The Role of Trust in the Leader in Explaining the Relationship Between Ethical Leadership and Job Burnout: A Case Study of the Public Hospital Institution of Médéa

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Abstract:

This study examines the relationships among Ethical Leadership, Trust in the Leader, and Job Burnout among 178 medical and paramedical staff at a public hospital in Médéa, Algeria, based on Social Learning Theory. Using Partial Least Squares Structural Equation Modeling (PLS-SEM), Ethical Leadership positively affected Trust in the Leader ($\beta = 0.666$, $p < 0.001$) and negatively affected Job Burnout ($\beta = -0.203$, $p = 0.043$). Trust in the Leader had no significant effect on Job Burnout ($\beta = -0.139$, $p = 0.157$), and its mediating role was unsupported ($\beta = -0.093$, $p = 0.170$; 95% CI [−0.233, 0.036]). The findings highlight the contextual complexity of the ethical leadership–burnout relationship in public healthcare.

Keywords: Ethical Leadership; Job Burnout; Trust in the Leader.

Jel Classification Codes: M12, M14, D23, J28.

1. INTRODUCTION

The contemporary world is witnessing rapid changes in work environments driven by technological advances and the growing expectations of service recipients. As a result, organizations have reconsidered their human resource management practices, recognizing that organizational success depends not only on performance and productivity but also on providing a healthy work environment that promotes employees' well-being. Within this context, Ethical Leadership has attracted increasing attention because leaders play an important role in shaping employees' perceptions of fairness, integrity, appropriate conduct, and interpersonal treatment. Social Learning Theory provides a useful theoretical foundation for understanding this relationship. The theory proposes that individuals learn appropriate behaviors, values, and social expectations by observing and interpreting the behavior of salient role models. In organizational settings, leaders represent important behavioral models because employees observe their decisions, interpersonal conduct, communication, and responses to ethical issues (Brown, Treviño, & Harrison, 2005). Ethical leaders may therefore provide observable behavioral standards that shape employees' perceptions of both the leader and the work environment.

From this perspective, ethical leadership may be particularly relevant to the development of Trust in the Leader. When leaders consistently demonstrate fairness, integrity, ethical guidance, and appropriate interpersonal conduct, employees may develop positive expectations regarding the leader's intentions, reliability, and future behavior. Trust in the leader can therefore be understood as a relational response to employees' observations and interpretations of leadership behavior. Ethical Leadership may also be associated with lower Job Burnout by contributing to a more predictable and supportive interpersonal environment. Nevertheless, burnout is a multifaceted occupational outcome that may also be influenced by workload, emotional demands, organizational conditions, and other job-related factors.

A particularly relevant empirical contribution was provided by (Mo & Shi, 2017), who examined the relationship between ethical leadership and

employee burnout and identified Trust in the Leader as a significant mediating mechanism. Their findings provide an important empirical basis for considering trust as a relational pathway through which ethical leadership may be associated with employee well-being. However, their study was conducted in a different organizational context and employed multisource, time-lagged data. Consequently, whether the same mediating mechanism operates among healthcare employees in a public hospital institution remains an empirical question.

This contextual issue is particularly relevant because healthcare employees face distinctive occupational demands, including intensive interpersonal interactions, emotional demands, workload pressures, and responsibility for patient care. Evidence obtained in other national and institutional settings provides an important basis for theoretical comparison, but relationships identified elsewhere cannot automatically be assumed to operate identically in Algerian public healthcare organizations. Differences in institutional arrangements, organizational practices, occupational demands, and working conditions may influence the relationships among leadership, trust, and burnout.

Several psychological and organizational mechanisms could potentially explain the relationship between ethical leadership and employee well-being, including psychological safety, perceived organizational support, and psychological empowerment. The present study focuses specifically on Trust in the Leader because the proposed mechanism concerns the interpersonal relationship between employees and their immediate leader. Ethical leadership is expressed through observable behaviors such as fairness, integrity, ethical guidance, and appropriate interpersonal conduct, making trust a theoretically relevant relational mechanism.

The selection of Trust in the Leader does not imply that it is the only possible mechanism linking ethical leadership to burnout. Psychological safety, perceived organizational support, psychological empowerment, organizational climate, and job demands and resources may represent alternative explanatory pathways. However, these mechanisms reflect

different theoretical processes. The present study therefore deliberately focuses on the leader–employee relational pathway and empirically examines whether Trust in the Leader mediates the relationship between Ethical Leadership and Job Burnout. Alternative mechanisms are considered directions for future research rather than mechanisms established by the present study. Accordingly, the present study examines whether the mediating mechanism identified by (Mo & Shi, 2017) can be observed among medical and paramedical staff in a public healthcare setting in Algeria. Rather than assuming that trust necessarily transmits the relationship between ethical leadership and burnout, the study empirically tests this mechanism within the specific institutional context of the Public Hospital Institution of Médéa.

Research Question

To what extent is Ethical Leadership associated with Job Burnout, and does Trust in the Leader mediate this relationship among medical and paramedical staff at the Public Hospital Institution of Médéa?

