Humble Leadership Style as Green Human Resource Management: Nurses'Organizational Trust and Work Resilience

Asmaa Farghaly Ali Mohamed[1], Faten Ali Ahmed Ali[2] ,Essam Ahmed Abdelhakam Ahmed[3] 🆔

[1] Assistant professor of Nursing administration, Faculty of Nursing- Minia University, Egypt.

[2,3] Lecturer of Nursing administration, Faculty of Nursing- Minia University,Egypt.

Email of the corresponding author: esam.ahmed@mu.edu.eg

Abstract

Background: The cultivation of humble leadership skills is crucial for fostering and preserving the direct organizational connection among nurses while also bolstering organizational trust and promoting the resilience of nurses in their work.The research aimed to examine the relation between humble leadership style, organizational trust, and nurse work resilience. Design: A cross-sectional analytical research design was utilized to conduct this study. Setting: The study was conducted at Minia University Hospital and an obstetric and pediatric hospital which are affiliated with the Ministry of Higher Education and Scientific Research. Subjects: A convenient sample was used in the current study; their total number was 222 nurses. Tools: Humble leadership style practices scale, Organizational Trust Scale, and Resilience at Work Scale (RAW-S). Results: The indicated findings revealed that the majority of nurses exhibited an elevated disposition towards a humble leadership style, nearly two-thirds had a moderate level of organizational trust, and most of them demonstrated resilience in their work environment. Also, a fair, positive association was found between organizational trust and work resilience. Conclusion: A humble Leadership Style as green human resource management effect positively affects organizational trust and work resilience. This is achieved through the establishment of trust among staff nurses, which in turn serves as an indicator for fostering healthy relationships and promoting resilience in the workplace. Recommendation: Managers, nurses, and human resources professionals can all benefit from advice on how to establish rapport with patients and coworkers in a healthcare setting, and administrators of healthcare facilities should prioritize fostering positive relationships between different departments.

Keywords: Green human resource management, Leadership Style, Organizational Trust, humble Leadership, resilience.

Introduction:

Sustainable management is an essential priority for modern organizations, and it is widely recognized that environmental issues have profound impacts on an organization's performance. Green management encompasses the integration of environmentally sustainable practices into all aspects of an organization, including operations, human resources, accounting and investment, retailing, and marketing. Nurses are involved in each of these functional areas. The utilization of humble leadership as a tactic for implementing green human resource management (HRM) has gained significant recognition from both scholars and professionals worldwide **(Yong et al., 2020; Mardani et al., 2020).**

Humility can be defined as the capacity to perceive oneself accurately and without exaggeration. At the workplace, this entails acknowledging personal competencies and being able to commemorate achievements while also comprehending one's weaknesses and constraints. Being a humble leader entails having a strong inclination towards learning, a proactive mindset, and adeptness in active listening. It also involves prioritizing collaboration above all other

aspects. Humility can be expressed through various means and directed towards personal development and advancement. Those professionals frequently display compassion and demonstrate a willingness to acknowledge nurses' mistakes by earning the trust of the organization **(Kelemen et al., 2023).**

Organizational trust is crucial in business, government, and civic society as it enables social exchange, cooperation, and effective organizing. It plays a particularly important role during times of disruption by helping organizational members navigate and respond constructively to challenging events and associated change. Trust in the healthcare industry also supports organizational agility and resilience **(Gustafsson et al., 2021).**

Furthermore, resilience is an indication of an individual's capacity to adjust and flourish in the presence of challenging situations effectively **(Joyce et al., 2018)**. Resilience refers to the ability to effectively navigate, adjust to, and handle significant stressors or traumatic experiences. Resilience refers to an individual's ability to adapt to difficult situations, maintain good health despite significant challenges, and perform exceptionally well even in the face of stress or hardships **(Abualruz & Hayajneh, 2019; Walpita & Arambepola, 2020)**. Nurses who possess resilience skills are more inclined to persist in their profession, confront stressors in the workplace, and deliver exemplary as well as secure care to their patients **(Bhatti et al., 2020).**

