literature on rulership flourished in the classical and middle ages (Burns, 1978).

Even though the concept of trust in the context of human relationships had been identified earlier, Erik Erikson, a psychoanalyst who began writing on the topic in the 1950's, is generally recognized as the first person to develop the concept of trust in the literature (Pascarella, 2000). According to Erikson (1968), the first year of life is characterized by the trust-mistrust stage of development. Erikson writes that infants learn trust when they are cared for in a consistent, warm manner. If the infant is not well fed and kept warm on a consistent basis, a sense of mistrust is likely to develop.

Erik Erikson's theory of development consists of eight stages. The first stage of development, experienced in the first year of life, is *trust versus mistrust*. Erikson (1950, 1968) states that a sense of trust requires a feeling of physical comfort and a minimal amount of fear and apprehension about the future. Erikson believed that trust in infancy sets the stage for a lifelong expectation that the world will be a good and pleasant place to live. The remaining seven stages in order include autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus confusion, intimacy versus isolation, generativity versus stagnation, and integrity versus despair. Erikson (1968) writes that if trust versus mistrust is not resolved once and for all in the first year of life; it arises again at each successive stage of development.

There are various theories surrounding the general concept of trust. Rational choice theory assumes that each transaction between parties is based on a belief that "I will do this for that" (Deems & Deems, 2003). Social exchange theory, on the other hand, focuses more on the social aspects of a relationship with concern for the welfare of

another individual or group (Deems & Deems, 2003). Cognitive-based trust is referred to as risk-based trust, as it includes an assessment of probabilities (Deems & Deems, 2003). Korthuis-Smith (2002) states that trust includes the belief about the person or the organization, as well as the willingness of the person or organization to act on the belief, especially during situations of uncertainty.

When assessing trust, it is important to look at the various research streams including micro-level research addressing individual and interpersonal variables and macro-level research addressing organizational wide variables (Nooteboom & Six, 2003). Korthuis-Smith (2002) agrees saying the existence of micro and macro level factors complicates the study of organizational trust, as each perspective is distinct, yet interrelated.

Transactional Leadership Theory

Chemers (1997) writes that the transactional theory of leadership is focused on how leaders can motivate followers by creating fair exchanges and by clarifying mutual responsibilities and benefits. The empirical literature indicates that the best relationships between leaders and followers are built on high levels of mutual respect and trust (Chemers, 1997). Hollander (1958, 1964) wrote on the topic of transactional leadership and defined it as a type of social exchange. Central to Hollander's theorizing is the notion that leadership is a dynamic process involving on-going interpersonal evaluations by followers and leaders. Under this theory the leader provides the vehicle for the organization to move forward providing the leader is competent and trustworthy.

Northouse (2007) relates that transactional leadership refers to a leadership model that focuses on the exchanges that occur between leaders and their followers. Effective leadership in this model occurs when the communication and actions of leaders and subordinates is characterized by mutual trust, respect, and commitment (Northouse, 2007).

Leadership and Trust

Long identified as a foundational element for an effective organization, leadership experts and researchers have advocated the importance of building trust within the workforce (Korthuis-Smith, 2002). Jenkins (2002) describes the concept of trust as the most essential ingredient in effective communication and a foundational principle that holds organizations of all kinds together. Trust is an essential element for organizational success given the continued shifts and changes in technology, roles, work designs, and responsibilities (Nooteboom & Six, 2003). Goleman (2002) remarks that people with whom we have a sense of trust give us a safe place to experiment, to try out unfamiliar parts.

When organizations do what they are supposed to do, we trust them; when they stray from their purpose, fail to do what we expect, or violate our perceptions of common sense, we question whether we can trust them (Annison & Wilford, 1998). People trust an organization's leadership to the extent that it reflects a commitment to the organization's purpose and embodies its values. If management behavior isn't congruent with the purpose and values of the organization, nobody trusts the managers-and the inevitable result is mistrust and confusion (Annison & Wilford, 1998).

Solid empirical research on the topic of organizational trust is somewhat limited, however, there is literature related to the concept of trust and its impact on organizational effectiveness and efficiency (Korthuis-Smith, 2002). Central to trust within organizations is the interpersonal trust that develops between individuals in organizations (Martin, 1999). Goleman (2002) comments that organizations are built on relationships and that the art of handling relationships well begins with trust: acting with authenticity.

Korthuis-Smith (2002) voices that it's likely no surprise to leaders that trust is a good thing to have. She asserts that this good thing has gained and continues to gain importance in organizational life. Nooteboom & Six (2003) agree with Korthuis-Smith and point out that the importance of trust in social, economic, political, legal, and organizational relationships has been increasingly addressed. They report that there have also been increased attempts to apply established theories on trust to important organizational problems such as motivation and employee retention.

Our society has transitioned from an agricultural, through an industrial, to an information industry filled with knowledge organizations, where knowledge has become the heavy hand of competition (Deems & Deems, 2003). This has created a shift in thinking to a focus around the mind and thinking vs. the hand and doing. Phrases such as "learning organizations," "knowledge workers" and "intellectual capital" advocate the need for maximizing the full potential of people: people who hold the information individually and collectively (Deems & Deems, 2003). Zand (1997) states that while knowledge can travel across the organization with the speed of thought, it can also be blocked by the smallest of emotional barriers. He continues to say that knowledge can enlighten the entire organization, yet it can also be hidden, concealed, and hoarded if

employees do not have an effective, trusting relationship with their leaders. Goleman (2002) writes that relationships offer us the very context in which we understand our progress and realize the usefulness of what we're learning. In the current environment, leaders need to provide strong, supportive environments for people to be willing to share knowledge and maximize this critical resource and trust is essential to this challenge (Zand, 1997).

Johns (1996) remarks that in an article on empowering leaders, developing and maintaining trust throughout the organization was identified as a key leadership function. She notes that trust although not specifically conceptualized, was identified as a prerequisite for empowerment. Hupcey (2001) further characterizes the conceptualization of trust by stating the review of the literature suggests it is both a process and outcome.

The workforce in America is changing. This new workforce requires a more relationship based corporation, with a new covenant based on trust and respect instead of simply pay and benefits (Korthuis-Smith, 2002). Korthuis-Smith's research indicates that virtually every individual wants the same three things in this new trust based relationship: fairness, respect, and honesty. She asserts that today, if companies solely focus on products and services and forget that the organization is composed of a community of human beings, the organization will likely die. Scott (2003) explains that organizations are rediscovering the importance of organizational culture and that leaders are communicating strongly held values to their members. Goleman (2002) agrees stating that people and the relationships that we build are what truly matter. Jenkins (2002) argues that the global economy has raised the bar high, requiring organizations to have

high-trust cultures to survive. Zand (1997) agrees stating that competitive strategies require decentralization, employee empowerment, and self-directed work teams, leveraging the importance of trust. He concludes by saying that with these changes comes a need to move from traditional control models to commitment strategies, renewing the interest in organizational trust.

There are many benefits of trust in organizations. The overall benefits of trust can be thought of as business desired benefits and human desired benefits, each important and each contributing to the success of the organization (Martin, 1999). Martin (1999) continues saying that in general, it has been found that organizational trust helps facilitate employee empowerment, ability to change, collaboration, commitment, learning, and a healthy bottom line. Hastings & Potter (2004) agree with Martin stating that given the many benefits of trust, trust has been cited as the most direct, economical, and powerful way for a leader to enhance organizational outcomes.

Health Care Leadership and Trust

The development of trust within an organization is a complex and often elusive task. Effective leaders must be able to demonstrate behavior that exemplifies trust as well as foster an organizational environment that encourages trust. The concept of trust and trust of leaders is particularly important in the field of healthcare. Johns (1996) explains that organizationally, trust is associated with various outcomes and levels of effectiveness. The provision of healthcare services is such a personal experience with enormous consequences that trust plays an integral part. Effective healthcare systems and their leaders must be aware of the high level of importance trust plays and be able to

create an atmosphere that encourages it. Hupcey (2001) maintains that in a dynamic health care environment, trust is an important element in improving patient care and restructuring work. I agree with Hupcey. I see trust as an important resource that allows the leader to more efficiently guide the organization. Goleman (2002) relates that if relationships are filled with trust it helps people make positive changes.

Trust is essential to all organizations with the main determinant of trust being reliability (Bennis, 1989). Trust is particularly important now because a growing number of patients and other citizens have doubts about whether those of us who care for them deserve their support (Annison & Wilford, 1998). For a health care organization to run effectively, it must be trustworthy. It has been my experience that effective health care organizations provide quality care, have consistently high satisfaction surveys and are profitable enough to ensure their financial solvency. Patients must trust their caregivers, caregivers must trust each other and the administration, and third-party payers must trust the whole organization (Simpson, 2002).

Some may believe, as does Annison and Wilford (1998), that over the last century and particularly over recent decades, health care leaders-and leaders in other fields as well-have lost sight of intangible values such as trust and become preoccupied with procedures, programs, and finances. Annison and Wilford (1998) maintain that there is a great need to restore trust between our organizations and the patients and people they serve. They argue that we should endeavor to help each other gain a richer understanding of what trust is, why it matters, and how we can think differently about our work and our organizations.

Many health care organizations are non-profit entities. Oster (1995) states that nonprofit organizations often have a competitive advantage in markets where reputation and trust are important. This is certainly true in the field of health care. Consumers must trust the provider and direct care-givers when receiving treatment. Oster (1995) explains that consumers tend to trust nonprofit organizations because they recognize that the managers in these firms have different incentives than the managers of their for-profit counterparts.

Organizational Trust

Trust is an important and central aspect of effective and successful organizations (Hastings & Potter, 2004). Deems & Deems (2003) agree with Hastings and Potter and conclude that not only is trust an important factor in organizations, given the dramatic changes in business structures over the past fifteen years, understanding trust in organizations has become more important than it was in the past. Central to trust within organizations is the interpersonal trust that develops between individuals in organizations (Martin, 1999). Goleman (2002) comments that organizations are built on relationships and that the art of handling relationships well begins with trust: acting with authenticity. Gardner (1990) adds that, although important, it is not easy to sort the ingredients of trust in leadership.

Long identified as a foundational element for an effective organization, leadership experts and researchers have professed the importance of building trust within the workforce (Korthuis-Smith, 2002). Jenkins (2002) describes the concept of trust as the most essential ingredient in effective communication and a foundational principle that

holds organizations of all kinds together. Trust is an essential element for organizational success given the continued shifts and changes in technology, roles, work designs, and responsibilities (Nooteboom & Six, 2003). Korthuis-Smith (2002) states that it's likely no surprise to leaders that trust is a good thing to have. She asserts that this good thing has gained and continues to gain importance in organizational life. Nooteboom & Six (2003) agree with Korthuis-Smith and point out that the importance of trust in social, economic, political, legal, and organizational relationships has been increasingly addressed. They report that there have also been increased attempts to apply established theories on trust to important organizational problems such as motivation and employee retention.

The new economy is filled with swift and speedy change, requiring organizations to learn to navigate in this fast-paced, ever-changing environment (Jenkins, 2002). Jenkins notes that leaders cannot avoid the conclusion that trust is an issue they are compelled to address in light of change. Pascarella (2000) argues that as organizations change from vertical, hierarchical cultures to horizontal, empowered cultures the likelihood of change increases. Trust, he says, is a critical element of this shift and represents a form of human capital that offers tremendous advantages. Zand (1997) believes that the most critical leadership challenge is to catch up with the speed of change by transforming the predominant approach to business from a system and structure based on power, compliance, and transactions to one based on trust, collaboration, and relationships. As organizations shift in structure to meet the growing needs and challenges of the global economy, a leader's effectiveness depends on his or her ability to gain the trust of followers now, more than ever (Zand, 1997).

There are many benefits of trust in organizations. The overall benefits of trust can be thought of as business desired benefits and human desired benefits, each important and each contributing to the success of the organization (Martin, 1999). Martin (1999) continues saying that in general, it has been found that organizational trust helps facilitate employee empowerment, ability to change, collaboration, commitment, learning, and a healthy bottom line. Hastings & Potter (2004) agree with Martin stating that given the many benefits of trust, trust has been cited as the most direct, economical, and powerful way for a leader to enhance organizational outcomes.

Covey (1999) describes trust as the most essential ingredient in effective communication and a foundational principle that holds organizations of every kind together. Childress & Senn (1995) agree with Covey, stating that trust is considered a foundational value that is so important; it would be futile to attempt to build a professional relationship without it in place. Tyler & Kramer (1997) declare that the importance of trust in social, economic, political, legal, and organizational relationships can not be overstated.

Luthans (1995) states that when people join an organization, they bring with them the values and beliefs they have been taught. These values and beliefs contribute to shared norms and values that guide the participants' behavior and make up the organizations' culture. Schein (1985) defines organizational culture as a pattern of basic assumptions that has worked well enough to be considered valuable and taught to new members. If trust is valued and an important aspect of an organization it must be part of its culture. Korthuis-Smith (2002) declares that organizations who value trust and

incorporate it into their corporate culture are often more efficient and effective than those who do not.

Bennis and Nanus (1985) write that transforming leaders create trust in their organizations by making their own positions clearly known and then standing by them. Northouse (2004) states that trust has to do with being predictable or reliable, even in situations that are uncertain. For organizations, leaders build trust by articulating a direction and then consistently implementing the direction even though the vision may have involved a high degree of uncertainty. Bennis and Nanus (1985) found that when leaders established trust in an organization it gave the organization a sense of integrity analogous to a healthy identity.

When organizations do what they are supposed to do, we trust them; when they stray from their purpose, fail to do what we expect, or violate our perceptions of common sense, we question whether we can trust them (Annison & Wilford, 1998). People trust an organization's leadership to the extent that it reflects a commitment to the organization's purpose and embodies its values. If management behavior isn't congruent with the purpose and values of the organization, nobody trusts the managers-and the inevitable result is mistrust and confusion that show up (among other ways) in the behavior of physicians and staff who concentrate on their own well-being rather than what they can contribute to the organization's success (Annison & Wilford, 1998).

In healthcare, trust affects decisions we make everyday (Annison & Wilford, 1998). The end-users in healthcare (patients, families) rely on trust when choosing healthcare practitioners and following their advice. Patients choose doctors based on skill and specialty – and whether they feel they can trust them (Annison & Wilford, 1998).