Research Objectives

The primary objective of this study is to examine the relationship between Ethical Leadership and Job Burnout among medical and paramedical staff at the Public Hospital Institution of Médéa. Furthermore, the study aims to examine the relationship between Ethical Leadership and Trust in the Leader and to investigate whether Trust in the Leader mediates the relationship between Ethical Leadership and Job Burnout.

Research Hypotheses

- **H1:** Ethical Leadership is positively associated with Trust in the Leader among medical and paramedical staff at the Public Hospital Institution of Médéa.
- **H2:** Ethical Leadership is negatively associated with Job Burnout among medical and paramedical staff at the Public Hospital Institution of Médéa.
- **H3:** Trust in the Leader mediates the relationship between Ethical Leadership and Job Burnout among medical and paramedical staff at the Public Hospital Institution of Médéa.

Research Methodology

This study adopted a quantitative, cross-sectional research design using a descriptive-analytical approach. To test the proposed hypotheses, Partial Least Squares Structural Equation Modeling (PLS-SEM) was employed using SmartPLS. The analysis assessed the measurement model and structural model and examined the direct relationships and the proposed indirect relationship through the mediating role of Trust in the Leader.

2. Theoretical Framework

2.1. Theoretical Foundation: Social Learning Theory

Social Learning Theory provides a useful theoretical foundation for understanding how ethical leadership may be associated with employees' attitudes and well-being. The theory proposes that individuals learn appropriate behaviors and social expectations through observing and interpreting the behavior of salient role models. Within organizations, leaders represent important behavioral models because employees observe their decisions, interpersonal conduct, communication, and responses to ethical issues (Brown, Treviño, & Harrison, 2005).

Through fairness, integrity, ethical guidance, role modeling, and consistent treatment, ethical leaders provide employees with observable standards of appropriate behavior. Consistent exposure to these behaviors may shape employees' perceptions of the leader's reliability and trustworthiness, thereby contributing to the development of Trust in the Leader as a relational response to leadership behavior.

Accordingly, the present study draws on Social Learning Theory to examine Ethical Leadership as the antecedent, Trust in the Leader as the proposed mediator, and Job Burnout as the employee outcome. However, the theory does not imply that trust must necessarily mediate the relationship between ethical leadership and employee well-being. The strength of this mechanism may vary across organizational and occupational contexts. This consideration is particularly relevant in healthcare organizations, where burnout may also be influenced by workload, emotional demands, staffing conditions, and other organizational resources and demands.

2.2. Ethical Leadership

Ethical leadership refers to "leading others in a manner that respects their dignity and personhood through the social authority exercised by leaders" (Lamouri & Abbassi, 2022, p. 228). In other words, "ethical leadership is not a person or a position; rather, it is a complex ethical process and relationship that must be grounded in trust, commitment, emotional attachment, and a shared vision among all members" (Rossouw, 2023, p. 1).

Studies and research on ethical leadership indicate that there is no clear consensus among scholars regarding either the number or the content of its dimensions. In the present study, three dimensions from the model proposed by Kalshoven were adopted because they are consistent with the objectives of this research (Kalshoven, Den Hartog, & De Hoogh, 2011, p. 54). These dimensions are as follows:

- **People Orientation:** The leader listens to subordinates' opinions and assists them in dealing with work-related problems.
- **Ethical Guidance:** The leader clarifies ethical standards and values, adheres to them in the workplace.
- **Role Clarification:** The leader clearly defines responsibilities and job duties to ensure that subordinates fully understand what is expected of them.

2.3. Job Burnout

According to Maslach, job burnout is "a psychological syndrome that emerges as a prolonged response to chronic interpersonal stressors on the job" (Maslach & Leiter, 2016, p. 103). In other words, it is a state of chronic psychological, physical, and emotional exhaustion resulting from continuous exposure to occupational stress, ultimately leading to a loss of motivation and willingness to work.

Maslach's model is considered one of the most influential frameworks for explaining the phenomenon of job burnout. It comprises three main dimensions:

- **Emotional Exhaustion:** Emotional exhaustion arises from feelings of stress and frustration resulting from individuals' concerns about their inability to perform at their best. (Swider & Zimmerman, 2010, p. 490).
- **Depersonalization:** This dimension is reflected in employees' negative attitudes toward others. It is also associated with negative reactions, feelings of alienation, and ultimately the creation of a psychological distance between individuals and their work (Khariya, Impact of job burnout on the quality of work life an analytical study of the opinions of a sample of nurses at the women's and children's hospital in Aldiwaniyah, 2023) .
- **Reduced Personal Accomplishment:** At this stage, individuals evaluate their abilities and professional accomplishments negatively, leading to feelings of dissatisfaction with themselves and their work.

2.4. Mediating Variable: Trust in the Leader

Trust in the leader is a key psychological and organizational mechanism explaining leadership's influence on subordinates' attitudes and behaviors. It is reflected in subordinates' willingness to rely on their leader, trust the leader's words and actions, and accept decisions based on perceived reliability, competence, integrity, and participative leadership. (Allam, 2023, p. 307). Within the framework of Social Learning Theory, trust in the leader may develop through employees' repeated observation and interpretation of leadership behavior. When leaders consistently demonstrate ethical conduct, fairness, integrity, and appropriate interpersonal treatment, employees may develop more favorable expectations concerning the leader's future behavior. Ethical leadership may therefore constitute an important antecedent of trust in the leader.