Nurses who possess a heightened level of resilience experience improved physical well-being, enhanced quality of life, heightened emotional well-being, increased ability to manage personal affairs and overcome challenges, and demonstrate greater proficiency in delivering exceptional nursing care **(Kunzler et al., 2020)**. The adoption of a modest leadership style facilitates the development of nurses' resilience, which is deemed essential in the present era. This can have a positive impact on various aspects, such as the well-being of nurses, quality of patient care, and organizational cohesion **(Bhatti et al., 2020).**

Significance of the Study

Today, there is a need to strengthen the abilities of nurses by implementing humble leadership as a strategy for green human resource management. This approach aims to leverage the advantages of humble leadership behaviors within the broader framework of green human resources. Being a team player is crucial for the functioning of an organization as it fosters team rapport, enhances productivity, and promotes innovation by empowering employees to contribute to decision-making and problem-solving. This includes giving credit to fellow team members, admitting mistakes, accepting feedback, offering assistance, taking accountability, seeking help when necessary, actively listening to others, treating the team with respect, and acknowledging their hard work **(Monzani et al., 2021)**.

Limited information exists regarding the correlation between humble leadership and organizational trust in the workplace, which is crucial for work resilience and organizational citizenship. Therefore, it is crucial to recognize the leader's character and its connection to positive outcomes for followers. The impact of nurse leaders' behaviors is vital in fostering nurses'resilience, which can be facilitated in any work setting **(Tonkin et al., 2018)**. Therefore, organizations should prioritize the cultivation of employees' work-related promotion focus and establish an environment that fosters a strong sense of belonging among them within the organization.

Experienced nurses make a conscious effort to address conflicts in their work by employing a win-win approach and demonstrating resilience. Nurses' resilience is characterized by their proficiency in time management, crisis

intervention, prioritization, work satisfaction enhancement, positive attitude, impact creation, faith, and fostering close and supportive relationships through knowledge sharing and experience. The work environment plays a crucial role in enhancing resilience and creativity. Additionally, the primary current concerns in the healthcare industry revolve around ensuring top-notch and secure procedures and establishing a work environment devoid of stressors and hardships that impact the satisfaction, retention, performance, and quality of care delivered by nurses to their patients. Consequently, these factors also influence patient safety **(Abualruz & Hayajneh, 2019)**.

So that the researcher conducted this study to assess the humble leadership style and examine its relation with organizational trust and work resilience to determine if head nurses' leadership practice indicated the presence of a humble style or absence and investigate their relation to organizational trust and their work resilience.

Aim of the Study

This study assessed the humble leadership style as green human resource management and examined its relation with organizational trust and work resilience among nurses.

Research Hypothesis

H1: Humble leadership style as green human resource management will positively affect organizational trust and work resilience among nurses.

Subject and Method

Research design

This study utilized an analytical cross-sectional research design. An analytical cross-sectional study is a quantitative research design that does not involve experimentation. This design focuses on the simultaneous collection of variables. (time of data collection).

Setting

The setting was chosen at random; the study took place in various hospitals, including Minia University and the obstetric and pediatric university hospitals, which are affiliated with the Ministry of Higher Education and Scientific Research.

Subject

The present study utilized a convenient sample. The sample consisted of all staff nurses employed at Minia University, as well as obstetric and pediatric university hospitals, during the data collection period. The total number of nurses is 222, with 111 nurses from each hospital.

Data collection tools

The tool (I) is Humble Leadership Style Practices as Green Human Resource Management

It consists of two parts:

Part (1): Personal data of nurses: age, gender, marital status, years of experience, qualification, and working units.

Part (2): Humble leadership style practices scale

Owens et al. (2013) created this tool, which the researchers have since used to evaluate nurses' perceptions of humble leadership style practices. The set comprises nine elements that were assessed using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The scores ranged from a minimum of 9 to a maximum of 45. The items were then classified based on the presence of humble skill practices, with a threshold of 60% or higher indicating their presence and less than 60% indicating their absence.