Healthcare workers (physicians, nurses, technicians, therapists) rely on trust when collaborating on patient care. The ability of doctors and hospital staff to work together effectively is based on trust as much as any other quality (Annison a& Wilford, 1998). As mentioned earlier, Simpson (2002) agrees with Annison and Wilford writing that in effective healthcare organizations patients trust their caregivers, caregivers trust each other and administrators, and third-party payers trust the whole organization. To maintain trust within healthcare organizations and with the patients they serve, as well as among those who work in healthcare, we need to gain a richer understanding of what trust is, why it matters (Annison & Wilford, 1998).

Chapter Summary

In this chapter I have discussed the definition(s) of trust and offered a working definition for the purpose of this study. After a review of the history of how the concept of trust has been discussed and studied in the past, I addressed Transactional Leadership Theory and the role trust plays in this theory. Following that, the literature was discussed concerning leadership and trust and then healthcare leadership and trust. The discussion then moved on to the literature relating to organizational trust. Finally, the literature speaking to why trust is important in healthcare and is worthy of study is presented. In the next chapter I will discuss the methodology used for this study.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to investigate the relationship of trust and effective leadership through a trust orientation assessment. I perceive effective leadership as the ability to provide guidance and direction that moves the organization in a positive direction toward meeting its established goals and fulfilling its intended mission. I collected data regarding trust orientation through a mail questionnaire. The assessment provided data that was useful in determining the general trust orientation of the participants and perceptions of trust in the leadership role. This chapter presents the specific methodologies and procedures used in this study including research design, sample, data collection and analysis.

As stated previously in the first chapter, this research was approached from the postpositivist paradigm. The basic assumption guiding the postpositivist paradigm is the belief that the social world can be studied in the same way as the natural world, that there is a method for studying the social world. (Mertens, 1998). Mertens (1998) emphasizes that postpositivism differs from positivism in that there is a belief that researchers cannot prove a theory, but can make a stronger case by eliminating alternative explanations.

Research Design

This study has both a qualitative and quantitative component. The quantitative portion of the study centered on a self-administered survey for exploring the individual

trust orientations of licensed nursing home administrators in the Commonwealth of Pennsylvania.

This study also involved a qualitative component which consisted of three open ended questions presented at the end of the survey. The qualitative research used in this study builds on the foundation established by the quantitative research and provides a richer understanding of the role of trust in long term care administration.

Some phenomena, such as trust, are difficult to measure quantitatively and therefore qualitative results can help augment quantitative results. This is especially true when the strength of the experimental effect is lower than desired. The qualitative data allow for a measurement from a different perspective. This triangulating method offers greater confidence in the quantitative results. After an initial review of the qualitative responses, a coding system was developed to organize the patterns and themes that emerged from the responses. Maxwell (1996) relates that coding serves to break the data into categories that facilitate comparison. Codes and patterns emerged based on the responses provided by the participants.

Quantitative analysis was conducted on all survey responses obtained using descriptive statistics. Patton (2002) states that the advantage of a quantitative approach is that it is possible to measure the reactions of a great many people to a limited set of questions, thus facilitating comparison and statistical aggregation of the details. O'Sullivan, Rassel & Berner (2003) state that descriptive statistics are used to summarize and describe the data on cases included in a study. O'Sullivan, Rassel & Berner (2003) write that univariate statistics tell us about the distribution of the values of one variable

whereas multivariate statistics measure the joint distribution of two or more variables and are used to assess the relationships between and among variables.

To accomplish the purpose of this study, data was collected from leaders in the field on nursing home administration in the state of Pennsylvania. The data collected included attitudinal ratings of statements indicative of a high trust orientation and perceptions of factors contributing to that perception. Data was collected over a period of several months. I used a correlational approach collecting quantitative data on explanatory variables and examine their relationship to the concept of trust. The dependent variable for this study was trust. The independent variables (often referred to as explanatory or predictor) included demographic variables related to type of organization, experience, gender and age.

Sampling

Mertens (1998) suggests that the strategy for selecting a sample influences the quality of the data and the inferences that can be made from it. She also states that researchers who function within the postpositivist paradigm see the ideal sampling strategy as some form of probability sampling. Henry (1990) describes probability sampling as samples that are selected in such a way that every member of the population actually has a possibility of being included in the sample.

In this study of licensed nursing home administrators in the state of Pennsylvania, every licensed administrator had the opportunity to participate in the study. So, for this study the population is the sample group.

The list of current licensed administrators was obtained from the State Board of Examiners of Nursing Home Administrators, part of the Bureau of Professional Occupational Affairs, located within the Department of State for the Commonwealth of Pennsylvania. This data is public information and available for use by the researcher. The Bureau of Professional Occupational Affairs website contains a link for information to purchase information of licensees. The information available for each licensed administrator includes name, home address and county of residence. A licensee list request form is available to download from the website. The form requesting the information was completed and the required fee was sent to the Bureau of Occupational Affairs. Upon receipt of the request form and fee, a data file containing the name and address of each currently licensed nursing home administrator was sent via an email attachment to the researcher. The survey used in this study was sent to a sample group consisting of every fourth name on a current administrator list of 1,800 names resulting in a sample of 450 respondents.

Measures

Measures of generalized trust orientation used for this study were taken from the Interpersonal Trust Scale (Rotter, 1967). The Interpersonal Trust Scale is a measure designed to assess trust regarding a variety of people and situations. This scale was chosen because of its widespread use and its reported reliability and validity coefficients. Couch, Adams & Jones (1996) write that the scale assesses trust in ambiguous, novel, or unstructured situations in which a generalized expectancy is all one can rely on. The unstructured, non- situational nature of the scale lends itself to my study which requires

determining a generalized trust level among the respondents. A coefficient alpha of .79 has been reported for this scale (Pereira & Austrin, 1980).

The survey instrument for this study consisted of the 20 questions from Rotter's Interpersonal Trust Scale with the addition of four demographic questions serving as the independent variables. The Scale measures an individual's belief that human nature or people in general are trustworthy, moral, and responsible. The reliability of the scale with my data set was tested and resulted in a Cronbach's alpha coefficient of 0.92.

This study also involved a qualitative component which consisted of three open ended questions presented at the end of the survey. The use of open-ended questions to collect data is a common method used in qualitative research. Patton (2002) writes that qualitative methods facilitate an in-depth and detailed study of the issues. Qualitative research draws on a method that respects the humanity of the participants in the study (Patton, 2002). The qualitative research used in this study builds on the foundation established by the quantitative research and provides a richer understanding of the role of trust in long term care administration. A copy of the survey questionnaire can be found in the Appendix.

Data Collection

The purpose of a survey is to generalize about a population by surveying the population or choosing a sample of adequate size so that inferences can be made about the population, such as attitude, behavior, or characteristic (Babbie, 1990). Babbie (1990) writes that a survey is the preferred type of data collection for this study, given its economy of design and ability to assess attributes of a group of individuals. Fink &

Kosecoff (1998) agree with Babbie stating that surveys can be used to provide descriptions of people's attitudes and perceptions.

According to Bickman and Rog (1998) a mail survey is a very appropriate way of gathering data, and can produce high quality information. Bickman and Rog (1998) write that mail surveys are a good choice when (a) you have limited human resources to help you conduct your study, (b) your questions are written in a closed-ended style, (c) your research sample has a moderate to high investment in the topic, and (d) your list of research objectives is modest in length. There are a variety of basic elements and procedures that can ensure that a mail study is carried out well. They include: a good respondent letter, return postage, confidentiality, and anonymity (Bickman and Rog, 1998).

The data for this survey were collected through the use of a survey administered by U.S. mail to currently licensed nursing home administrators in the state of Pennsylvania. The mail survey consisted of a cover letter that discussed the purpose of the study, confidentiality, anonymity and requested return date. A self-addressed, stamped envelope was provided for return of the survey. The follow-up process included a second mailing with another survey to encourage response.

Data Analysis

Completed surveys were coded and entered into Stata (a full-featured statistical software program that has analytical and data management capabilities) for analysis. I used ordinary least squares regression (OLS regression) to test my hypotheses and statistical significance was determined using the .05 level of confidence. OLS regression

attempts to determine a linear formula that can describe how an exogenous variable relates to an endogenous variable when controlling for other exogenous variables.

Chapter Summary

In this chapter I presented the proposed methodology for my research. The research questions and hypotheses were stated along with discussion on research design. Other components of the study such as sampling, measures, data collection and data analysis were all addressed. The use of the methodology outlined in this chapter produced a study with strong empirical results based on accepted standards for social science research.

CHAPTER IV

DATA ANALYSIS

Introduction

Chapter IV presents the results of this study. Descriptive statistics are presented followed by quantitative analysis of the survey responses. The second part of the chapter presents the results of the qualitative analysis based on the three open-ended questions. The data for this study were collected through a survey administered through the United States mail to nursing home administrators currently licensed by the Commonwealth of Pennsylvania.

As I discussed in Chapter 1, there are many global definitions of trust and the literature suggests that there is no apparent agreement on how to clearly define the concept of trust. Ruscio (2004) writes that trust is an extremely complex subject, made all the more confusing by the elasticity of the term. I discerned that the meaning of trust and the concept of trustworthiness varied from person to person and is affected by the nature and magnitude of a given situation. It is for this very reason I thought it important to include some qualitative inquiry in the study. How better to discern the respondents' definition of trust than to ask the question directly.

This chapter is organized into three sections.

- Demographic analysis
- Multiple regression results
- Qualitative analysis

The results of the study indicate that significant differences exist among the trust levels of nursing home administrators across types of organization and age irrespective of gender and experience.

Demographic Analysis

The survey was mailed to a total of 450 Nursing Home Administrators which was a 25% random sample from the 1,800 Pennsylvania licensed Nursing Home Administrators. A combined 235 responses were received from the first and second mailings for an overall response rate of 52%. Babbie (2007) reports that a review of published literature suggests that a response rate of 50% is considered adequate for analysis and reporting. Frequencies, found in tables 1 thru 4, were calculated for the demographic variables: type of organization, years as a nursing home administrator, gender, and age.

Type of organization. Of the total number of respondents 55% (128) identified themselves as working for a non-profit organization, 39% (92) as working in a for-profit organization, and 5% (11) working for a public organization. Only 2% of the respondents did not identify their type of organization. For those currently unemployed, the type of organization for which they last worked was identified. Four respondents did not identify their type of organization and are represented as missing data. The frequency table below reflects this information. (See Table 1)

Table 1 *Type of Organization*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non Profit	128	54.5	55.4	55.4
	For Profit	92	39.1	39.8	95.2
	Public	11	4.7	4.8	100.0
	Total	231	98.3	100.0	
Missing	99	4	1.7		
Total		235	100.0		

Number of years as a nursing home administrator (NHA). When asked about their experience as a NHA, 37% (87) of those who responded identified themselves as having been an NHA less than 10 years, 34% (80) indicated 10-19 years, 20% (47) 20-29 years, and 8% (19) identified themselves as having been an NHA for greater than 29 years. Two respondents did not identify the number of years as an NHA and are represented as missing data. The frequency table (Table 2) below summarizes this data.

Table 2 *Years of Experience*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<10	87	37.0	37.0	37.0
	10-19	80	34.0	34.0	71.1
	20-29	47	20.0	20.0	91.1
	>29	19	8.1	8.1	99.1
	Miss.	2	.9	.9	100.0
	Total	235	100.0	100.0	

Gender. Of those who responded 63% identified themselves as female and 36% as male. Only one respondent did not identify a gender. The frequency table below reflects these responses. (See Table 3)

Table 3 *Gender*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	85	36.2	36.3	36.3
	Female	149	63.4	63.7	100.0
	Total	234	99.6	100.0	
Missing	99	1	.4		
Total		235	100.0		

Age. 2% (5) of those who responded identified themselves as between 21 – 30 years old, 13% (30) indicated 31-40, 27% (63) are 41-50, 37% (88) are between 51-60

and 20% (48) identified themselves as >60. Only one respondent did not identify an age. Frequency table 4, below, reflects these responses.

Table 4 *Age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30	5	2.1	2.1	2.1
	31-40	30	12.8	12.8	15.0
	41-50	63	26.8	26.9	41.9
	51-60	88	37.4	37.6	79.5
	>60	48	20.4	20.5	100.0
	Total	234	99.6	100.0	
Missing	99	1	.4		
Total		235	100.0		

Conclusion. In summary, for the four demographic variables, the most frequent responses indicated that the respondents worked for a non-profit organization (55%), and identified themselves as female (63%). The type of organization response indicates good sample variability. The gender response, although unequal, reflects the demographics of the population.

Multiple Regression Analysis

I used ordinary least squares regression (OLS regression) to test my hypotheses and statistical significance was determined using the .05 level of confidence. OLS regression attempts to determine a linear formula that can describe how an exogenous variable relates to an endogenous variable when controlling for other exogenous variables. In this case, my endogenous or dependent variable was trust as measured by the Rotter Interpersonal Trust Scale. The exogenous or independent variables included type of organization, years of experience, gender, and age. Type of organization was

measured by calculating a dichotomous dummy variable composed of 1= nonprofit/government and 0=for-profit organizations. Years of experience was measured by the reported years of experience for each respondent. Gender was measured by a dichotomous variables where 1=male and 2=female. Age was measured as an ordinal variable by assigning a numerical value to each of the five reported age categories.

The multiple regression was used to determine the magnitude of the relationships between the stated level of trust and the specified independent variables. My null hypotheses are as follows:

1. All things being equal, there is no statistically significant difference in the generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon type of organization.
2. All things being equal, there is no statistically significant difference in the trust level of licensed nursing home administrators based on years of experience.
3. All things being equal, there is no statistically significant difference in the trust level of licensed nursing home administrators based on gender.
4. All things being equal there is no statistically significant difference in the trust level of licensed nursing home administrators based on age.

Table 5 highlights the results of the initial regression analysis. All things being equal, the type of organization (nonpro_gov) and age were significant at the 0.05 level of confidence. Gender and years as a nursing home administrator (yearsnha) when controlling for the other exogenous variables were not significant. Although two variables were found statistically significant, the model only explains 12% of the

variance in measured trust. While this relationship is somewhat weak, results indicate that all things being equal, as a person's age increases their trust as measured by the Interpersonal Trust Scale also increases. Additionally, when controlling for age, gender, and years of experience, measured trust is higher in nonprofit and government organizations than in for-profit organizations.