Trust may also represent a potential relational mechanism connecting leadership behavior to employee outcomes. Employees who perceive their leader as trustworthy may experience greater predictability and confidence in the leader–employee relationship. However, whether such trust is sufficient to translate ethical leadership into lower levels of job burnout may depend on the broader organizational and occupational context.

Accordingly, the present study conceptualizes Trust in the Leader as a proposed mediating variable between Ethical Leadership and Job Burnout. This conceptualization is also supported by previous empirical evidence, particularly (Mo & Shi, 2017), who reported a significant mediating role of trust in the leader in the relationship between ethical leadership and employee burnout. The present study therefore examines whether this proposed relational mechanism is also supported among medical and paramedical staff in a public hospital institution in Algeria.

3. Empirical Framework of the Study

Structural Equation Modeling (SEM) is a statistical technique used to examine direct, indirect, and mediating relationships among variables simultaneously. It enables researchers to analyze relationships among latent variables while accounting for measurement error, thereby enhancing the model's explanatory power.

3.1. Measurement Instrument

Data were collected using a questionnaire based on a five-point Likert scale ranging from (1) Never to (5) Always. The instrument measured job burnout, ethical leadership, and trust in the leader.

3.2. Participants and Data Collection

The study was conducted among medical and paramedical staff working at the Public Hospital Institution of Médéa, Algeria. Data were collected using a structured online questionnaire administered through a QR code. During the data-collection period, the researcher visited the hospital and approached employees who were present at the institution. Those who agreed to participate were provided with the QR code and could access the questionnaire using their mobile devices. Participants were free to complete the questionnaire at a time convenient to them rather than responding immediately in the researcher’s presence.

A total of 178 valid responses were retained after the data-screening procedures. Given that participation depended on employees’ availability and willingness to participate, a non-probability convenience sampling approach was employed. This approach facilitated access to the target population within the hospital while allowing employees to participate voluntarily and at their convenience.The use of a single hospital institution

and a non-probability sampling approach limits the statistical generalizability of the findings. Therefore, the results should be interpreted as evidence concerning the participating employees and the specific institutional context investigated rather than as representative estimates for all healthcare employees in Algeria. An a priori statistical power analysis was not conducted before data collection. Consequently, the sample size of 178 should not be presented as having been determined through a formal prospective power calculation. This limitation should be considered when interpreting the statistical results. Future studies should incorporate an a priori power analysis based on the anticipated effect size, significance level, statistical power, and complexity of the proposed structural model before data collection.

3.3. Common Method Bias

A further limitation concerns the possibility of common method bias. The study relied on self-reported data from a single source, with Ethical Leadership, Trust in the Leader, and Job Burnout assessed through the same questionnaire. Although this approach was appropriate for examining employees' perceptions, the influence of the common measurement method on the observed relationships cannot be completely excluded. Future research could address this concern by using multiple data sources, temporal separation of measurements, or other procedural and statistical approaches designed to assess common method bias.

3.4.Description of the Study Model Variables

The study model consists of seven latent variables, classified as follows:

- Emotional Exhaustion, Reduced Personal Accomplishment, and Depersonalization: These dimensions represent Job Burnout, the dependent variable.
- People Orientation, Ethical Guidance, and Role Clarification: These dimensions represent Ethical Leadership, the independent variable.
- Trust in the Leader: This represents the mediating variable.

The observed variables consist of the questionnaire items used to measure the aforementioned latent constructs.

3.5. Assessment of the Measurement Model

Evaluation of the measurement model constitutes an essential stage in the Partial Least Squares Structural Equation Modeling (PLS-SEM) methodology. It involves assessing the following indicators:

3.5.1. Convergent Validity:

Convergent validity refers to the degree of agreement and convergence among the measurement items constituting the same construct (Gouti, 2025, p. 141). According to (Hair, Hult, Ringle, & Sarstedt, 2017, pp. 117-118), convergent validity is assessed using factor loadings (Loadings), internal consistency reliability (Cronbach's Alpha and Composite Reliability [CR]), and the Average Variance Extracted (AVE), as presented in the following table:

Table 1: Measurement Model Results – Convergent Validity

Latent Variable	Item	Outer Loadings	AVE	Cronbach's Alpha	Composite Reliability	Latent Variable	Item	Outer Loadings	AVE	Cronbach's Alpha	Composite Reliability
Emotional Exhaustion	F1	0.827	0.664	0.936	0.946	Individual Consideration	X11	0.819	0.600	0.887	0.912
	F2	0.776					X12	0.760			
	F3	0.812					X13	0.804			
	F4	0.917					X14	0.682			
	F5	0.822					X15	0.801			
	F6	0.730					X16	0.858			
	F7	0.696					X17	0.678			
	F8	0.844				Ethical Orientation	X21	0.873	0.658	0.893	0.920
	F9	0.885					X22	0.841			
Reduced Personal Accomplishment	G1	0.126	0.178	0.466	0.410		X23	0.877			
	G2	-0.079					X25	0.749			
	G3	-0.043					X26	0.866			
	G4	0.106					X27	0.634			
	G5	0.410				Role Clarity	X41	0.842	0.712	0.865	0.920
	G6	0.759					X42	0.867			
	G7	0.057					X43	0.872			
	G8	0.800					X44	0.792			
Human Depersonalization	H1	0.733	0.578	0.754	0.844	Trust in Leader	Z1	0.808	0.907	0.907	0.784
	H2	0.796					Z2	0.908			
	H3	0.810					Z3	0.913			
	H4	0.604					Z4	0.909			
	H5	-0.713									