The Tool (II): Organizational Trust Scale

The organizational trust tool, created by **Dirks and Ferrin (2002)**, has been utilized by researchers to evaluate the level of trust within nursing organizations. The assessment comprised a total of 27 items, which were categorized into three distinct subscales. Each subscale consisted of nine exclusive items, namely trust in supervisors (9 items), trust in coworkers (9 items), and trust in organization management (9

items). The measurement of each item was conducted using a 5-point Likert scale, with the following range: (strongly agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1). The scoring system for organizational trust ranged from 27 to 135 and was divided into three levels: low trust (27-63), moderate trust (64-99), and high trust (100-135).

The tool (III): Resilience at Work Scale (RAW-S)

The Resilience at Work Scale was created by **Winwood et al. (2013).** The tool was implemented to evaluate the levels of resilience in nurses' workplaces. It consisted of a total of 12 items. The participants' responses were assessed using a 5-point Likert scale, with options ranging from (1) strongly disagree to (5) strongly agree. The range of scores, from a minimum of 12 to a maximum of 60, is categorized into two levels based on resilience: scores below 60% are considered low resilience, while scores above 60% are considered high resilience.

Tools validity and reliability

The tools received extensive evaluation by a team of five nursing administration experts from the faculty of nursing at Minia University, who confirmed their validity. The tools were modified according to the panel's assessment of the suitability of the content and the accuracy of the item sequence. The Cronbach's alpha test was employed to assess the extent to which the items of the tools (specifically, the tool I part two, II, III) measure the same concept and exhibit correlation with each other. The internal consistency values were 0.85, 0.92, and 0.95, respectively.

Pilot study

After the preparation of the tools needed and the beginning of the initial data collection, a total of 22 staff nurses actively took part in a pilot study. The pilot study sought to assess the feasibility of the study, as well as the sequencing of the items and the initial tool's reliability and suitability.

Additionally, it was utilized to gauge the duration required to complete the questionnaire, which amounted to 20 minutes and was administered to the primary research participants. The pilot study was conducted over two weeks, specifically from October 1st to October 15th, 2023.

Data collection procedure

Official authorizations were obtained from both hospitals of Minia University, as well as from the obstetric and pediatric ones. Prior to gathering data, the dean of post-graduate studies and research at Minia University's Faculty of Nursing sent an official letter, along with the approval of the ethical committee, to the medical and nursing administrations, as well as the heads of the units, seeking their permission and support in carrying out the study. The letters contained the necessary data for the investigation. Furthermore, every participant provided their signature on a consent form. Prior to their participation, the nurses were provided with a detailed explanation of the nature, objectives, methodologies, and anticipated benefits of the research. The researchers explicitly stated that participation is completely voluntary and that participants have the freedom to withdraw at any time without providing a specific justification.

Prior to disseminating the questionnaire, the researchers convened with the participants at a time designated by the department heads. The researchers introduced themselves, elucidated the research objective, and explained the various components of the research instruments within the study setting. Subsequently, the researchers provided the data collection instruments to each participant at their respective place of employment. The completion of the questionnaire form required approximately 20 minutes. The data collection process spanned two months, starting from the conclusion of October and concluding at the end of December 2023. Data was gathered during both morning and evening shifts.

Ethical Consideration

The ethics committee of the Faculty of Nursing at Minia University granted their preliminary written approval. The researcher convened with the directors to present and deliberate on the objective of the study, subsequently engaging with the head nurses in each department to introduce and deliberate on the study's aim, as well as determine the optimal timing for meeting the study participants and gathering data. Nurses were assured that any information collected would be treated as confidential and would not impact their professional assessment.

Statistical analysis

The software program used for statistical analysis in the social sciences is called the Statistical Package for the Social Sciences (SPSS 25.0). Quality control was conducted during the coding and data entry stages. Qualitative variables were analyzed using descriptive statistics in the form of frequencies and percentages. Quantitative data, on the other hand, were analyzed using the mean and standard deviation (S.D.). The study employed a correlation coefficient test to examine the relationship between the humble leadership practices scale, organizational trust, and work resilience. The statistical significance was set at P 0.05. The Cronbach's alpha test was used to assess the extent of internal consistency in the questionnaire.

Results

Table (1) presented that 36.9% of the studied sample were aged between 30- 35 years, 72.9% were female, 59.5% were married, 32.0% of their year of experience ranged between 11- 15 years, and 41.0% had a diploma nursing degree.

Figure (1) shows that 72.9 % of the studied sample was female, and 27.1% was male.