This initial regression supports the hypothesis that a difference in generalized trust levels exists among nursing home administrators. Furthermore, these results offer support for the hypothesis that a difference in trust level exists among NHA's in terms of organizational type. Finally, the results also lend support for the hypothesis suggesting that differences in trust level exist among different aged NHA's.

Table 5 displays the initial multiple regression analysis output from which the above conclusions were reached. The number of observations for the regression analysis is 225. This number represents ten less observations than the returned surveys due to missing values in the 20-item survey instrument. Ritchey (2000) writes that when statistics are computed for a variable cases that score a missing value are disregarded. Ten responses contained a missing value and therefore an overall trust score could not be calculated and the observations were dropped from the analysis. With a useable observation number of 225 the response rate, based on a sample of 450, is an acceptable 50%. The R^2 for this regression is 0.12. Controlling for the other variables, age is significant at 0.003 and non profit/government is significant at 0.002.

Table 5 *Initial Multiple Regression Output: Nontransformed Variables (trust on gender yrsnha age nonpro_gov)*

Source	SS	df	MS			
Model	3262.60356	4	815.65089	Number of obs =	225	
Residual	23631.3787	220	107.415358	F(4, 220) =	7.59	
Total	26893.9822	224	120.062421	Prob > F =	0.0000	
				R-squared =	0.1213	
				Adj R-squared =	0.1053	
				Root MSE =	10.364	

trust	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
gender	-.6605961	1.487195	-0.44	0.657	-3.591569	2.270376
yrsnha	.0595631	.0944879	0.63	0.529	-.1266543	.2457804
age	2.499421	.8420941	2.97	0.003	.8398176	4.159025
nonpro_gov	4.553563	1.429412	3.19	0.002	1.73647	7.370655
_cons	68.70624	3.410154	20.15	0.000	61.98549	75.42699

Ordinary Least Squares (OLS) analysis is based on assumptions (Hamilton, 1992). OLS analysis assumes that the data comes from a normally distributed sample. Hamilton (1992) writes that diagnostic scatterplots reveal obvious problems and should be consulted at an early stage of analysis. Figure 1 is a scatterplot representing the data as a residual versus fitted values graph and shows nonnormal errors and slight heteroskedasticity. Considering these nonnormal errors, a univariate analysis was conducted to check for normality in the variable distributions.



Figure 1. Scatterplot of residuals versus fitted values.

The univariate analysis commenced with the dependent variable, trust. Figure 2 is a histogram of the trust scale with a normal curve overlay indicating a negative skew. The skew reflects more responses on the higher end of the scale indicating a higher consensus. The data are displayed in a box plot in Figure 3.

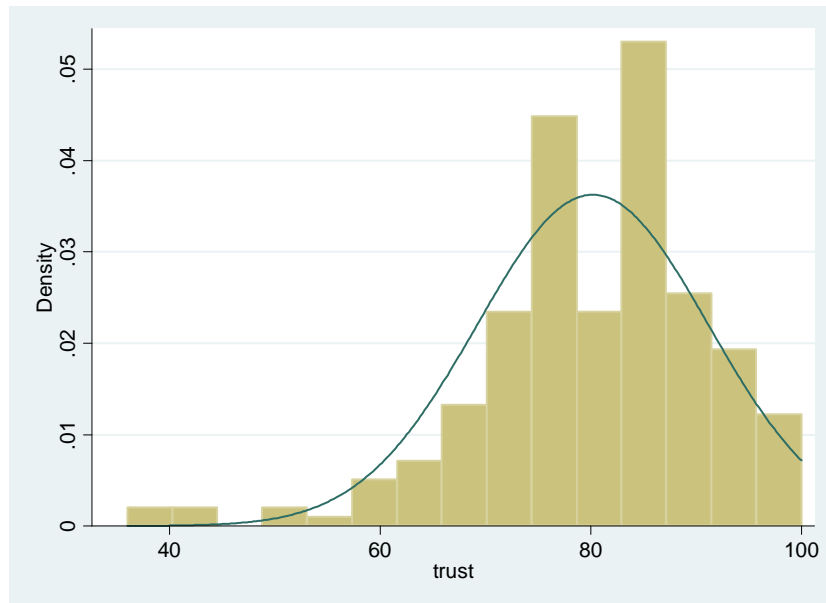


Figure 2. Histogram with normal curve overlay.

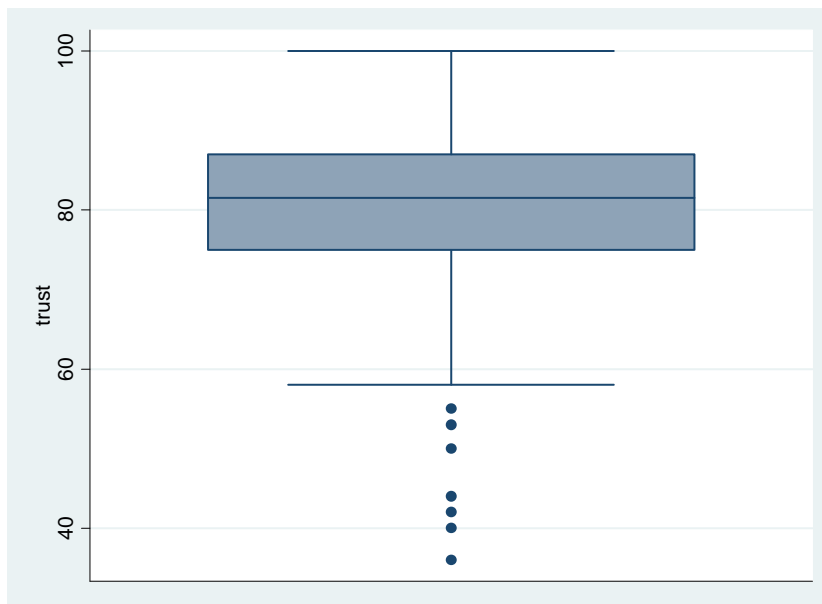


Figure 3. Box plot.

Skewed distributions and outliers create problems for statistics but can often be reduced, and outliers pulled in, by power transformations (Hamilton, 1992). Figure 4 represents possible power transformations to achieve a more normal distribution for trust. As depicted below, the most appropriate power transformation to achieve a more normal distribution is the cubic transformation. Therefore, trust was taken to the 3rd power.

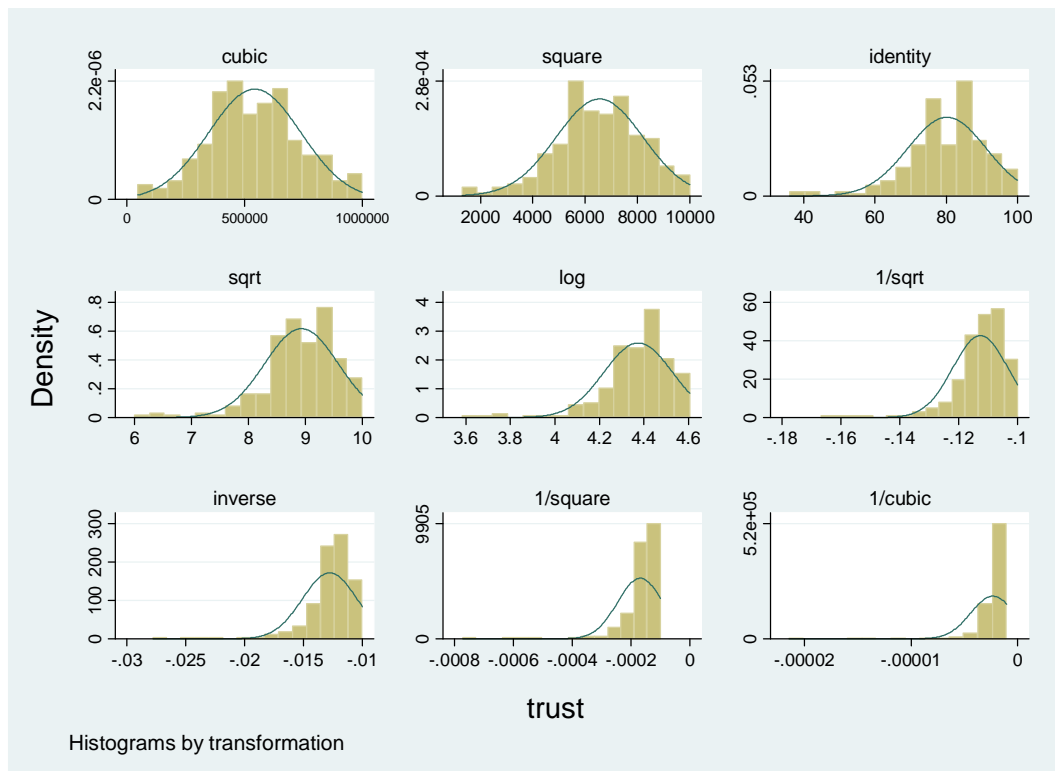


Figure 4. Power transformation options.

The following two graphs, Figures 5 and 6, depict the distribution of the transformed variable trust. They represent the variable trust to the 3rd power. Both graphs show the more normal distribution of the transformed variable.

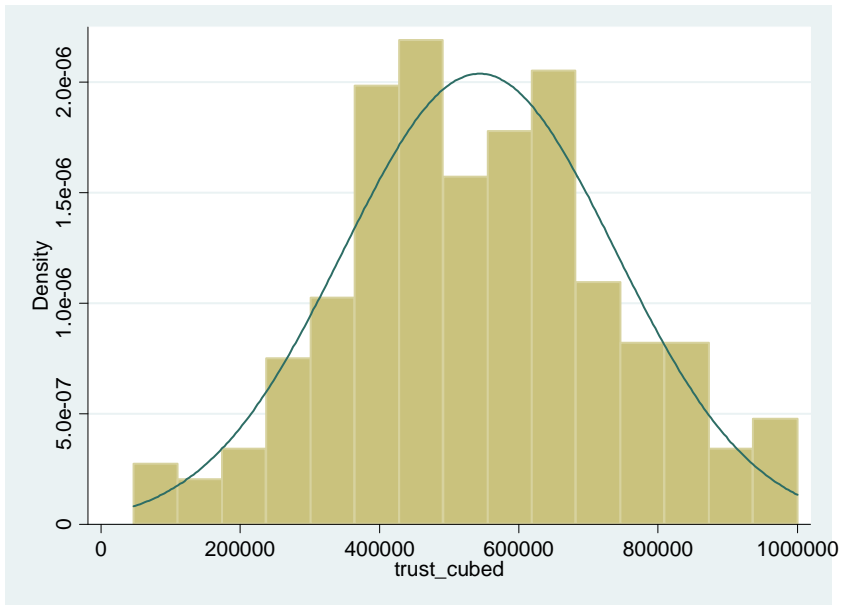


Figure 5. Histogram of transformed trust variable (trust_cubed).

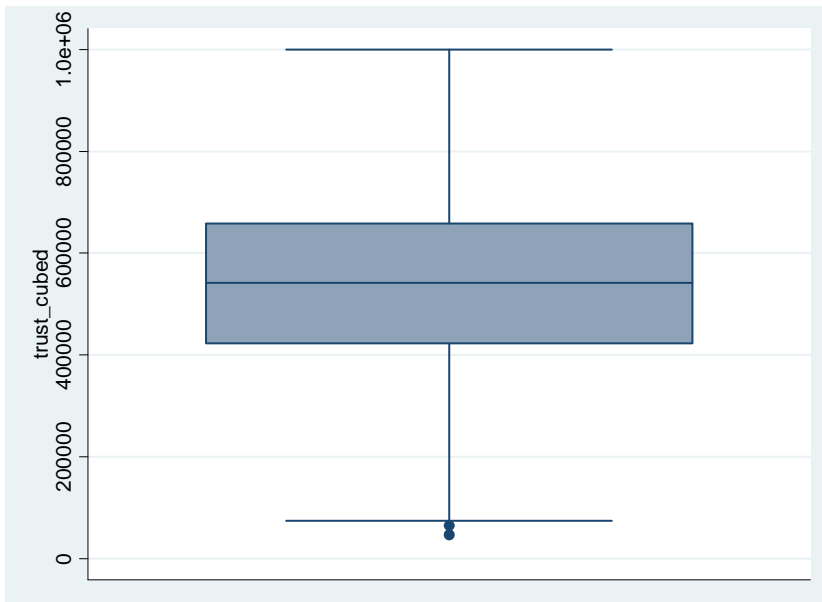


Figure 6. Box plot of transformed trust variable (trust_cubed).

After completion of the transformation of the dependent variable, the univariate

analysis continued with the independent variables. Although independent variables do not have to be normally distributed, regressing transformed trust on the independent variables resulted in heteroskedasticity. Therefore, the independent variables that were not normally distributed were transformed as well. The independent variables age and years of experience were not normally distributed and needed to be transformed. After exploring various transformations, the ones that resulted in a more normal distribution were age squared and the square root of years of experience.

Figure 7 shows a histogram with a normal curve overlay of age and Figure 8 shows the histogram with overlay of the transformed variable age squared.

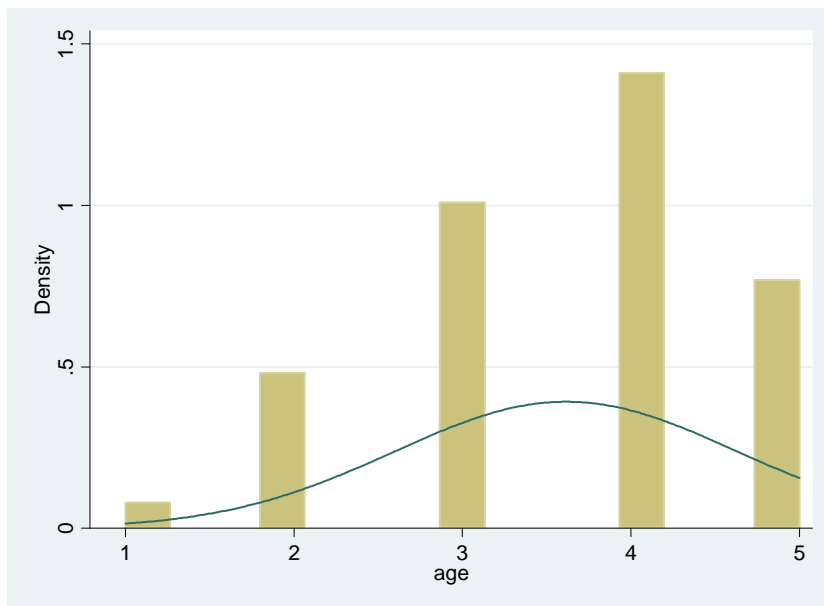


Figure 7. Age histogram with normal overlay.