Source: Smart PLS 4 software output

Based on the results presented in the table above, most indicators showed factor loadings above 0.40, which is acceptable given the sample size of 178 respondents (Hair, Black, Babin, & Anderson, 2019, p. 116). However, indicators G1, G2, G3, G4, G5, and G7 were removed because the Reduced Personal Accomplishment construct showed inadequate AVE and Cronbach's Alpha values, below the recommended thresholds of 0.50 and 0.70, respectively. Consequently, this construct was excluded, consistent with evidence that Reduced Personal Accomplishment differs conceptually and statistically from the other burnout dimensions (Houkes, Winants, Twellaar, & Verdonk, 2011, pp. 7-11). For the remaining constructs, AVE values exceeded 0.50, confirming satisfactory convergent validity, while CR and Cronbach's Alpha values exceeded 0.70, demonstrating satisfactory internal consistency reliability (Hair, Black, Babin, & Anderson, 2019, p. 116).

3.5.2. Discriminant Validity

Discriminant validity was assessed to confirm that the constructs in the measurement model are empirically distinct from one another. Given its suitability for PLS-SEM, the Heterotrait–Monotrait Ratio (HTMT) was used as the primary criterion for assessing discriminant validity.According to (Henseler, Ringle, & Sarstedt, 2015, p. 121), HTMT values should be below 0.90 for exploratory studies and below 0.85 when the constructs are conceptually similar. Values exceeding these thresholds may indicate inadequate discriminant validity due to excessive overlap among latent constructs. The following table presents the HTMT results for the study model.

Table 4: HTMT Values

	F	**H**	**X1**	**X2**	**X4**
H	0.605				
X1	0.312	0.410			
X2	0.157	0.262	0.527		
X4	0.279	0.207	0.457	0.868	
Trust in the Leader	0.244	0.359	0.595	0.662	0.574

Source: SmartPLS 4 software output

The results presented in the table indicate that all HTMT values are below the recommended threshold of 0.90. The highest correlation value (0.868) was observed between X2 (Ethical Guidance) and X4 (Role Clarity); however, it remains within the acceptable range. Based on these findings, it can be concluded that all constructs exhibit satisfactory discriminant validity, thereby supporting the adequacy of the measurement model.

3.6. Assessment of the Formative Measurement Model

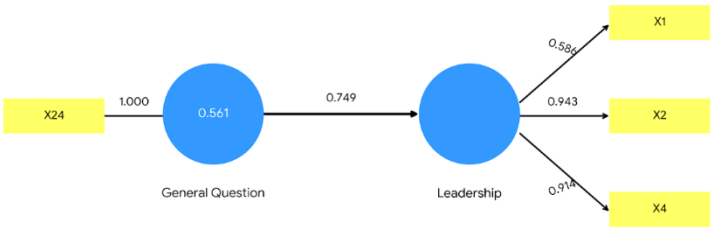
The formative measurement model is evaluated through three stages.

3.6.1. Convergent Validity:

Convergent validity aims to examine whether a formatively measured construct is strongly associated with an alternative reflective measure of the same construct. This procedure is commonly referred to as Redundancy Analysis. In the present study, a global item—"Please evaluate the extent to which the leader ensures that employees adhere to integrity."—was included to assess the convergent validity of the formative measurement of ethical leadership.

The procedure involves constructing a new PLS path model for each formatively measured construct to predict the corresponding global single-item reflective measure, as illustrated in the following figure.

Figure 1: Convergent Validity of the Formative Measurement Model



Source: Smart PLS 4 software output

The figure shows that the path coefficient between the latent construct Ethical Leadership and the global item is 0.749, which exceeds the recommended minimum threshold of 0.70 (Hair, Hult, Ringle, & Sarstedt, 2017, p. 140). This result confirms the adequacy of the specified formative indicators in measuring the construct of Ethical Leadership.

3.6.2. Multicollinearity Among Indicators (VIF)

The Variance Inflation Factor (VIF) is used to assess the presence of multicollinearity among the indicators of a formative construct. A VIF value below 5 indicates that there is no substantial multicollinearity among the indicators (Hair, Hult, Ringle, & Sarstedt, 2017, p. 140).

Table 5: VIF Values

Item	VIF	Item	VIF	Item	VIF	Item	VIF
X43	2.337	X25	1.830	X16	2.794	X11	2.648
X44	1.815	X26	2.752	X17	1.635	X12	2.061
Z1	1.812	X27	1.428	X21	3.483	X13	2.139
Z2	3.524	X41	2.278	X22	2.829	X14	1.545
Z3	3.684	X42	2.518	X23	3.738	X15	2.182
Z4	3.390						

Source: Smart PLS 4 software output

The results presented in the table indicate that the VIF values for all indicators of the formative construct Ethical Leadership were below the recommended threshold of 5. These findings indicate that the indicators do not exhibit problematic multicollinearity and provide distinct information for measuring the construct.