Figure (2) shows that 81.9 % of the studied sample worked in general units and 18.1% in critical units.

Figure (3) shows that 80 % of the studied sample had a humble leadership style, and 20% of them had no leadership style.

Figure (4) shows that 63.6% of the studied sample had moderate organizational trust, 35.5% had high, and 0.9% had low organizational trust.

Figure (5) shows that the vast majority (90%) of the studied sample had high work resilience, while the minority (10%) had low work resilience.

Table (2) revealed no relation between the demographic characteristics of the studied sample and total humble leadership style levels.
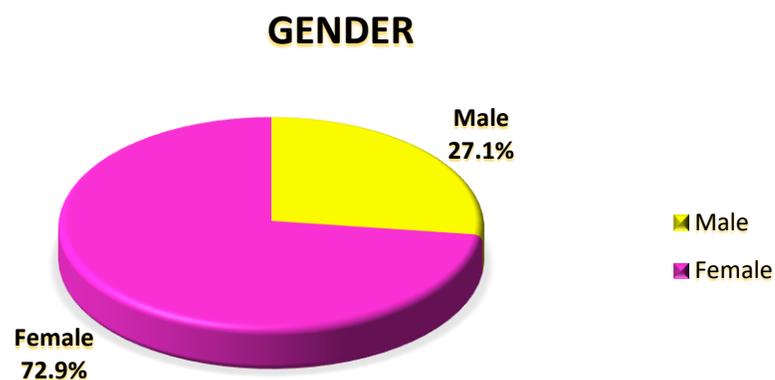
Table (3) showed no relation between the demographic characteristics of the studied sample and total organizational trust levels, except that 46.8% of the studied sample who worked at Minia University Hospital had the high organizational trust, with a P value < 0.002.

Table (4) presented mean scores of total organizational trust and its domains (trust in the supervisor and trust in the organizational management) among the studied sample in Minia University Hospital than the studied sample in the Obstetric and pediatric hospital with p-values < 0.006, 0.015, & 0.0001 respectively. On the other hand, mean scores of work resilience were higher among the studied sample in the Obstetric and pediatric hospital than the studied sample in Minia University Hospital with p-values < 0.001.

Table (5): Evidence fair, positive association between Humble Leadership Style as Green Human Resource Management: Organizational trust and Work Resilience (r = 0.264; p-value < 0.04 and r = 0.280 ; P – value < 0.02 respectively). Also, fair, positive association between organizational trust and work resilience (r = 0.351 ; P – value < 0.0001).

Table (1): Percentage distribution of the demographic characteristics among the studied sample (n = 222)

Demographic characteristics	Total No.	%
Age/ years		
25 - <30	44	19.8
30 - < 35	82	**36.9**
35 - < 40	52	23.4
40 - < 45	30	13.5
45- 50	14	6.4
Marital status		
Single	58	26.1
Married	132	**59.5**
Divorced	22	9.9
Widow	10	4.5
Years of experience		
1-5	17	7.7
6- 10	60	27.0
11 – 15	71	**32.0**
16- 20	46	20.7
21- 25	19	8.6
25- 30	9	4.0
Nurses' qualifications		
Diploma of Nursing	91	**41.0**
Technical institute of nursing	68	30.6
Bachelor of Science in Nursing	63	28.4

Figure (1): Distribution of gender among the studied sample (n = 222).
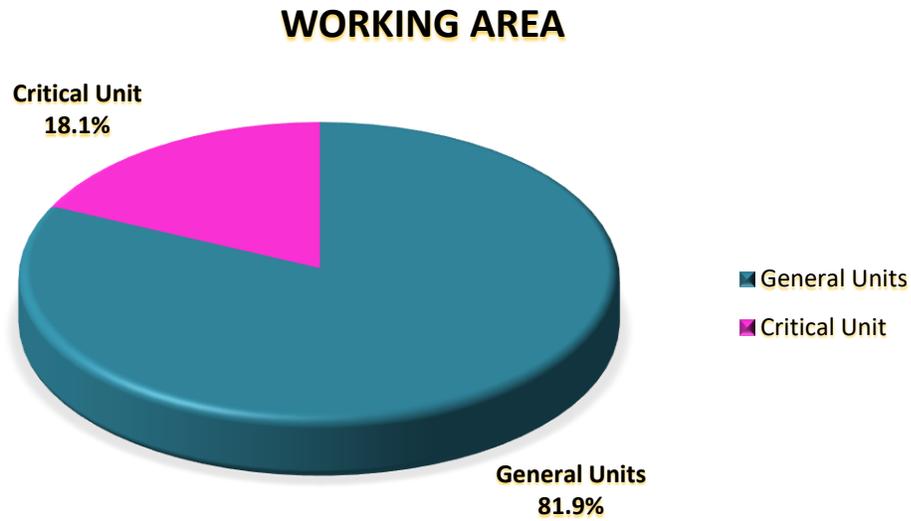
WORKING AREA