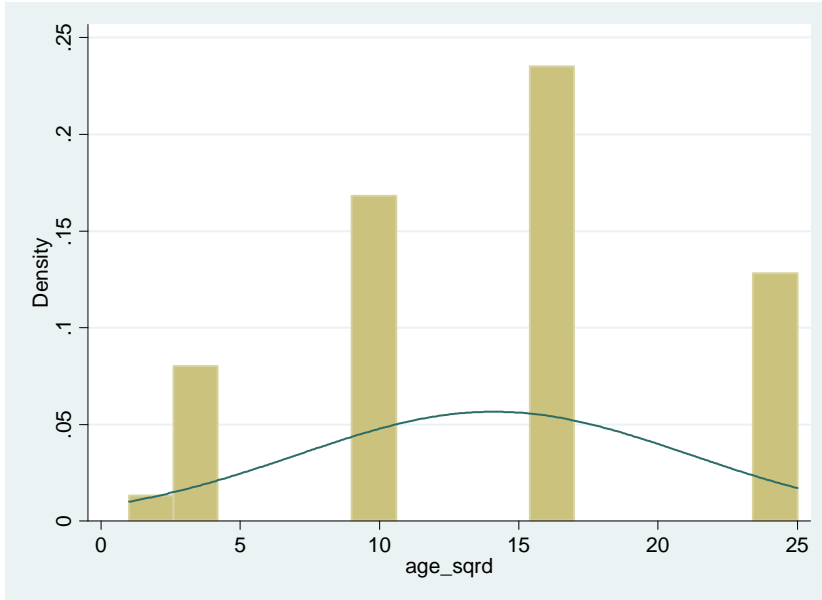


Figure 8. Transformed age variable (age_sqrd).

Figure 9 shows the histogram with a normal overlay of years of experience and

Figure 10 shows the histogram with overlay of the transformed variable years of experience.

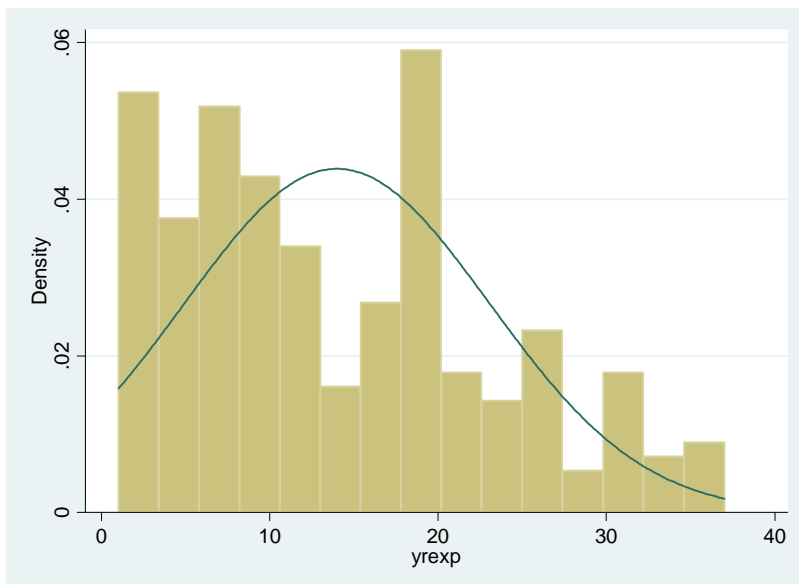


Figure 9. Years experience histogram with normal overlay.

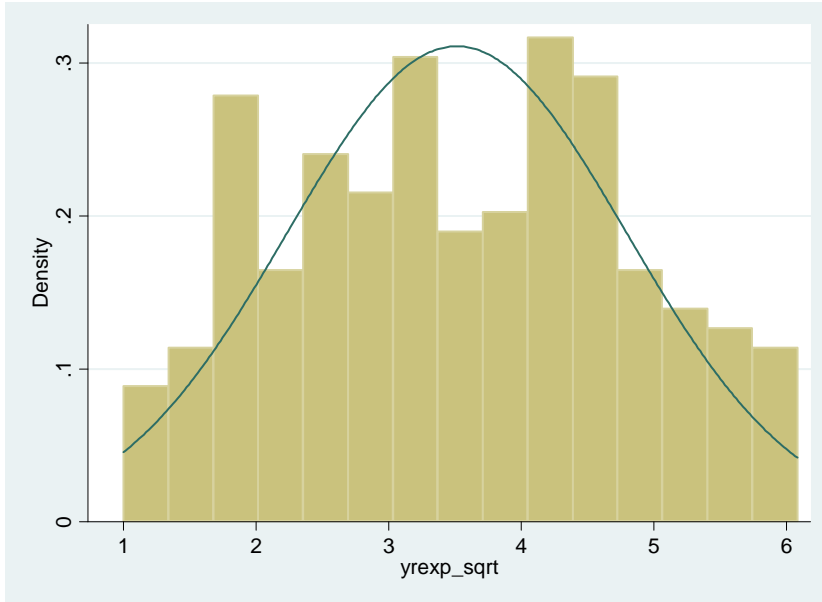


Figure 10. Transformed years experience (yrexp_sqrt).

Following the transformation of the variables as described above, a regression analysis was run. Table 6 contains the output of that regression. Figure 11 shows the residuals versus fitted plot for the regression with transformed variables. The scatterplot indicates normal, independent, and identically distributed errors.

Table 6 *Transformed Variables Regression* (trust_cubed on gender yrexp_sqrt age_sqrd nonpro_gov)

This the reg

Source	SS	df	MS			
Model	1.0691e+12	4	2.6727e+11	Number of obs =	225	
Residual	7.4379e+12	220	3.3808e+10	F(4, 220) =	7.91	
Total	8.5069e+12	224	3.7977e+10	Prob > F =	0.0000	
				R-squared =	0.1257	
				Adj R-squared =	0.1098	
				Root MSE =	1.8e+05	

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
gender	1655.49	26016.98	0.06	0.949	-49618.91	52929.89
yrexp_sqrt	12141.61	11592.29	1.05	0.296	-10704.55	34987.76
age_sqrd	6023.604	2103.869	2.86	0.005	1877.288	10169.92
nonpro_gov	83975.05	25255.92	3.32	0.001	34200.53	133749.6
_cons	363061.6	60641.36	5.99	0.000	243549.2	482573.9

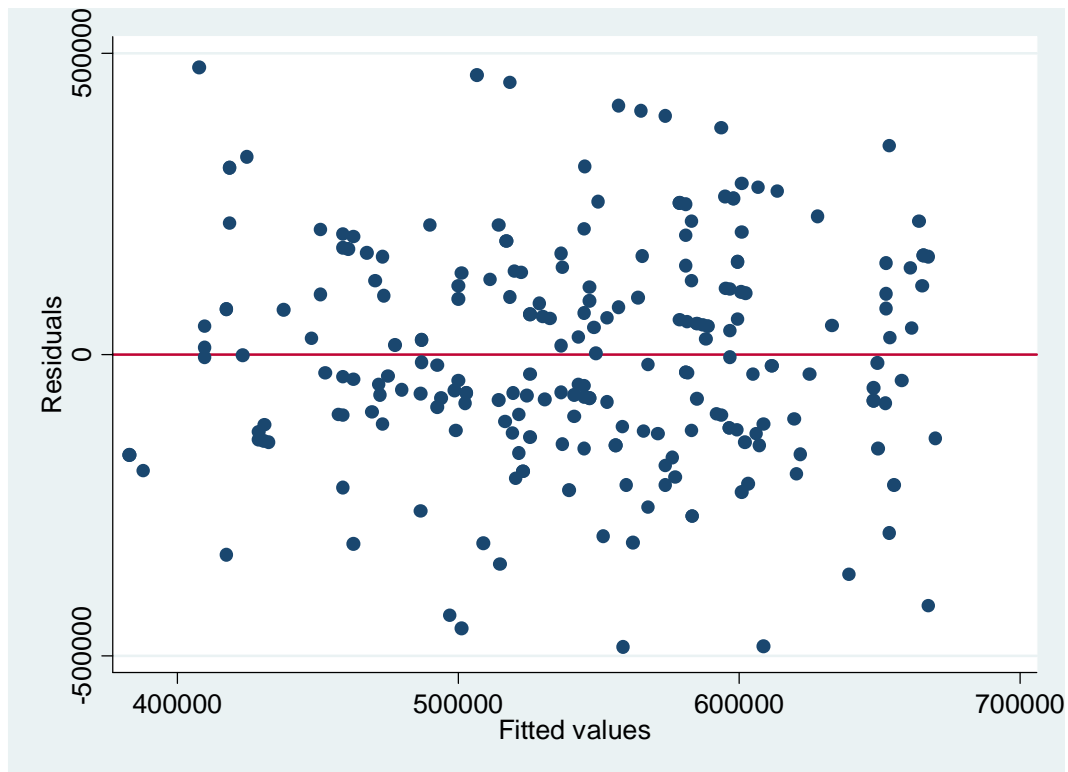


Figure 11. Residuals vs. fitted values for transformed variables.

Following the transformed variable regression, a leverage versus residual squared plot was generated showing leverage (vertical) and fit (horizontal). This plot is depicted in Figure 12. The upper right quadrant indicates both a poor fit and leverage.

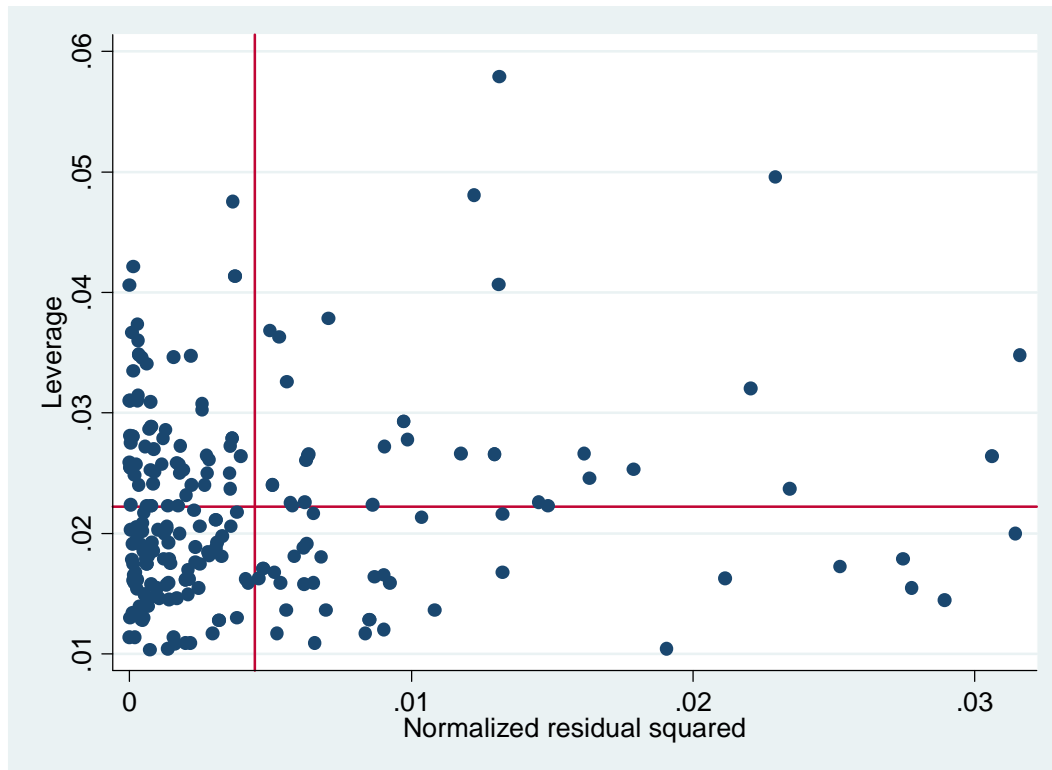


Figure 12. Leverage versus residuals squared plot.

Robust Regression and OLS

Ordinary Least Squares (OLS) tends to track outliers, fitting them at the expense of the rest of the sample which leads to greater sample-to-sample variation or inefficiency when samples contain outliers (Hamilton, 2004). Robust regression methods aim to achieve similar efficiency of OLS (95%) with ideal data and substantially better efficiency in non-normal error situations. Based on these results a robust regression was run. Hamilton (1992) writes that robust regression and OLS complement each other, although OLS is simpler, and it is preferable if both methods produce the same results.

The robust regression findings can be viewed as confirmation of OLS's validity. If the results are the same it is an indication that the OLS is an appropriate test. For this data the results are the same. The results of the robust regression are presented in Table 7. The significant coefficients are the same as with the OLS and the standard errors are similar in both cases. These results validate the OLS findings.

Table 7 *Robust Regression of Transformed Variables* (trust_cubed on gender

yrexp_sqrt age_sqrd nonpro_gov)

```

Huber iteration 1: maximum difference in weights = .51056466
Huber iteration 2: maximum difference in weights = .03062225
Biweight iteration 3: maximum difference in weights = .14916064
Biweight iteration 4: maximum difference in weights = .01273759
Biweight iteration 5: maximum difference in weights = .00075264

```

```

Robust regression                                Number of obs =      225
                                                F( 4, 220) =      8.66
                                                Prob > F          = 0.0000

```

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
gender	8206.307	26605.71	0.31	0.758	-44228.37 60640.98
yrexp_sqrt	11383.43	11854.61	0.96	0.338	-11979.71 34746.56
age_sqrd	6688.536	2151.476	3.11	0.002	2448.395 10928.68
nonpro_gov	88589.87	25827.43	3.43	0.001	37689.02 139490.7
_cons	341845.8	62013.59	5.51	0.000	219629.1 464062.5

The Impact of Multicollinearity

Before moving on, there needs to be mention of the issue of multicollinearity. Multicollinearity is a term for the existence of a high degree of linear correlation amongst two or more explanatory variables in a multiple regression model. In the presence of multicollinearity, it is difficult to assess the effect of the independent variables on the dependent variable. Hamilton (2004) states that multicollinearity cannot necessarily be detected by examining a matrix of correlation variables. A better assessment comes from regressing each independent variable on all of the other independent variables. A mean VIF greater than one is evidence of multicollinearity (Hamilton, 2004). The mean VIF for

this regression is 1.24 and shows that the variables years of experience square root and age squared each have VIF scores of 1.46. making it difficult to determine which variable accounts for variance in the dependent variable. Table 8 shows the results from testing for multicollinearity.