3.6.3. Significance and Relevance of the Formative Indicators

The outer weights and their statistical significance were examined using bootstrapping to assess each indicator's contribution to the formative construct. Significant outer weights indicate that the indicators make meaningful contributions to the construct. The results are presented in the following table.

Table 6: Outer Weight Results

Item	Outer Weight	p-value	Item	Outer Weight	p-value
X22 ← X2	0.187	0.000	X11 ← X1	0.174	0.000
X23 ← X2	0.223	0.000	X12 ← X1	0.206	0.000
X25 ← X2	0.213	0.000	X13 ← X1	0.143	0.000
X26 ← X2	0.206	0.000	X14 ← X1	0.223	0.000
X27 ← X2	0.200	0.000	X15 ← X1	0.200	0.000
X41 ← X4	0.256	0.000	X16 ← X1	0.190	0.000
X42 ← X4	0.263	0.000	X17 ← X1	0.161	0.000

X43 ← X4	0.402	0.000	X21 ← X2	0.209	0.000
X44 ← X4	0.256	0.000			

Source: Smart PLS 4 software output

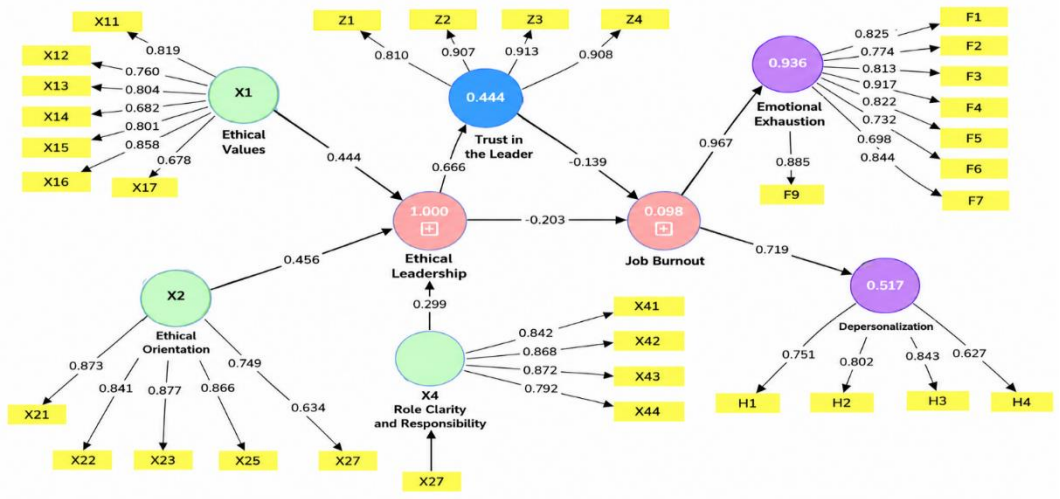
The test results indicate that all indicators associated with Ethical Leadership are statistically significant, as all p-values are below 0.05. This confirms that each indicator contributes significantly to the formation of its respective dimension.

Based on the obtained results, it can be concluded that the measurement model demonstrates satisfactory measurement quality, thereby justifying the transition to the evaluation of the structural model.

3.7. Assessment of the Structural Model

The structural model is presented in the following figure.

Figure 2: Structural Model of the Study



Source: Smart PLS 4 software output

The following model will be evaluated by following these steps:

3.7.1. Collinearity Assessment (Variance Inflation Factor – VIF)

The Variance Inflation Factor (VIF) was examined to assess multicollinearity between Ethical Leadership and Trust in the Leader within the structural model. VIF values below 5 indicate the absence of problematic multicollinearity. The results are presented in the following table.

Table 7: Collinearity Assessment of the Independent Variables (VIF)

Path	VIF
Ethical Leadership → Trust in the Leader	1.000
Ethical Leadership → Job Burnout	1.797
Trust in the Leader → Job Burnout	1.797

Source: Smart PLS 4 software output

The table shows that all VIF values are well below the recommended threshold of 5, indicating the absence of problematic multicollinearity among the independent variables. Therefore, the estimated path coefficients are unlikely to be affected by multicollinearity, and the structural model results can be interpreted with confidence.

3.7.2. Path Coefficients and Hypothesis Testing

To determine the strength and direction of the relationships among the study variables, the statistical significance of the path coefficients was assessed using the bootstrapping procedure, as presented in the following table.

Table 8: Direct Path Coefficients

Path	Original Sample (β)	Sample Mean (M)	Standard Deviation (S	t-statistic	p-value
Ethical Leadership → Trust in the Leader	0.666	0.669	0.045	14.724	0.000
Ethical Leadership → Job Burnout	-0.203	-0.203	0.100	2.021	0.043
Trust in the Leader → Job Burnout	-0.139	-0.141	0.098	1.416	0.157

Source: Smart PLS 4 software output

The results indicate that two paths are statistically significant: Ethical Leadership → Trust in the Leader and Ethical Leadership → Job Burnout. These findings suggest that ethical leadership has a significant positive effect on trust in the leader and a significant negative effect on job burnout.