Figure (2): Distribution of working area among the studied sample (n = 222).
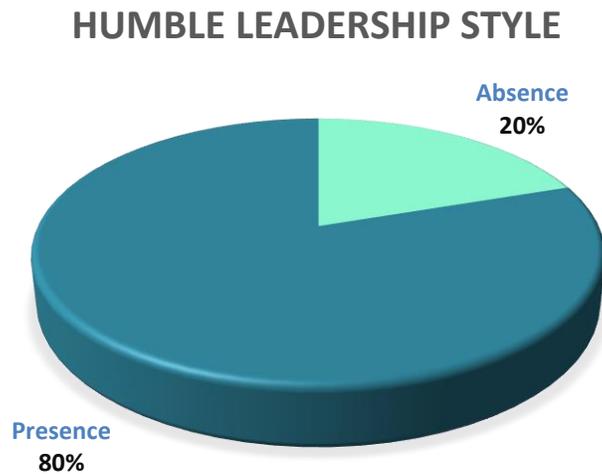
HUMBLE LEADERSHIP STYLE

Figure (3): Distribution of the total Humble leadership style among the studied sample (n = 222).
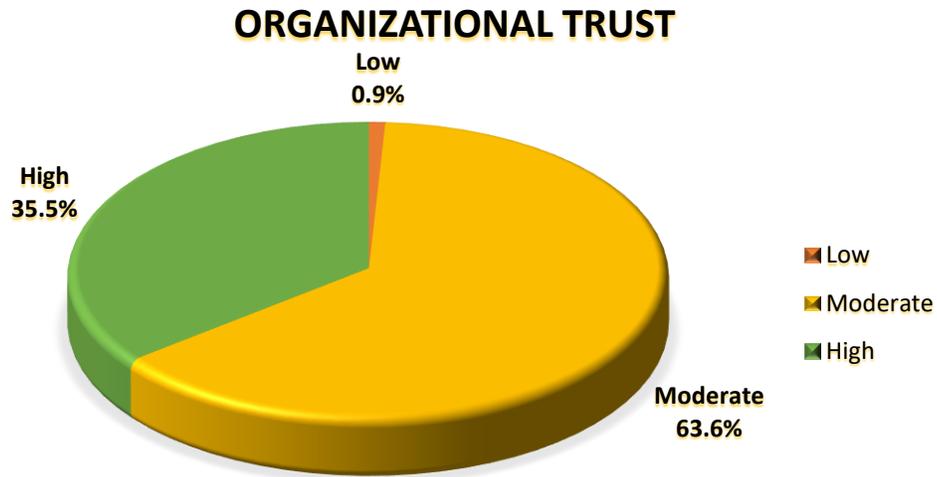
Figure (4): Frequency distribution of the total organizational trust levels among the studied sample (n = 222).

Figure (5): Frequency distribution of the total Work resilience levels among the studied sample (n = 222)

Table (2): Relation between total humble leadership style levels and demographic characteristics of the studied sample (n = 222).