Table 8 *Multicollinearity Test*

Variable	VIF	1/VIF
yrexp_sqrt	1.46	0.683699
age_sqrd	1.46	0.687047
gender	1.04	0.963488
nonpro_gov	1.01	0.985263
Mean VIF	1.24	

Based on the above, the regression was run first without the age_sqrd variable and then without the yrexp_sqrt variable. Both are significant indicating age has a positive relation with trust as does years of experience. However, age is a better predictor of trust as noted by the higher R^2 suggesting the final regression to use is the one without the experience variable. Due to the awareness of potential outliers, the OLS output with VIF tests and robust regression are presented. The results are the same between OLS and robust regression. Tables and graphs for these regression outputs are displayed below.

Table 9 displays the output for the regression without age_sqrd. This model has an R^2 of 0.09 and shows nonpro_gov and yrexp_sqrt as significant. It also shows a mean VIF of 1.01. Figure 13 displays the leverage versus residuals squared plot.

Table 9 Regression Without age_sqrd Variable

```
. reg trust_cubed gender yrexp_sqrt nonpro_gov
```

Source	SS	df	MS	Number of obs =	225
Model	7.9193e+11	3	2.6398e+11	F(3, 221) =	7.56
Residual	7.7150e+12	221	3.4909e+10	Prob > F =	0.0001
				R-squared =	0.0931
				Adj R-squared =	0.0808
Total	8.5069e+12	224	3.7977e+10	Root MSE =	1.9e+05

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
gender	12213.6	26170.32	0.47	0.641	-39361.73 63788.93
yrexp_sqrt	30465.62	9821.569	3.10	0.002	11109.7 49821.54
nonpro_gov	92637.7	25479.06	3.64	0.000	42424.67 142850.7
_cons	360647.7	61614.96	5.85	0.000	239219.6 482075.8

```
. vif
```

Variable	VIF	1/VIF
gender	1.02	0.983242
yrexp_sqrt	1.02	0.983468
nonpro_gov	1.00	0.999609
Mean VIF	1.01	

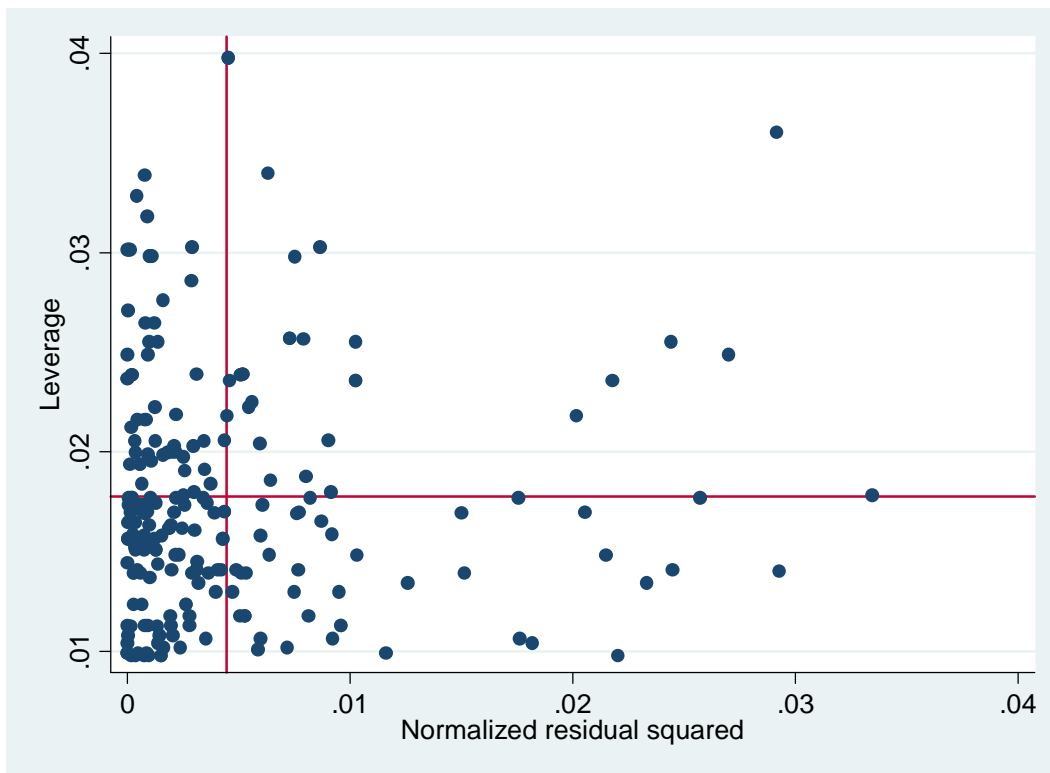


Figure 13. Leverage versus residuals squared plot.

Table 10 displays the output for the robust regression without age_sqrd. This model continues to show nonpro_gov and yrexp_sqrt as significant.

Table 10 *Robust Regression Without age_sqrd Variable*

```
. rreg trust_cubed gender yrexp_sqrt nonpro_gov

Huber iteration 1: maximum difference in weights = .50041368
Huber iteration 2: maximum difference in weights = .04118626
Biweight iteration 3: maximum difference in weights = .15744713
Biweight iteration 4: maximum difference in weights = .00657654

Robust regression                               Number of obs =      225
                                                F( 3, 221) =      8.25
                                                Prob > F          = 0.0000
```

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
gender	23091.04	26896.23	0.86	0.392	-29914.88 76096.96
yrexp_sqrt	33721.87	10094	3.34	0.001	13829.06 53614.69
nonpro_gov	96279.36	26185.8	3.68	0.000	44673.53 147885.2
_cons	327331.9	63324.02	5.17	0.000	202535.7 452128.1

Table 11 displays the output for the regression without yrexp_sqrt. This model has an R^2 of 0.12 and shows nonpro_gov and age_sqrd as significant. It also shows a mean VIF of 1.01. Figure 14 displays the leverage versus residuals squared plot.

Table 11 *Regression Without yrexp_sqrt Variable*

```
. reg trust_cubed gender age_sqrd nonpro_gov
```

Source	SS	df	MS	Number of obs =	226
Model	1.0107e+12	3	3.3691e+11	F(3, 222) =	9.87
Residual	7.5780e+12	222	3.4135e+10	Prob > F =	0.0000
Total	8.5887e+12	225	3.8172e+10	R-squared =	0.1177
				Adj R-squared =	0.1058
				Root MSE =	1.8e+05

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
gender	-1131.656	25663.75	-0.04	0.965	-51707.4 49444.09
age_sqrd	7313.342	1762.121	4.15	0.000	3840.717 10785.97
nonpro_gov	78332.21	25219.92	3.11	0.002	28631.13 128033.3
_cons	397082.3	50820.86	7.81	0.000	296929.3 497235.4


```
. vif
```

Variable	VIF	1/VIF
trust_cubed	1.01	0.99
gender	1.01	0.99
age_sqrd	1.01	0.99
nonpro_gov	1.01	0.99
_cons	1.01	0.99

age_sqrd	1.01	0.988512
nonpro_gov	1.01	0.990929
gender	1.00	0.997281
Mean VIF	1.01	

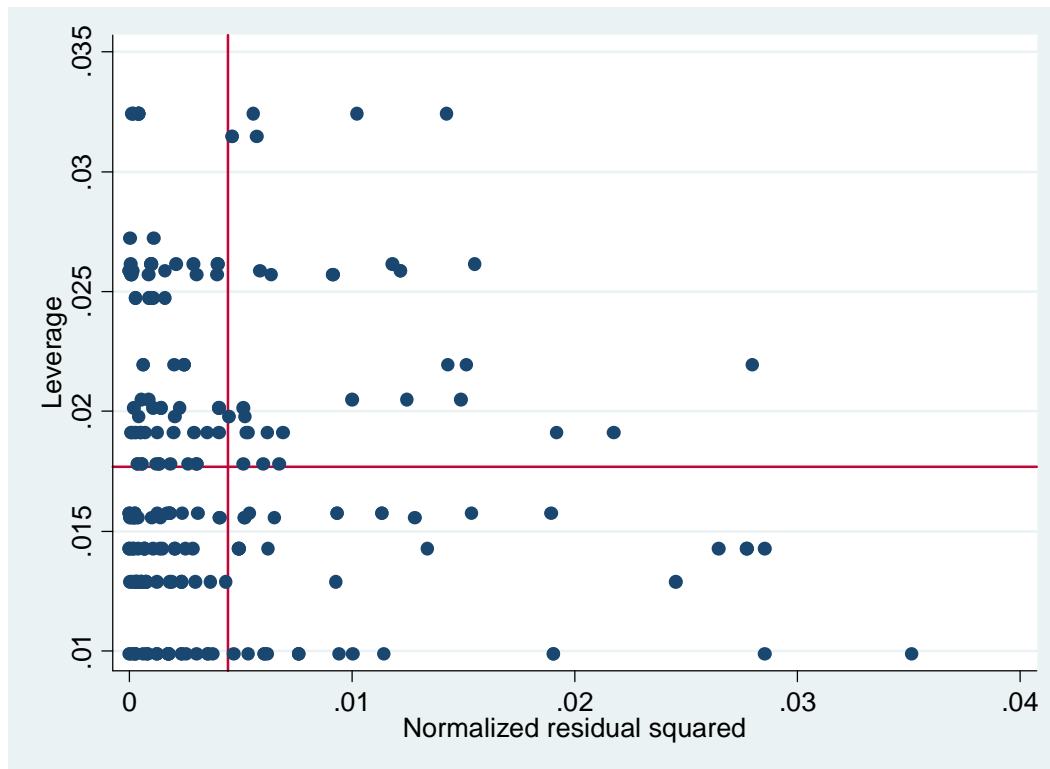


Figure 14. Leverage versus residuals squared plot.

Table 12 displays the output for the robust regression without `yresp_sqrt`. This model continues to show `nonpro_gov` and `age_sqrd` as significant.

Table 12 *Robust Regression Without `yresp_sqrt` Variable*

```
. rreg trust_cubed gender age_sqrd nonpro_gov

Huber iteration 1: maximum difference in weights = .55349809
Huber iteration 2: maximum difference in weights = .03416493
Biweight iteration 3: maximum difference in weights = .15290532
Biweight iteration 4: maximum difference in weights = .00393701

Robust regression                                Number of obs =      226
                                                F( 3, 222) =      11.01
                                                Prob > F          =      0.0000
```

trust_cubed	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
gender	4628.89	26266.44	0.18	0.860	-47134.58 56392.36
age_sqrd	7968.071	1803.503	4.42	0.000	4413.894 11522.25
nonpro_gov	82986.31	25812.18	3.22	0.001	32118.05 133854.6
_cons	375015.9	52014.34	7.21	0.000	272510.8 477520.9

Regression Conclusion

The adjusted R^2 in the original OLS with age_sqrd and yrexp_sqrt is .1098. The adjusted R^2 in the final OLS regression without yrexp_sqrt is .1058, a figure very close to the one with both experience and age. The final OLS regression also has no multicollinearity and independent, identically distributed errors. Additionally, there were similar results with robust regression. It is therefore concluded that the final OLS model is a good model. The final model shows an R^2 of .12 which is a moderate to weak multiple correlation coefficient indicating a statistically significant positive linear relationship (Hamilton, 1996).

Qualitative Analysis

Part II of the survey instrument contained three open ended questions that allowed the respondent to express opinions on the topic of trust in their own words using personal experience. The three questions were;

1. In your role as a leader, how important is trust?
2. Describe a situation where you, as a leader, believe trust was important.
3. How would you define trust?

The questions were designed to elicit information on the administrator's personal and professional experience.

Qualitative methods help answer questions not easily answered by other methods of inquiry. Patton (2002) suggests that there is a very practical side to qualitative methods that simply involves asking open-ended questions of people in order to improve knowledge in the area of study. Given that trust is personal and permits reflection, open-ended questions at the end of the primarily quantitative survey proved invaluable in gaining a greater understanding of trust as experienced by the respondents.

Qualitative methods are research methods that are used to find out what people know and how they think (Patton, 2002). The decision to include this portion of the study was based on the belief that capturing the self reporting perceptions of participants who responded to the 20 question quantitative component of the study would prove beneficial.

This information gathering process did accomplish the goal of directly providing the researcher with rich data that would have otherwise would have been difficult to obtain. Additionally, the data from this qualitative inquiry provides the opportunity to explore other aspects of trust in future research.

Both stated purposes were realized and provided the researcher with invaluable data expressed in the individual words of the respondents. The importance of trust was stated in varying degrees and supported with examples of situations when trust was important. Lastly the varied definitions of trust that have been gleaned from this group can be added to the literature which is already replete with thoughts on the topic, but not from this group of people. It can also help toward the building of a consensus definition.

Content and inductive analysis. Content analysis was used to search for recurring words and themes. According to Patton (2002), content analysis is used to refer to any qualitative data reduction and sense-making effort that takes a volume of qualitative

material and attempts to identify core consistencies and meanings. In addition, an inductive analysis was employed. Patton (2002) states that inductive analysis involves discovering patterns, themes, and categories in one’s data. Findings emerge out of the data, through the analyst’s interactions with the data.

The method of analysis for this qualitative section focused on the identification of words and phrases that represented patterns and emerging themes. Similar words and phrases were color coded and tabulated for use in the analysis. The following section provides analysis of the three questions in the order presented on the survey.

Question 25. The first question in Part II, Question 25, of the survey asked the open ended question, “In you role as a leader, how important is trust? For this question the response was 225 resulting in a 96% response rate

Table 13 lists the most frequently used words to respond to the question. Of the 225 respondents 81% of them used one of the seven words found in Table 13 to respond to how important trust is.

Table 13 *Frequencies for Question #25*

Word	Percentage (%)	Frequency
Very	33	73
Extremely	21	46
Critical	8	18
Vital	6	14
Essential	5	11
Key	4	10
Utmost	4	10

Totals	81%	182
--------	-----	-----

Of the 225 responses to this question 182 different respondents used one of these words in the tables. The top seven words listed above are quite similar in their meanings. For any one of these words in a thesaurus, the synonyms listed invariably contain at least one of the other words in the table. That being said, one can conclude that 81% of the respondents consider trust as important to their leadership role.