Conversely, the path Trust in the Leader → Job Burnout is not statistically significant ($p = 0.157$), indicating that trust in the leader does not exert a meaningful direct effect on job burnout.

3.7.3. Coefficient of Determination (R^2)

The coefficient of determination (R^2) is the most commonly used measure for assessing the predictive power of a structural model. Higher R^2 values indicate greater explanatory power. According to (Hair, Ringle, & Sarstedt, 2011), R^2 values of 0.75, 0.50, and 0.25 indicate substantial, moderate, and weak explanatory power, respectively. The following table presents the R^2 values.

Table 9: Coefficient of Determination (R^2)

Endogenous Variable	**R^2**	**Adjusted R^2**
Trust in the Leader	0.444	0.440
Job Burnout	0.098	0.088

Source: Smart PLS 4 software output

The explanatory capacity of the model differs across the endogenous constructs. Ethical Leadership explains 44.4% of the variance in Trust in the Leader (R^2 = 0.444; Adjusted R^2 = 0.440), indicating substantial explanatory power. In contrast, Ethical Leadership and Trust in the Leader jointly explain 9.8% of the variance in Job Burnout (R^2 = 0.098; Adjusted R^2 = 0.088). This difference is theoretically understandable, as Trust in the Leader is closely related to leadership behavior, whereas Job Burnout is a multifactorial outcome influenced by various individual, occupational, and organizational factors.

The selection of Trust in the Leader as a mediator is theoretically grounded and particularly relevant in the **Public Hospital Institution of Médéa**, where medical and paramedical staff depend on leaders for coordination, guidance, and decision-making under demanding work conditions. Consistent with Social Learning Theory, employees' observations of leaders' ethical conduct, fairness, and integrity may foster trust, which can influence their responses to workplace demands and burnout.

Therefore, the relatively low R^2 for Job Burnout should be interpreted as a limitation of the current model specification rather than as evidence of the irrelevance of Ethical Leadership or Trust in the Leader. It indicates that other factors may contribute substantially to burnout and could be

incorporated into future models, such as Psychological Safety, Perceived Organizational Support, and Psychological Empowerment.

3.7.4. Effect Size (f^2)

To determine the individual contribution of each independent variable to explaining the dependent variable, the effect size (f^2) was calculated. According to (Jacob, statistical power analysis for the behavioral sciences, 1988, p. 16), f^2 values of 0.02, 0.15, and 0.35 indicate small, medium, and large effect sizes, respectively. The following table presents the f^2 values.

Table 10: Effect Size Assessment (f^2)

Path	f^2
Ethical Leadership → Trust in the Leader	0.797
Ethical Leadership → Job Burnout	0.025
Trust in the Leader → Job Burnout	0.012

Source: Smart PLS 4 software output

The table above presents the effect size (f^2) values:

- Ethical Leadership → Trust in the Leader ($f^2 = 0.797$): The f^2 value exceeds the recommended threshold of 0.35, indicating a very large effect of ethical leadership on trust in the leader. This suggests that removing the Ethical Leadership construct from the model would substantially reduce the explanatory power of Trust in the Leader, making it the most influential predictor in the proposed model.
- Ethical Leadership → Job Burnout ($f^2 = 0.025$): The f^2 value is slightly above the recommended minimum threshold of 0.02, indicating a small effect of ethical leadership on job burnout.
- Trust in the Leader → Job Burnout ($f^2 = 0.012$): The f^2 value is below 0.02, indicating a negligible effect of trust in the leader on job burnout. This finding is consistent with the previously reported non-significant path coefficient ($p = 0.157$).

3.7.5. Predictive Relevance (Q^2)

The Q^2 statistic is used to assess the model's predictive relevance by examining its ability to predict omitted data using the PLS Predict (Q^2 Predict) procedure. According to Hair et al. (2017, p. 208), Q^2 values of

0.02, 0.15, and 0.35 indicate small, medium, and high predictive relevance, respectively. The following table presents the obtained Q^2 values.

Table 11: Predictive Relevance (Q^2)

Construct	Q^2 Predict
Trust in the Leader	0.429
Job Burnout	0.077

Source: Smart PLS 4 software output

The table indicates that the Q^2 value for Trust in the Leader is 0.429, which is positive and exceeds 0.35, reflecting high predictive relevance. This finding suggests that Ethical Leadership has a strong ability to predict employees' trust in their leader.

In contrast, the Q^2 value for Job Burnout is 0.077, which lies between 0.02 and 0.15, indicating low predictive relevance. This suggests that Ethical Leadership and Trust in the Leader jointly contribute only modestly to predicting job burnout.

3.8. Mediation Analysis: Trust in the Leader

To determine whether Trust in the Leader functions as a mediating variable, two conditions must be satisfied.

3.8.1. First Condition: Indirect Effects

Indirect effect analysis is used to determine whether a mediating variable transmits or explains the effect of an independent variable on a dependent variable (Hair, Hult, Ringle, & Sarstedt, 2017, p. 223). The statistical significance of the indirect effect was assessed using the bootstrapping procedure based on the path coefficient (β), t-value, and p-value.