Demographic characteristics	Humble leadership style				Test of significance	
	Absence (n= 44)		Presence (n= 178)		X^2	*P* value
	No.	%	No.	%		
Age/ years						
25 - <30	8	18.2	36	81.8	4.607	0.330
30 - < 35	14	17.1	68	82.9		
35 - < 40	13	25.0	39	75.0		
40 - < 45	9	30.0	21	70.0		
45- 50	0	0.0	14	100.0		
Gender						
Male	8	14.0	49	86.0	1.615	0.204
Female	36	21.8	129	78.2		
Marital status						
Single	13	22.4	45	77.6		
Married	28	21.2	104	78.8	2.607	0.456
Divorced	2	9.1	20	90.9		
Widow	1	10.0	9	90.0		
Years of experience						
1-5	2	11.8	15	88.2		
6- 10	12	20.0	48	80.0	8.363	0.079
11 – 15	13	18.3	58	81.7		
16- 20	15	30.6	31	63.3		
21- 25	2	10.5	17	89.5		
25- 30	0	0.0	9	100.0		
Nurses' qualifications						
Diploma	20	22.0	71	78.0	0.509	0.775
Clinical institute	13	19.1	55	80.9		
Bachelor	11	17.5	52	82.5		
Area						
General unit	34	18.3	152	81.7	1.712	0.191
Critical units	10	27.8	26	72.2		
Hospitals						
Minia University Hospital	23	20.7	88	79.3		
Obstetric and Pediatric Hospital	21	18.9	90	81.1	0.113	0.736

Table (3): Relation between total organizational trust levels and demographic characteristics of the studied sample (n = 222).

Demographic characteristics	Organizational trust						Test of significance	
	Low (n= 2)		Moderate (n= 141)		High (n = 79)		Fisher	*P* value
	No.	%	No.	%	No.	%		
Age/ years								
25 - <30	1	2.3	29	65.9	14	31.8	0.485	0.975
30 - < 35	1	1.2	50	61.0	31	37.8		
35 - < 40	0	0.0	34	65.4	18	34.6		
40 - < 45	0	0.0	19	63.3	11	36.7		
45- 50	0	0.0	9	64.3	5	35.7		
Gender								
Male	1	1.8	40	70.2	16	28.0	2.373	0.305
Female	1	0.6	101	61.2	63	38.2		
Marital status								
Single	1	1.7	42	72.4	15	25.9	3.636	0.303
Married	0	0.0	80	60.6	52	39.4		
Divorced	1	4.5	12	54.5	9	41.0		
Widow	0	0.0	7	70.0	3	30.0		
Years of experience								
1-5	0	0.0	13	76.5	4	23.5	3.268	0.514
6- 10	1	1.7	33	55.0	26	43.3		
11 – 15	1	1.4	45	63.4	25	35.2		
16- 20	0	0.0	30	65.2	16	34.8		
21- 25	0	0.0	15	78.9	4	21.1		
25- 30	0	0.0	5	55.6	4	44.4		
Nurses' qualifications								
Diploma	1	1.1	61	67.0	29	31.9	1.051	0.591
Clinical institute	1	1.5	42	61.8	25	36.8		
Bachelor	0	0.0	38	60.3	25	39.7		
Area								
General units	2	1.1	120	64.5	64	34.4	1.477	0.478
Critical units	0	0.0	21	58.3	15	41.7		
Hospitals							12.359	
Minia University Hospital	0	0.0	59	53.2	52	46.8		0.002**
Obstetric and Pediatric Hospital	2	1.8	82	73.9	27	24.3		

**Highly statistically significance < 0.01

Table (4): Mean scores of total humble leadership style, organizational trust, and work resilience among the studied sample at Minia University and Obstetric and pediatric hospitals (n = 222)

	Minia University Hospital	Obstetric and Pediatric Hospital	t-test	P-value
Humble leadership style	29.9 ± 6.1	30.5 ± 6.1	0.725	0.469
Organizational trust	96.7 ± 11.0	92.9 ±9.4	2.753	0.006**
Trust in the Supervisor	34.2 ± 3.6	33.0 ± 3.9	2.451	0.015*
Trust in the Coworker	30.1 ± 6.1	31.0 ± 4.8	1.191	0.235
Trust in organizational Management	32.4 ± 4.6	28.9 ± 4.6	5.524	0.0001**
Work resilience	101.3 ± 8.7	111.3 ± 8.7	8.598	0.0001**

*Statistically significance differences < 0.05 ** Highly statistically significance differences < 0.01