In the quantitative analysis the independent variable type of organization resulted in statistical significance. In order to gain further information on the influence of type of organization, the responses for Question 25 were further analyzed by type of organization. The results support the findings of the quantitative analysis in that nonprofit/public administrators indicated a higher importance of trust than those who identified themselves as working in a for-profit organization. The frequencies for the variable are presented in Table 14.

Table 14 *Frequencies by Type of Organization*

Word	Nonprofit/Public	For-Profit
Very	49	24
Extremely	28	18
Critical	12	6
Vital	10	4
Essential	7	4
Key	6	4

Utmost	8	2
Totals	120	62

As was the case for the variable type of organization, in the quantitative analysis, the independent variable age also resulted in statistical significance. In order to gain further information on the influence of age, the responses for Question 25 were further analyzed by age. The results support the findings of the quantitative analysis in that those who identified themselves as higher in age indicated a higher importance of trust than those who identified themselves as younger in age. The frequencies for the variable are presented in Table 15.

Table 15 *Frequencies by Age*

Word	21-30	31-40	41-50	51-60	60+
Very	0	12	23	25	13
Extremely	0	8	8	19	11
Critical	0	3	4	7	4
Vital	0	4	2	3	5
Essential	0	0	4	3	4
Key	0	0	3	4	3
Utmost	0	2	3	4	1
Totals	0	29	47	65	41

In addition to the thematic words used, respondents used some noteworthy phrases to respond to question #25. These phrases emphasize the dependence a leader has

on trust and the role it plays in leadership. I am presenting comments for 11 of those people below. They include the following:

“Trust is like a basic food group”

“Your world will quickly become one of paranoia if you don’t trust people”

“Without trust one cannot survive the stressors of the day”

“Without trust, one has nothing”

“I’d be dizzy from constantly checking without trust”

“Without trust there is no ownership and performance becomes fear-driven”

“Without trust you have no basis for leadership”

“Trust verifies credibility”

“Trust is a major cornerstone of leadership”

“Trust is required as no man is an island”

“Trust is the mortar of all relationships”

Although respondents indicated that trust is very important in their role as leaders, several qualified that comment with additional statements noting caution. These responses spoke to the issues of earning trust, verifying trust, misplaced trust, and mutual trust. The themes that emerged suggest that trust is fragile, contingent on follow-up, and a two-way relationship. Representative of these responses are the following statements:

“Trust is important: however, my experience is that if I trust too much without follow-up, then I am disappointed more often than not”

“Mistrust can be extremely detrimental to an organization”

“Very important: however, one needs to always check to make sure all areas are running appropriately. People have a tendency to tell you what they “think you should know”

“Trust is earned and easily lost if there is cause”

“If I can’t trust the people I work with, I will ultimately fail, because I can’t do everything myself”

“As an NHA you must continuously check that assignments are followed through”

“You need to get to know people sometimes, to earn their trust”

“The importance of trust varies; even with people I do trust I still feel I have to “double check” to feel secure”

“Trust is vital but I always operate under the rule of thumb to validate your data”

“Trust is difficult to rebuild once broken”

“Trust is critical, but only after careful assessment”

“I trust the staff to do what is right and the staff must trust me to do what I promise to do”

“The leader must trust and be trusted”

“Trust should be reciprocal in that I trust my staff and they trust me”

“Two-way trust is essential in my relationships”

“I must trust the people with whom I work & they must trust me”

“If you want others to trust you, you must exhibit the same yourself”

“There has to be mutual trust”

“Mutual trust is paramount”

The analysis of question 25 resulted in a greater understanding of how important trust is to nursing home administrators. 81% of the respondents used similar words indicating a great emphasis on the importance of trust. Further analysis reflected a higher importance of trust in the groups who identified themselves as working in nonprofit/public organizations as well as those identifying themselves as older.

Question 26. The second question, “Describe a situation where you, as a leader, believe trust was important?” elicited wide and varied responses. Although many respondents detailed specific circumstances and situations, an overriding theme emerged when the relationship between the Nursing Home Administrator and other person or persons described in the response are the focus of attention. Overwhelmingly, the situation described had to do with trusting their staff, at all levels to carry out their duties and responsibilities in the absence of the NHA.

For this question the response rate was 221 (94%). The theme of having to trust their managers and staff to care for the health and well-being of every resident of the nursing facility was reinforced. The nature of the job as an administrator of a nursing facility and the 24-hour a day, 7-day a week responsibilities played a significant role in the responses in regard to trusting staff in the absence of the NHA. Many respondents spoke about the importance of trusting those who are left in charge during periods when the NHA is not physically in the facility. It is worth noting here, as the administrator of record recognized by the Pennsylvania Department of Health, the NHA does have legal and ethical round the clock responsibility for the safety and welfare of all residents in the nursing facility. Some of the responses that best demonstrate this theme are below.

“Every day I walk out of the nursing home I have to trust the staff will do their job”.

“When I leave the facility overnight or for an extended vacation, I have to be able to trust that things will be managed while I’m gone”

“Trust is important everyday in all situations”

“When I go home at night I have to trust our 100 frail elderly to the care of others”

“Each and everyday I need to trust that subordinates will carry out their duties and responsibilities”

“Everyday I trust my staff. If I did not invest in trust I would not be able to function as a healthcare leader”

“As an administrator, you must trust others everyday; you can not do it all”

“Everyday when I leave the facility I have to trust the people working in the facility are trustworthy”

“Any time you are away from your facility you trust your staff will follow through in running the facility the same as when you are there”

“Every evening I leave the building with an RN in charge and my license hanging on the wall”

“You must trust that Quality care is provided in your absence”

“Trust that staff will take care of patients whether I am here or not”

“When not present in the facility trust that residents are being cared for”

“Anytime I leave the building for an extended period – vacation, out of town seminar, etc. and delegate my responsibilities to someone else”

“You need to trust your managers to make the right decisions when you are not available”

“Daily, when you entrust the care of residents to your staff 24/7”

Another common relationship used to describe a situation was the one between the NHA, the residents who reside in the facility and the families of those residents. Although the NHA is not directly providing the care and services required by the resident, they are ultimately responsible for ensuring that care is provided in a manner consistent with acceptable standards of practice. Several participants chose to describe this trust relationship to respond to Question 26. Responses of some of the specific themes reflected by the respondents are presented below.

“A resident was having frequent falls and her attending physician was just attributing the falls to old age. The resident was reluctant to get a second opinion. After my discussion with her she was willing seek a second opinion that resulted in a medication change and no additional fall episodes. I believe she accepted my advice because of the trust she had in me to make good decisions and demonstrating good judgment”

“Every time a resident is admitted to the facility a level of trust is necessary with that person and their family”

“I had a situation where I did not believe the Power of Attorney for a resident was acting in the best interest of the resident. I contacted other family members and local authorities who, after investigation, determined

that a new Power of Attorney should be appointed to protect the resident.

All concerned parties trusted my opinion and that I had the best interest of the resident at heart.”

“End-of-Life decisions are always difficult, families and residents must trust me to offer accurate information so they are able to make informed decisions”

“Residents and families were anxious about an upcoming merger. I had to assure them that the merger was in everyone’s best interest and kept open communication with them. They trusted that I would do the right thing”

Before describing the next theme that emerged from this question it is worth taking some time to explain the crucial relationship between the Nursing Home Administrator (NHA) and the Director of Nursing (DON) in a long term care facility. Although there are some instances where the NHA is also a Registered Nurse (RN), as I am, this is certainly the exception rather than the rule. Most of the participants in the survey are administrators who do not have a clinical background. As such, administrators must rely heavily on the clinical knowledge and expertise of the Director of Nursing.

The relationship between an NHA and DON has often been compared to that of a marriage. Although this analogy may have sexist overtones and was assuredly established during a time when most NHA’s were men and most DON’s were women, the comparison is helpful in establishing just how important the relationship is to the successful operation of a nursing facility.

So it was no surprise that respondents also chose this relationship to describe when relating a situation where trust was important. It is worth noting here that the

Director of Nursing is frequently the “second in Command” after the NHA, this true for almost all facilities that do not have an Assistant Administrator position. Some of the specific quoted responses that sum up this theme are noted below.

“When I delegate to my DON to complete an abuse investigation, I have to trust it will be thorough and complete and reported to local agencies as required by state statute”

“It is important that I Can trust the DON to manage well in my absence and inform me when I return”

“I am not a clinician; I have to trust the nursing director and other clinical staff regarding clinical issues”

“Every day I share information with the DON that can not be made public. I trust her confidentiality”

“You need to trust your DON when you are away from the facility”

“Not being a clinical person, I have to trust the clinical knowledge and experience of my DON and staff”

“The relationship between the Administrator and DON – if administrators can’t or don’t trust nursing judgment, patients suffer”

“Where we had a problem in nursing and I asked the DON to correct the situation and I was able to trust that she would”

The analysis of question 26 resulted in a greater understanding of how seriously these administrators take their responsibilities. The situations described in the responses indicated that the trust level in place between administration and direct-caregivers is

paramount as is the trust level between the administration and the residents and families who they serve.

Question 27. The final question asked was “How would you define trust?” This question goes to the very core of any research about the phenomenon of trust. As stated earlier in an earlier chapter, the definition of trust dynamic and often contextually based. As such, I thought it important to gain an understanding from this sample of how they defined trust. As was the case with the previous question, the responses to this question were wide and varied. For this question N=227 (97%).

In addition to a thematic analysis, data analysis for this section consisted of comparing responses from the participants to the researcher’s working definition of trust and leadership trust as outlined in Chapter 2 where I discussed some of the nuances of defining trust and offered a working definition of trust and leadership trust for the purpose of this study.

It would be impossible and impractical to describe all of the varied responses in this section, therefore the coding for the thematic analysis consisted of looking for words that were used in the definition of trust. Words that were repeatedly used in respondent definitions and had some commonality in theme include: integrity, reliability, faith, honesty, and belief. In addition to these words. The phrase, “do the right thing”, was also somewhat pervasive in responses. Some of the responses that demonstrate this theme are noted below.

“Trust is believing others over time”

“Belief that another will act with integrity”

“A mutual feeling of shared faith and confidence”

“Honesty, confidence, reliable, open”

“Trust is total reliance on the integrity and character of an individual”

“Trust is believing the right thing will be done”

“Trust is belief in others and self”

“Keeping your word, commitment”

“Confidence in shared values”

“Being vulnerable”

“Belief in others to make good choices”

“Counting on a person’s word and deed”

“Faith in another person to do the right things in the right ways”

“Knowing I can rely on one’s words and actions”

“The ability to believe someone at face value”

“Ability to rely on others to do the right thing”

“Reliance, confidence, belief and faith placed in the person to whom confidence is given”

“Knowing in your heart a person has done the right thing”

“Trust is assurance of truth and character”

“Being forthright 100% of the time”

“Trust is being able to rely on another person’s integrity”

The analysis of question 27 resulted in a greater understanding of how respondents defined trust. As suggested by the literature, responses were wide-ranging and reinforced the conundrum of determining a unified definition of the phenomenon.

Qualitative Summary

The qualitative aspect of this study involved responses to three in-depth, open-ended questions that were designed by the researcher to allow the respondent the opportunity to express opinions on the topic of trust in their own words using personal experience. The decision to include this portion of the study was based on the belief that capturing the self reporting perceptions of participants who responded to the twenty question quantitative component of the study would prove useful in supporting the quantitative analysis. Specifically, the results from the qualitative analysis indicate that those identifying themselves as associated with a nonprofit or government organization believe trust is more important than those identifying themselves as working in a for-profit organization. Additionally, the results indicate that those identifying themselves as older believe trust more important than their younger counterparts. These qualitative findings enhance the findings of the quantitative findings previously discussed.

These three questions provided data about how the respondents viewed trust and how they believed it affected their ability to be effective leaders. Although each respondent had varied experiences resulting in a myriad of responses, consistent themes and patterns emerged. Regarding the definition of trust, 81% of the respondents used similar words including: very, extremely, critical, vital, essential, key, and utmost. When the frequencies were analyzed for type of organization and age, the data supported the quantitative findings that those working in nonprofit/government organizations have higher trust levels than those working in for-profit organizations. Additionally, these qualitative data showed that the importance of trust in leadership was rated higher by those in the higher age categories.

When describing a situation where trust was important, respondents mainly chose to describe three relationships: they and their employees/staff, they and the residents/families they care for, and they and the facility director of nursing. The final open-ended question asking to define trust elicited responses with some commonality in theme including the words integrity, reliability, faith, honesty, and belief. In addition to these words, the phrase “do the right thing” was also somewhat pervasive.

Chapter Summary

This chapter described and discussed both the quantitative and qualitative findings. The chapter was organized into three sections to aid in following the analysis. First, there was a detailed demographic response analysis of the sample of the population. Second, there was a presentation of the regression analysis. Last, the qualitative analysis section described the findings of the three open-ended questions at the end of the survey.

In the demographic section I was able to describe who responded to the survey. For the four demographic variables, the most frequent responses indicated that the respondents worked for a non-profit organization (55%), they have worked as an NHA for less than 10 years (37%), identified themselves as female (63%), and fell into the age group of 51 – 60 years old (37%).

Statistically significant results were found in the regression section in regard to two of the four demographic variables. All things being equal concerning the type of organization a lower level of trust was reported by those working in for-profit organizations when compared to those respondents working in non-profits and public organizations. Those with a non-profit and public affiliation tended to be more trusting

than their for-profit counterparts. Concerning respondent age there is a distinction between those who are younger and those who are older irrespective of the other independent variables. These findings suggest a lower level of trust exists among those younger in age. Those who identified themselves in the older categories responded with a higher average level of measured trust.

The three qualitative questions provided data about how the respondents viewed trust and how they believed it affected their ability to be effective leaders. Although each respondent had varied experiences resulting in a myriad of responses, consistent themes and patterns emerged. Regarding the importance of trust, 81% of the respondents used similar words including: very, extremely, critical, vital, essential, key, and utmost. When describing a situation where trust was important, respondents mainly chose to describe three relationships: they and their employees/staff, they and the residents/families they care for, and they and the facility director of nursing. The final open-ended question asking to define trust elicited responses with some commonality in theme including the words integrity, reliability, faith, honesty, and belief. In addition to these words, the phrase “do the right thing” was also somewhat pervasive.

