

Trust Relationships among Public Health Workers: An Application of the Leader-member (LMX) Theory

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Second Annual Keeneland Conference
Lexington, KY
April 8, 2009

Acknowledgements

- Dr. James W. Holsinger, Jr., M.D., Ph.D. (Chair)
- Dr. F. Douglas Scutchfield, M.D.
- Dr. Joel Lee, Dr.P.H.
- Dr. C. William Keck, M.D., M.P.H.
- Dr. Brent J. Shelton, M.S., Ph.D.
 - The University of Kentucky, College of Public Health
 - UK Public Health Systems & Services Research Staff
 - The Robert Wood Johnson Foundation



Learning Objectives

- 1) To think critically about intra-organizational trust within the public health work setting.
- 2) To increase awareness of the leader-member exchange theory (LMX) used to analyze public health workers.
- 3) To increase awareness of the differential effects of gender, race and employment type within the public health setting.

Objective 1

To think critically about intra-organizational trust within the public health work setting.

Q: How important is trust between employees and their supervisors in the successful accomplishment of work?

A: Critical -- Vital -- Essential

- Availability
- Competence
- Consistency
- Discreetness
- Fairness
- Integrity
- Loyalty
- Openness
- Overall Trust
- Promise Fulfillment
- Receptivity



Objective 1 (Continued)



- Macro-level systems evaluation and assessment
 - Who Will Keep the Public Health, K. Gebbie, L. Rosenstock, & L. Hernandez
 - Assessment of Validity of the National Public Health Performance Standards: The Local Public Health Performance Assessment Instrument, Beaulieu, J., and Scutchfield, F.D. Public Health Reports, January – February, 2002, Vol. 117
 - The Future of Public Health Institute of Medicine, 2003
 - 2005 National Profile of Local Health Departments, NACCHO, July, 2006
- Micro-level workforce quality improvement initiatives
 - LMX Theory – Management Literature
 - Unit of Analysis = Dyadic Pairs



Objective 2

To increase awareness of the leader-member exchange theory (LMX) used to analyze public health workers.

Q1: What is LMX Theory?

A1: Leader-member Exchange Theory

Q2: How can trust be measured?

A2: CTI – Conditions of Trust Inventory



Objective 2 (Continued)

We measured 11 trust diminutions within the public health workforce with specific attention to gender, race, and employment type

- Q: Who A: Public Health Employees of both the Cincinnati Health Department and the Northern Kentucky Health District
- Q: What A: Conditions of Trust Inventory (CTI, J. Butler, 1991)
- Q: When A: September, 2008
- Q: Where A: Cincinnati and Northern Kentucky Health Departments
- Q: Why A: To learn if there are statistically significant differences by gender, race, and employment classification (clinical – non-clinical)

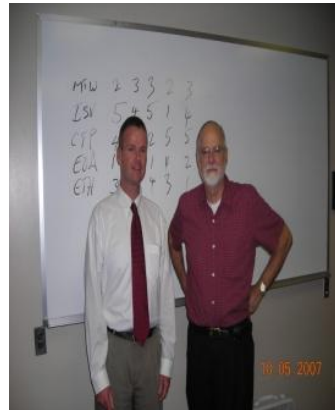


Objective 3

To increase awareness of differential trust relationships between workplace dyadic pairs, specifically supervisor and direct reports.

Q: Are there measurable, statistically significant effects based in gender, race, and employment classification (clinical – non-clinical)

A: Yes



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Data Analysis (Regression)

- Model Statement

$$\mu_y = \beta_0 + \beta_1 * SEX_SUPERVISOR + \beta_2 * RACE_SUPERVISOR + \beta_3 * SEX_RESPONDENT + \beta_4 * RACE_RESPONDENT + \beta_5 * YEARS_EXPERIENCE + \beta_6 * AGE + \beta_7 * DIVISION + \beta_8 * LOCATION$$

Conclusion 1

- The Average Loyalty Outcome for Women is 0.75 Units higher than for Men. The Point Estimate = 0.75 (95% CI = 0.31 – 1.18)
- On the 5 Point Likert-type Scale Women Studied Score Almost a Full Point Higher than Men on Loyalty

Conclusion 2

- The Average Loyalty Outcome for Whites is 0.39 Units higher than for Blacks. The Point Estimate = 0.39 (95% CI = 0.03 – 0.75)
- On the 5 Point Likert-type Scale Whites Studied Score 0.39 Units Higher for Loyalty as Compared to Blacks

Conclusion 3

- The Average Loyalty Outcome for Non-Clinical Workers is 0.51 Units higher than for Clinical Workers. The Point Estimate = 0.51 (95% CI = 0.11 – 0.91)
- On the 5 Point Likert-type Scale Non-clinical Employees Studied Score Approximately ½ Point Higher for Loyalty as Compared to Clinical Employees

Conclusion 4

- The Overall Trust Outcome for Women is 0.54 Units higher than for Men. The Point Estimate = 0.54 (95% CI = 0.08 – 1.00)
- On the 5 Point Likert-type Scale Women Studied Score Approximately ½ Point Higher for Overall Trust as Compared to Men

Conclusion 5

- The Overall Trust Outcome for Whites is 0.58 Units higher than for Blacks. The Point Estimate = 0.58 (95% CI = 0.20 – 0.97)
- On the 5 Point Likert-type Scale Whites Studied Score Approximately ½ Point Higher for Overall Trust as Compared to Blacks

Conclusion 6

- The Overall Fairness Outcome for Whites is 0.66 Units higher than for Blacks. The Point Estimate = 0.66 (95% CI = 0.26 – 1.05)
- On the 5 Point Likert-type Scale Whites Studied Score 0.66 Unites Higher for Fairness as Compared to Blacks

Questions Contact

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