Table 12 : Indirect Paths

Indirect Path	Original Sample (β)	Sample Mean (M)	Standard Deviation (SD)	t-value	p-value
Ethical Leadership → Trust in the Leader → Job Burnout	-0.093	-0.094	0.068	1.373	0.170

Source: Smart PLS 4 software output

The results presented above indicate that the indirect effect of Ethical Leadership on Job Burnout through Trust in the Leader is not statistically significant, as the p-value (0.170) exceeds the significance level of 0.05, while the t-value (1.373) is below the recommended critical value of 1.96.

3.8.2. Second Condition: Confidence Interval

The confidence interval represents the range of values within which the true value of a parameter is expected to lie in the population. Mediation analysis requires examining both the lower and upper bounds of the confidence interval.

Table 13: Confidence Interval

Indirect Path	B_0	B_M	2.5%	97.5%
Ethical Leadership → Trust in the Leader → Job Burnout	-0.093	-0.094	-0.233	0.036

Source: Smart PLS 4 software output

According to the results presented in the table above, the confidence interval includes zero, indicating that the indirect effect is not statistically significant at the 0.05 significance level.

Accordingly, it can be concluded that Trust in the Leader does not mediate the relationship between Ethical Leadership and Job Burnout. This finding is consistent with the path analysis results, which showed that both the p-value (0.170) and the t-value (1.373) are not statistically significant.

3.9. Discussion of the Results

This section discusses and interprets the empirical findings of the study, which focused on examining the effect of Ethical Leadership on reducing Job Burnout, while simultaneously investigating the mediating role of Trust in the Leader.

3.9.1. The Effect of Ethical Leadership on Trust in the Leader

The structural model results revealed a positive and statistically significant effect of Ethical Leadership on Trust in the Leader. This finding can be explained by the principle of reciprocity that governs organizational relationships between leaders and subordinates. When employees perceive that their leader treats them with fairness and respect and consistently aligns words with actions across different situations, they become more willing to rely on the leader and place confidence in his or her decisions.

This result is consistent with the findings of (Brown, Treviño, & Harrison, 2005, p. 120), who argued that ethical leadership fosters trust through the consistency between leaders' words and actions. Ethical leaders

are perceived as credible, legitimate, and trustworthy because they demonstrate ethical behavior through continuous actions rather than merely making promises or issuing statements. Likewise, (Karikumpu, Häggman-Laitila, Romppanen, Kangasniemi, & Terkamo-Moisio, 2024, pp. 10-11) found that trust in the leader is built upon a positive cooperative relationship between leaders and subordinates, emphasizing that open communication and collaboration are among the most important antecedents of trust.

Within the context of Algerian public hospitals, this finding is particularly significant because healthcare organizations operate under conditions characterized by high work pressure, relative resource shortages, and the need for rapid decision-making. Consequently, medical and paramedical staff require leaders who demonstrate fairness, transparency, and ethical conduct to strengthen professional relationships and foster trust. The Smart PLS results further confirmed this central role by showing that Ethical Leadership explains 44.4% of the variance in Trust in the Leader.

Moreover, the effect size ($f^2 = 0.797$) indicates that Ethical Leadership exerts a very large effect on Trust in the Leader. This finding confirms that ethical leadership practices constitute the strongest determinant of employees' trust in their leaders, highlighting the importance of investing in leadership development programs within public hospitals to improve the organizational work environment.

3.9.2. The Effect of Ethical Leadership on Job Burnout

The findings also revealed a negative and statistically significant effect of Ethical Leadership on Job Burnout. This may be explained by the fact that ethical leaders do more than direct employees; they create a supportive work environment that reduces psychological stress and enhances employees' sense of security and job stability. Such an environment helps employees preserve and effectively use their psychological and organizational resources, improving their ability to cope with high-pressure work conditions and reducing the risk of job burnout.

In Algerian public hospitals, where medical and paramedical staff face heavy workloads, night shifts, and demanding working conditions, Ethical

Leadership serves as a protective factor that helps employees cope with occupational stress and lowers the likelihood of job burnout. This finding is consistent with Wu et al. (2022, pp. 10-11), who found that Ethical Leadership negatively affects job burnout among hospital employees and that altruism partially mediates this relationship. Likewise, Al'Ararah et al. (2024, p. 16) reported that Ethical Leadership not only reduces job burnout directly but also improves the organizational climate, thereby enhancing employees' well-being.

The obtained effect size ($f^2 = 0.025$) indicates that Ethical Leadership exerts only a small effect on reducing job burnout. This finding may be explained by the results reported by (Bunjak, Černe, Nagy, & Bruch, 2023, p. 672), who concluded that increasing job demands across different organizational levels significantly heightens the likelihood of job burnout. Consequently, mitigating burnout cannot rely solely on leadership practices but also requires the availability of adequate organizational resources and lower levels of competitive pressure.

Moreover, the model's explanatory power ($R^2 = 0.098$) was relatively weak, indicating that job burnout is a multidimensional phenomenon that cannot be adequately explained by a single factor. Rather, several additional variables may influence burnout levels in Algerian public hospitals, including conflicts among members of the healthcare team, perceived unfairness in the allocation of night shifts, continuous exposure to emergency cases and patient deaths, insufficient recognition and financial incentives relative to the effort invested, and a mismatch between job demands and the time and organizational resources available.