The next chapter, chapter five, will discuss the findings further, draw some conclusions and review the implications to the existing literature. The potential implications for additional research and recommendations will also be discussed in the next chapter.

CHAPTER V

DISCUSSION

Introduction

This study makes an important contribution in the area of leadership by adding to the understanding of how a personal trust orientation impacts leadership for nursing home administrators. Essentially, this research focused on the well-documented importance of trust in relationships and explored the impact of that trust level on Nursing Home Administrator leadership.

While there is widespread agreement among practitioners that trust plays a fundamental role in effective leadership, the discussion of trust as a construct has been hampered by the fact that each discipline has addressed the topic from its particular viewpoint. Jones (2002) writes that each disciplinary perspective claims a piece of the trust domain and, if that discipline perspective is absent in another's view, surely that epistemological perspective is lacking. This lack of consensus is troublesome for the study of trust as a construct of effective leadership. Given that the importance of trust in organizations and the posited relationship of trust and effective leadership have been reported mostly in the qualitative research literature, it was helpful to explore the phenomenon using quantitative methods. While much has been written anecdotally about this postulated relationship, there continues to be a void addressing the correlative strength of this relationship using statistical analysis.

This chapter reviews the findings previously presented in the research and discusses the quantitative and qualitative data that were presented in chapter four. It further explores the relationships that became evident from the analyses to assist in the

evaluation of the hypotheses. An interpretation of the findings is presented as well as the contribution this research makes to the literature on the topic of trust and leadership.

The literature review was valuable in providing detail on how trust has been studied in the past and where there were gaps that required additional inquiry. This research contributes to the trust and leadership literature by adding a population not previously studied as well as approaching the research from a mixed-methods approach allowing for a greater understanding of the intricacies of the topic. The most significant findings of the study include the difference in trust levels based upon type of organization and age.

The purpose of this study was to investigate the phenomenon of trust within the long-term-care environment through a trust orientation assessment. Analysis of the assessment has provided data that was used in determining the general trust orientation of the participants.

This chapter will discuss the findings and implications from the study. To address the study research questions, the following null hypotheses were tested:

1. All things being equal, there is no statistically significant difference in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon type of organization.
2. All things being equal, there is no statistically significant difference in trust level of licensed nursing home administrators based on years of experience.
3. All things being equal, there is no statistically significant difference in trust level of licensed nursing home administrators based on gender.

4. All things being equal there is no statistically significant difference in trust level of licensed nursing home administrators based on age.

Evaluation of Hypotheses

Introduction

This section discusses the four research hypotheses. The interpretation of each hypothesis is included as well as the research conclusion and a discussion. Results indicated null hypotheses one and four should be rejected. Support was found for two of the four research hypotheses. I found evidence to reject the null hypotheses in reference to a difference in generalized trust level of nursing home administrators based on the type of organization. There was also evidence to reject the null hypothesis for the final hypothesis in reference to a difference in trust level based upon age.

Hypothesis One Discussion

This hypothesis is presented as “All things being equal, there is no statistically significant difference in generalized trust level of licensed nursing home administrators in the State of Pennsylvania based upon type of organization”. Analysis indicated that there is a statistically significance difference at the .002 level. Therefore, the null hypothesis should be rejected.

The data indicate a significant difference in responses between those identifying themselves as working for a for-profit organization and those who identified themselves as working for either a non-profit or public organization. These findings suggest a lower level of trust by those working in for-profit organizations when compared to the others. Those with a non-profit and public affiliation tended to be more trusting than their for-profit counterparts.

Oster (1995) states that nonprofit organizations often have a competitive advantage in markets where reputation and trust are important and goes on to say that consumers tend to trust nonprofit organizations because they recognize that the managers in these firms have different incentives than the managers of their for-profit counterparts. My personal experience mirrors this statement and it is as true today, in 2008, as it was when Oster wrote about it twelve years earlier. My research contributes to the literature by further relating the link between trust and nonprofit organizations.

Sizable differences exist between the philosophies of for-profits versus non-profits. Many of the for-profit organizations are part of large national or regional long-term-care corporations, most of which are publicly traded. These corporations have many stakeholders to satisfy. In addition to the customers they serve, there is a duty to the stockholders and are, by their very nature, focused on making a profit.

The relationship of non-profit organizations to trust may be one of the most important results of my research. Analysis of the results does indicate a higher level of trust among NHA's who are associated with non-profit organizations. The quantitative data indicate that there is an inherent increased interpersonal trust level expressed by those working in the non-profit sector. This finding was reinforced by the qualitative data reflecting the high importance of trust with this same group. I believe that this is due in large part to the goals and objectives of the organization itself. The mission of many of these facilities is to care for those within their walls. There is no financial profit target to meet or shareholder to answer to. This research adds to the body of knowledge regarding those who choose to work for non-profit organizations.

Hypothesis Two Discussion

This hypothesis is presented as, “All things being equal, there is no statistically significant difference in the trust level of licensed nursing home administrators based on years of experience.” Analysis indicated a statistically significant difference when data regarding the hypotheses were tested. However, as discussed in Chapter 4, the issue of multicollinearity was addressed by assessing the affects of years of experience and age on one another and ultimately eliminating the years of experience variable from the regression analysis in favor of the age variable. Both have a positive relation with trust; however, age is a better predictor of trust as noted by the higher R^2 .

Hypothesis Three Discussion

This hypothesis is presented as,” All things being equal, there is no statistically significant difference in trust level of licensed nursing home administrators based on gender”. Analysis indicated that there was no statistical significance in support of the hypothesis and that the null hypothesis should be accepted.

Gender was not significant in any of the regression analyses and demonstrated no potential issue of multicollinearity involving any of the other independent variable combinations. It was evident that for this population gender had no statistically significant impact on trust as measured by the survey.

Hypothesis Four Discussion

This hypothesis is presented as, “All things being equal there is no statistically significant difference in trust level of licensed nursing home administrators based on age.” Analysis indicated that there is a statistically significant difference at the .000 level and that the null hypothesis should be rejected. For the question about age, an analysis of

these data indicate a significant difference in responses between those identifying themselves as between 21 and 30, and those identifying themselves as greater than 60 years of age. These findings suggest a lower level of trust by those younger in age when compared to the others in the older age groups. Those who identified themselves in the older categories responded with a higher average trust level.

There could be varied reasons for the above results. Those who have been a NHA longer may have learned to trust those around them and become better at choosing people around them who are more trustworthy. The same might be said for those higher in age being more trusting. With age comes wisdom and experience that may serve them well as they determine trust levels within the workplace.

The topic of job satisfaction may also play a part in the explanation of the above distinctions. As people become more experienced in their profession and advances in age it is can be assumed that you get better at your occupation and gain some sort of personal satisfaction from your chosen field of employment. A certain level of trust would parallel that sense of satisfaction

Summary of Hypothesis Discussion

This section discussed each of the four hypotheses. Useful distinctions were found in two of the four variables. The research indicated that there is a statistically significant difference in the general trust levels based upon the organization associated with. Those working for a non-profit or public organization indicated a higher trust level than their counterparts working in a for-profit organization. There was also a statistically significant difference in trust level based age. Findings show that older respondents are more trusting than their younger colleagues.

The development of trust within an organization is a complex and often elusive task. Effective leaders must be able to demonstrate behavior that exemplifies trust as well as foster an organizational environment that encourages trust. The concept of trust and trust of leaders is particularly important in the field of healthcare. The provision of healthcare services is such a personal experience with enormous consequences that trust plays an integral part. Effective healthcare systems and their leaders must be aware of the high level of importance trust plays and be able to create an atmosphere that encourages it. Hupcey (2001) maintains that in a dynamic health care environment, trust is an important element in improving patient care and restructuring work. I agree with Hupcey and others in the literature that see trust as an important resource that allows the leader to more efficiently guide the organization.

The results of my research support the current literature in identifying the necessity of trust throughout the organization. Trust is crucial to organizational effectiveness as a leader and as a provider of health care services. Goleman (2002) relates that if relationships are filled with trust it helps people make positive changes. As is the case in many industries, the health care environment is in a state of constant change. As stated by Goleman (2002), my research shows that leaders value trust as an important component of facilitating change to keep up with the ever-changing marketplace.

Although there is a higher level of trust among administrators in nonprofit organizations and those who are older, the research demonstrates a relatively high level of trust among the entire group. This would seem to indicate that a high level trust is required for effective leadership as discussed in the literature.

Qualitative Discussion/Interpretation

Introduction

The goal of the qualitative aspect of this study was to examine the experiences of the NHA respondents expressed in a free-thought forum. It was my intent to gather information on their interpretation of trust and leadership and how their individual life experiences have impacted their views on the subject. The three qualitative questions were developed to provide greater depth and understanding about the complex topic of trust.

The literature review provided an understanding in this area. The literature was particularly useful in discussing the definition of trust and the importance of trust. These two concepts are reviewed extensively although with little uniformity or consensus. There was also a notable absence of the topic being studied using qualitative methodology.

Patton (2002) suggests that there is a very practical side to qualitative methods that simply involves asking open-ended questions of people in order to improve knowledge in the area of study. I included this part in my research for this very reason. Given that topic of the research, trust, is such a personal and reflective experience, I thought that open-ended questions at the end of the primarily quantitative survey would prove invaluable in gaining a greater understanding of the topic from the sample respondents.

The purpose in this aspect of the study was two fold. First it was believed that by giving respondents the opportunity to express their experiences in their own words it would produce greater understanding of the phenomenon by supplementing the

quantitative results. It was thought that this would lead to further comprehension of aspects of trust orientation and overall importance of leadership trust. The nature of the study of trust lends itself to the mixed-methods approach and resulted in much richer data than could have been garnered by purely a quantitative means.

Secondly, it was believed that this aspect of the study would provide a rich frame of reference to understand the subtle but very concrete perceptions the participants have about trust. This information gathering process did accomplish the goal of directly providing the researcher with rich data that otherwise would have been difficult to obtain. Additionally, the data from this qualitative inquiry provides the opportunity to explore other aspects of trust in future research. For all of the above-mentioned reasons, the trust inventory was adapted to include the three qualitative questions.

The three questions are presented with the *Definition of Trust* question first. Upon reflection, and some feedback from respondents, I concluded that this question should have been the first of the three open-ended questions since it is a foundational question to the inquiry about trust. In the survey it was the last of the three open-ended questions.

How Would You Define Trust? (#27)

This question goes to the very core of any research about the phenomenon of trust. As stated in an earlier chapter, the definition of trust is dynamic and often contextually based and there is no universal agreement of the definition of trust. As such, I thought it important to gain an understanding from this sample of how they defined trust.

For the purpose of this study I presented the following working definition of trust: *A willingness to allow a vulnerability to another whose actions you cannot control.* Expanding on this definition of trust, I offered the following operational definition of leadership trust: *A willingness to allow a vulnerability to a leader whose actions you cannot control based on the belief that the leader shares similar values, beliefs or norms that will guide his or her decision making.* For the purpose of this study vulnerability was defined as allowing openness with lack of suspicion.

One of the most notable aspects of this part of the research was the broad range of responses in attempting to define trust and the lack of consistency with my working definition of trust as stated above. For instance, one respondent stated, “Trust is a belief that another will act with integrity.” Another example is, “Trust is total reliance on the integrity and character of an individual”. As a result of the study I offer the following revised definition of trust: A belief that another will be reliable and act with integrity and honesty.

After further consideration of the definition of trust it became evident that my working definition of the term reflected the literature review and previous research. As such, it was written in terms used by sociologists and anthropologists. It was clear that respondents were saying similar things but were not using the terms I had chosen. I concluded that my definition was a conceptual definition of trust while the respondents’ was more operational.

It would be impossible and impractical to describe all of the varied responses in this section, therefore the coding for the thematic analysis consisted of looking for words that were used in the definition of trust. Words that were repeatedly used in respondent

definitions and had some commonality in theme include: integrity, reliability, faith and honesty, and belief. In addition to these words the phrase “do the right thing” was also somewhat pervasive in responses.

The qualitative research results for this portion of the survey support the findings in the literature in that there is no clear agreement in the definition of trust. Even among the sample group, although there was some commonality in theme, no unified definition emerged. Although I expected a wide range of responses, I also expected more homogeneity and the existence of a common thread that would lead to a definition. It was my hope that I could use this emerged definition to add to the body of knowledge concerning the definition of trust and at least offer it up as a definition as agreed upon by this population.

In Your Role as a Leader, How Important is Trust? (#25)

This question was crucial in determining a link between trust and leadership in the role of the nursing home administrator. Posing the question as open-ended allowed the respondent to choose his or her words themselves without predisposing them to a range of responses. The result was that 80% used a word or words that indicated a high level of importance. The choices of words were varied, as described in chapter four, but the meanings were similar. These findings support the literature and remind us of Jenkins (2002) who wrote that trust is the most essential ingredient and a foundational principle that holds organizations together.

It is worth noting that although respondents indicated that trust is very important in their role as leaders, several qualified that comment with additional statements noting caution. These responses spoke to the issues of earning trust, verifying trust, and

misplaced trust. For instance, respondent states, “Trust is important: however, my experience is that if I trust too much without follow-up, then I am disappointed more often than not”. Another respondent wrote, “Trust is earned and easily lost if there is cause.” This is important for relationships within an organization and echoes the thoughts of Goleman (2002) who writes that organizations are built on relationships and that the art of handling relationships well begins with trust: acting with authenticity.

Another discussion about responses from question #25 has to do with the notion of mutual trust. Many participants noted that trust works two ways and mutual trust is important in leadership. The leader must trust the follower and the follower must trust the leader. An example from a respondent is, “I trust the staff to do what is right and the staff must trust me to do what I promise to do”. Put another way, a respondent writes, “The leader must trust and be trusted”. These findings are consistent with, and add to, the literature. Chemers (1997) writes that the empirical literature indicates that the best relationships between leaders and followers are built on high levels of mutual respect and trust.

In the quantitative analysis the independent variable type of organization resulted in statistical significance. In order to gain further information on the influence of type of organization, the responses for Question 25 were further analyzed by type of organization. The results support the findings of the quantitative analysis in that nonprofit/public administrators indicated a higher importance of trust than those who identified themselves as working in a for-profit organization.

As was the case for the variable type of organization, in the quantitative analysis, the independent variable age also resulted in statistical significance. In order to gain

further information on the influence of age, the responses for Question 25 were further analyzed by age. The results support the findings of the quantitative analysis in that those who identified themselves as higher in age indicated a higher importance of trust than those who identified themselves as younger in age.

As stated above, there seems to be agreement in that trust is a highly important factor in the role of leadership as a Nursing Home Administrator. That result, in itself, was not surprising. It was surprising that several respondents qualified the notion that trust is important adding the caution that trust should be earned and verified. Some respondents also spoke of the concept of misplaced trust. This suggests that although there is a belief in the value of trust as a leader, some have had negative experiences surrounding the idea of trust. Also noteworthy was the reference to mutual trust. This can be interpreted as a leader-follower established relationship in which both parties have established previous trust levels that allows each to function effectively within the relationship.

The verification of trust and notion of earning trust is important in any leader-follower relationship. I think it is even more crucial in the healthcare industry. This is supported by the literature. Annison & Wilford (1998) write that people trust an organization's leadership to the extent that it reflects the organization's purpose and embodies its values. It is an earned trust that exists as long as the management behavior is congruent with the values of the organization. As stated in the first chapter of this dissertation, the fact that leaders in this field are entrusted with the care of others elevates the importance of trust since the consequences of a violation of that trust can be dire. As an administrator I have experienced the pain of misplaced trust, as have most leaders. As

such, I can understand why there was a qualification of the importance of trust with the addition of it being earned or verified in some manner.

Describe a Situation Where You, as a Leader, Believe Trust was Important (#26)

As one can imagine, the responses to this questions were wide and varied. Although many respondents detailed specific circumstances and situations, there was an overriding theme that emerged. In an effort to try and analyze the breadth of responses, I chose to focus not on the individual scenario described in the response, but on the relationship between the Nursing Home Administrator and other person or persons described in the response. Overwhelmingly, the situation described where the respondent believed trust was important had to do with trusting his or her staff, at all levels, to carry out their duties and responsibilities in the absence of the NHA.

The reemerging theme of having to trust their managers and staff to care for the health and well-being of every resident of the nursing facility was persistent in a majority of responses. The nature of the job as an administrator of a nursing facility and the twenty-four hour a day, seven day a week responsibilities played a significant role in the responses in regards to trusting staff in the absence of the NHA. Many respondents spoke to the importance of trusting those who are left in charge during periods when the NHA is not physically in the facility. Some of those responses include: “Everyday when I leave the facility I have to trust the people working in the facility are trustworthy”, and, “Every day I walk out of the nursing home I have to trust the staff will do their job”. It is worth noting here that as the administrator of record as recognized by the Pennsylvania Department of Health, the NHA does have legal and ethical twenty-four responsibility for the safety and welfare of all residents in the nursing facility.

The greatest challenge to any NHA is the placing of qualified individuals in positions of authority to act on the administrator's behalf during the 24-hour a day operation. As a NHA myself, I can personally attest to the level of angst and discomfort one feels if there is a period when the on-site staff may be less capable than one would hope. The potential risks associated with placing a person in authority who does not exercise good judgment are enormous. The theme of trusting staff is an understandable response and one that is ever-present in the mind of an administrator.

Solid empirical research on the topic of organizational trust is somewhat limited, however, there is literature related to the concept of trust and its impact on organizational effectiveness and efficiency (Korthuis-Smith, 2002). Central to trust within organizations is the interpersonal trust that develops between individuals in organizations (Martin, 1999). I found this to be true in my research. Analysis of the quantitative question responses revealed that trust levels vary depending on the interpersonal relationship and the familiarity between the two parties. Analysis of the qualitative data revealed that, as stated by Martin (1999), organizational trust is directly related to interpersonal trust that develops between individuals in the organization. This was evidenced in the responses relating the trust of employees and the trust level between the NHA and DON. Goleman (2002) comments that organizations are built on relationships and that the art of handling relationships well begins with trust: acting with authenticity.

Another relationship used to describe a situation as asked in Question #26 was that between the NHA and the residents who reside in the facility and the families of those residents. This relationship and level of trust required can not be overstated. Although the NHA is not directly providing the care and services required by the

resident, he or she is ultimately responsible for ensuring that care is provided in a manner consistent with acceptable standards of practice. Several participants chose to describe this trust relationship to respond to question #26. One respondent stated, “Every time a resident is admitted to the facility a level of trust is necessary with that person and their family.” Another response was, “Families and residents must trust me to offer accurate information so they are able to make informed decisions about their care”.

Trust is essential to all organizations with the main determinant of trust being reliability (Bennis, 1989). Trust is particularly important now because a growing number of patients and other citizens have doubts about whether those of us who care for them deserve their support (Annison & Wilford, 1998). For a health care organization to run effectively, it must be trustworthy. It has been my experience that effective health care organizations provide quality care, have consistently high satisfaction surveys and are profitable enough to ensure their financial solvency. Patients must trust their caregivers, caregivers must trust each other and the administration, and third-party payers must trust the whole organization (Simpson, 2002). Again, the trust levels within the organization and between provider and patient were reflected in my results.

Inherent in the responsibilities of a nursing home administrator and at the forefront is the enormous responsibility of caring for the residents that reside in the facility. The health, safety and welfare of every resident are paramount in the myriad of duties for which the NHA is responsible. Every time a family member places the care of a loved-one in the hands of the nursing home staff, he or she trusts that they will be well cared for.

Before describing the next theme that emerged from this question it is worth taking some time to explain the crucial relationship between the Nursing Home Administrator (NHA) and the Director of Nursing (DON) in a long term care facility. Although there are some instances where the NHA is also a Registered Nurse (RN), as I am, this is certainly the exception rather than the rule. Most of the participants in the survey are administrators who do not have a clinical background. Administrators, then, must rely heavily on the clinical knowledge and expertise of their Director of Nursing.

It was no surprise that respondents also chose this relationship to describe when relating a situation where trust was important. An example is, “I am not a clinician; I have to trust the nursing director and other clinical staff regarding clinical issues.” Another respondent replied, “It is important that I can trust the DON to manage well in my absence and inform me when I return.” It is worth noting here that the Director of Nursing is frequently the “second in Command” after the NHA, this is true for almost all facilities that do not have an Assistant Administrator position.

Again, my personal experience mirrors that of the respondents. Prior to becoming a Registered Nurse I was licensed as a nursing home administrator for ten years. During that time period, with no formal clinical training, I relied totally on the professionalism and expertise of the DON in my facilities to lead the clinical team. The relationship and trust level between these two positions can not be overstated.

Upon further personal reflection as a result of this study, I believe I became a RN, in part, due to discomfort surrounding the total reliance and trust of the Director Nursing. Knowing that I was ultimately responsible for the care and welfare of every resident in

the facility and not having clinical skills made me uncomfortable and coupled with a personal desire for clinical skills, drove me to attend and complete nursing school.

Summary

The qualitative aspect of this study involved in-depth, open –ended questions contained at the end of the survey instrument. The survey instrument contained three open ended questions that were designed by the researcher to allow the respondent the opportunity to express opinions on the topic of trust in their own words using personal experience. The decision to include this portion of the study was based on the belief that capturing the self reporting perceptions of participants who responded to the twenty question quantitative component of the study would prove beneficial.

These three questions provided me with data on how the respondents viewed trust and how they believed it affected their ability to be effective leaders. Although each respondent had varied experiences resulting in a myriad of responses, you saw consistent themes and patterns emerge. Regarding the definition of trust I found 81% of the responses used similar words including: very, extremely, critical, vital, essential, key, and utmost. When describing a situation where trust was important, respondents mainly chose to describe three relationships: themselves and their employees/staff, themselves and the residents/families they care for, and themselves and the facility director of nursing. The final open-ended question asking to define trust elicited responses with some commonality in theme including the words integrity, reliability, faith, honesty, and belief. In addition to these words, the phrase “do the right thing” was also somewhat pervasive.

Chapter Summary

Discussion of the quantitative and qualitative results produced insight into the two hypotheses that were supported and statements made in the open-ended responses. Type of organization and age were revealed as predictors of trust levels in the group. The discussion also produced a revised definition of trust based upon the gathered data.

CHAPTER VI

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

Recommendations for Future Research

The body of knowledge on the topic of trust, leadership trust and health care leadership trust is strengthened by this research. Although these results are helpful in providing greater depth into this complex topic, there are still many questions that need to be answered. As with any research, questions were raised as well as answered. The recommendations in this section are a result of questions that were raised and require further inquiry for a greater understanding of the topic.

The results of the study allowed the researcher to gain an understanding of the general trust tendency of this population. The findings can now be used for further study of the relationship of trust and effective leadership in Pennsylvania long-term-care facilities and beyond. Additional studies may include exploring relationships between identified trust levels and employee satisfaction or turnover, financial performance, and annual Pennsylvania Department of Health Quality Inspections. In addition, the findings may be used to further investigate the relationship between leaders and organizational trust.

Since the results indicated a distinction of trust orientation between respondents in different settings, additional research may require interviews to be conducted to explore the reason for the distinction. For example, the results indicate a higher trust orientation among those administrators who identified themselves as belonging to a non-profit organization as compared to a for-profit organization, interviews with a sample of the administrators from both groups may reveal the reason for the difference. The use of

interviews to collect data is a common method used in qualitative research. Patton (2002) writes that qualitative methods facilitate study of issues in depth and detail. This qualitative research could build on the foundation established by this quantitative research in an effort to gain a richer understanding of the role of trust in long term care administration.

Additional future research could focus on specific trust relationships within the long-term-care industry. In order to gain the perspective of others, research could ask the same questions of Directors of Nursing and compare the data to that of the Administrators. Likewise, the questions could be asked of department directors and compared to NHA's and DON's. Complimentary trust-oriented research could be conducted with families and residents who reside in a nursing facility. Potentially this data could be made available to consumers to help them make educated decisions about which nursing facility they should choose for a loved-one.

In retrospect, there are several things that could have been done better. The demographic data were essential; however, the addition of a question regarding how long the NHA has been employed at the current organization might have been helpful in correlating the effect of longevity on trust levels. Also, the ordering of the three qualitative questions should have started with the question about the definition of trust, since that is integral in the perception of the phenomenon.

Limitations

The discussion of trust as a construct has been and continues to be a challenge due to the enigmatic nature of the topic. The limitations of this study include the focus on workplace trust in a specific industry and a specific professional.

The focus on licensed Nursing Home Administrators in Pennsylvania reduces the generalizability of the study to anyone outside of this healthcare group. Additionally, the focus on the workplace and occupation of nursing home administration leaves out some of the more personal aspects of trust that exist in other relationships.

Although the sample was chosen completely at random, there is always the possibility that it is not representative of the population. Likewise, the respondents may not be representative of the sample. Although the response rate was deemed acceptable, a higher rate would have given more strength to the data and conclusions.

Conclusion

This subject is of sincere interest to me. I have dedicated my entire professional life to caring for those in the late stages of life who are no longer able to independently care for themselves. As I progress in my own personal scholarly journey and gain the skills necessary to conduct research, I am committed to ensuring that we are investigating the best possible methods to adequately prepare leaders to care for the ever-increasing numbers of those who require long-term-care. This is a first-attempt to work toward that goal.

It is my hope that the conclusions reached about trust orientation and the distinctions drawn from the analysis of the data collected help provide a greater understanding of those who have chosen to work in the profession of Nursing Home Administration. It is my further hope that this research leads to further study of the topic and encourages others to ask the questions that lead to a greater understanding.

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APPENDIX A

October 9, 2006

Dear Fellow Licensed Nursing Home Administrator:

As a licensed nursing home administrator (NHA) in the State of Pennsylvania you have been invited to participate in a research project. I am gathering information on the topic of how trust is perceived by NHA's and the role it plays in leadership as part of doctoral dissertation. As a currently licensed NHA, your input is valued and will contribute to the success of the study. The enclosed 20 question multiple choice and 3 question narrative response questionnaire should take less than 10 minutes of your valuable time to complete

Indiana University of Pennsylvania supports the practice of human subjects participating in research. This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone : 724-357-2223). There are no known risks or discomforts associated with this research. Please be aware that even if you agree to participate in this survey study, you are free to withdraw at any time and you may do so without penalty. Although your participation is solicited, it is strictly voluntary. The enclosed survey should take about 10 minutes to complete. The survey contains no identifying information. Your name will never be placed on a survey and your name will not in any way be associated with the findings. All information obtained will be kept confidential and incorporated into group data. Please complete and return the survey in the enclosed, stamped envelope by October 26, 2006. Your return of a completed survey implies consent.

If you have any questions or require additional information, please feel free to contact either of us listed below. If you chose not to participate, please return the incomplete survey in the enclosed envelope.

I appreciate your time and cooperation and look forward to receiving your completed survey.

Sincerely,

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APPENDIX B
Nursing Home Administrator Survey

Part I

Please mark an "X" on the response that best describes you.

1. I tend to be accepting of others.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

2. My relationships with others are characterized by trust and acceptance.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

3. Basically I am a trusting person.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

4. It is better to trust people until they prove otherwise than to be suspicious of others until they prove otherwise.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

5. I accept others at "face value".

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

6. Most people are trustworthy.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

7. It is better to be suspicious of people you have just met, until you know them better.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

8. I make friends easily.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

9. Only a fool would trust most people.

0	0	0	0	0
Strongly Disagree		Neutral		Strongly Agree

10. I find it better to accept others for what they say and what they appear to be.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

11. I would admit to being more than a little paranoid about people I meet.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

12. I have few difficulties trusting people.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

13. Basically, I tend to be distrustful of others.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

14. Experience has taught me to be doubtful of others until I know they can be trusted.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

15. I have a lot of faith in the people I know.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

16. Even during the “bad times”, I tend to think that things will work out in the end.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

17. I tend to take others at their word.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

18. When it comes to people I know, I am believing and accepting.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

19. I feel I can depend on most people I know.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

20. I almost always believe what people tell me.

0 0 0 0 0
Strongly Disagree Neutral Strongly Agree

General Information

21. Indicate the type of organization you work for now or last worked for, if you are not currently employed: _____ Non-Profit _____ For-Profit _____ Public

22. How many years have you been a NHA? _____

23. What is your gender? _____ Male _____ Female

24. Age: _____ 21-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 60+

Part II Please respond to the following three questions.

25. In your role as a leader, how important is trust?

26. Describe a situation where, you, as a leader, believe trust was important.

27. How would you define trust?

Thank you for taking the time to complete this survey. Your participation will help ensure an adequate representation of the licensed Nursing Home Administrators in the State of Pennsylvania.