3.9.3. The Mediating Role of Trust in the Leader

1 The mediation analysis did not support the proposed indirect effect of Ethical Leadership on Job Burnout through Trust in the Leader. The indirect effect was negative but statistically non-significant ($\beta = -0.093$, $t = 1.373$, $p = 0.170$), and the bootstrap confidence interval included zero (95% CI: [-0.233, 0.036]). Therefore, H3 is not supported. This finding differs from the results reported by (Mo & Shi, 2017) , who identified Trust in the Leader as a significant mediator between Ethical Leadership and employee

burnout. However, this difference should not be interpreted as evidence that trust is theoretically irrelevant; rather, it may indicate that the mediating mechanism is sensitive to organizational and occupational context.

A possible explanation lies in the institutional characteristics of public hospitals. In this context, the leader, primarily represented by the hospital director or administrative manager, operates within a highly regulated healthcare system and has limited discretion to modify many of the conditions that shape employees' work experiences. Decisions concerning staffing, resource allocation, working conditions, and shift arrangements are often governed by health-sector regulations and higher administrative authorities. Consequently, even when employees perceive their leader as ethical and trustworthy, such trust may not be sufficient to reduce the structural and occupational demands contributing to Job Burnout. Healthcare employees face pressures related to workload, staff shortages, shift work, time constraints, emotional demands, and responsibility for patient care, many of which extend beyond the leader's direct control. Thus, Trust in the Leader may strengthen the leader–employee relationship without necessarily translating into lower Job Burnout.

The present results also show that the relationship between Ethical Leadership and Job Burnout remains significant despite the non-significant indirect pathway through Trust in the Leader. This suggests that the association between Ethical Leadership and Job Burnout may operate through mechanisms other than the specific relational pathway examined in the present model. Alternative mechanisms, such as psychological safety, perceived organizational support, psychological empowerment, organizational climate, and other job resources, were not tested in this study. Their potential explanatory role should therefore be considered a direction for future research rather than an empirical explanation established by the present findings.

Overall, the findings suggest that the mediating mechanism identified by (Mo & Shi, 2017) does not necessarily apply in the same way within a public healthcare context. The limited managerial discretion of hospital leaders, combined with the complex and demanding nature of healthcare work, may constrain the extent to which trust in the leader can translate into

reduced Job Burnout. This contextual difference highlights the need for further comparative research using broader models and, where possible, multisource or longitudinal research designs.

4. Conclusion

This study examined the relationships among Ethical Leadership, Trust in the Leader, and Job Burnout among medical and paramedical staff at the Public Hospital Institution of Médéa, Algeria, drawing on Social Learning Theory. The findings show that Ethical Leadership is positively and significantly associated with Trust in the Leader ($\beta = 0.666$, $p < 0.001$) and negatively and significantly associated with Job Burnout ($\beta = -0.203$, $p = 0.043$). Ethical Leadership explains 44.4% of the variance in Trust in the Leader, whereas Ethical Leadership and Trust in the Leader jointly explain 9.8% of the variance in Job Burnout ($R^2 = 0.098$), indicating greater explanatory capacity for the relational construct than for the multifactorial outcome of burnout.

The proposed mediating role of Trust in the Leader was not supported, as the indirect effect of Ethical Leadership on Job Burnout was not statistically significant ($\beta = -0.093$, $p = 0.170$; 95% CI [−0.233, 0.036]). This finding, together with the non-significant relationship between Trust in the Leader and Job Burnout ($\beta = -0.139$, $p = 0.157$), indicates that Trust in the Leader does not constitute a significant mediating mechanism between Ethical Leadership and Job Burnout in the present context.

This finding differs from (Mo & Shi, 2017), who reported a significant mediating role of Trust in the Leader between Ethical Leadership and employee burnout. This difference may reflect the distinct organizational contexts examined. While their study focused on the hospitality industry, the present study concerns medical and paramedical staff in a public hospital, where employees face clinical responsibilities, patient-care demands, shift work, and substantial emotional pressures. Moreover, hospital leaders operate within a highly regulated healthcare system and have limited discretion over staffing, resource allocation, and working conditions. Consequently, trust in the leader may strengthen the leader–employee relationship without being sufficient to reduce occupational demands that are largely beyond the leader's direct control. In addition, the present model does not include other potentially relevant factors, such as Psychological Safety, Perceived Organizational Support,

Psychological Empowerment, Organizational Climate, and Job Demands and Resources, which may contribute to explaining Job Burnout. Therefore, the findings suggest that the mediating role of Trust in the Leader may be context-dependent and that broader models are needed to better understand the mechanisms linking Ethical Leadership to Job Burnout.

From a practical perspective, the findings support continued attention to ethical leadership practices based on integrity, fairness, consistency, ethical guidance, and clear role clarification. However, the relatively low explanatory capacity of the model for Job Burnout indicates the need to consider broader organizational and occupational conditions. Future research could therefore examine additional factors such as Psychological Safety, Perceived Organizational Support, Psychological Empowerment, Organizational Climate, and Job Demands and Resources. Multisource and longitudinal designs, as well as samples from multiple healthcare institutions, could further strengthen the robustness and generalizability of these findings and clarify the conditions under which ethical leadership contributes to employee well-being across different healthcare and organizational contexts, particularly in Arab countries.

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