Table (5): Correlation matrix between Humble Leadership, Organizational Trust, and Resilience among the studied sample at Minia University and Obstetric and pediatric hospitals (n = 222)

			Humble leadership	Organizational trust
Minia University hospital	Organizational Trust	r	**0.494**	
		P - value	**0.005****	
	Work resilience	r	0.146	**0.349**
		P - value	0.06	**0.0001****
Obstetric and Pediatric Hospital	Organizational Trust	r	0.035	
		P - value	0.716	
	Work resilience	R	**0.330**	**0.374**
		P - value	**0.003****	**0.0001****
Total studied nurses (n= 222)	Organizational Trust	R	**0.264**	
		P - value	**0.04***	
	Work resilience	R	**0.280**	**0.351**
		P - value	**0.02***	**0.0001****

*Correlation is significant at the 0.05 level **Correlation is significant at the 0.01 level

Discussion

Healthcare organizations should prioritize creating a healthy work environment by implementing humble leadership practices. These practices have a positive impact on organizational trust and overall well-being, serving as indicators of flexibility in the workplace. Nurses who experience job satisfaction in a supportive communication environment are more likely to achieve success and demonstrate strong work resilience. Therefore, maintaining a resilient workforce is essential for ensuring that the administrative system remains motivated, trusted, efficient, and stable (**Lamprinou et al., 2021**).

The current study findings showed that the majority of the studied sample had a humble leadership style, and a minority of them had no leadership style. The present study findings align with **Hiller et al., (2019)** research, which revealed that 152 studies conducted across fourteen countries indicated a higher prevalence of consistent humble and paternalistic leadership. This leadership style is believed to contribute to the establishment of trust in organizational management. Managers who possess humility and empathy, as well as supervisors who offer positive support and display positive emotional responses, foster favorable job attitudes and enhance resilience in their subordinates.

The current study finding contradicts **Mrayyan's (2023)** study of differences in humble leadership and team performance in nursing, who mentioned that their participants had moderate levels of humble leadership, their team's trust in humble leadership, and the overall mean team performance was 'working well.' Quality initiatives were higher in resolving many conflicts by compromising between team members, which was achieved through trust in the supervisor, trust in the

coworker, and finally, trust in the organizational management that reached resilience at their work.

Concerning total organizational trust levels among the studied sample, nearly two-thirds of the studied sample had moderate organizational trust, and one-third of them had high organizational trust.

The results of this study align with the findings of the study carried out in Iran by **Gholami and Hossein (2019)**. It explored nurses' perspectives on empowerment and its correlation. It was found that nurses did not exhibit a high level of trust in their managers, highlighting the importance of leadership style. The subjects displayed moderate levels of organizational trust, while other studies indicated that a lack of trust in the organization led nurses to resign from their positions.

Also, **Ötken & Cenkci (2012)** research, which indicated that the utilization of a modest leadership style in paternalistic leadership is crucial for employees to adhere to hospital regulations and protocols, as well as to demonstrate a sense of accountability, concern for customers, the community, and fellow colleagues within the organization. Similarly, the present study's findings align with those of **Wu et al. (2012).**

Concerning the total level of work resilience among the studied nurses, the vast majority (90%) had high work resilience, while the minority (10%) had low work resilience.

This finding disagrees with a recent Egyptian study by **Mohamed et al., (2023)** found that more than half of head nurses had the highest level of work resilience. Also, **Silva et al. (2020)** reported that nearly half of the nursing workers investigated had a moderately low/moderate level of resilience, followed by more than one-third with a moderately high/high level.

Concerning the effect of humble leadership style as green human resource management on nurses' organizational trust and work resilience, a positive association was presented. Also, fair, positive association between organizational trust and work resilience **Table 5 (This finding accepts the research hypothesis)**

The present study finding is in agreement with the study of **Liao, Shaw, and Che (2023)** reported that the trait of humble leadership has the potential to forecast the level of trust that employees place in their supervisors and **Farooq et al. (2023),** who reported that the leadership style had a direct effect on workplace deviant behaviors, so the use of humble leaders has a mediating effect on conflict behaviors. Conflict resolution strategies, trust, and resilience are the contributing factors pertaining to the non-work antecedents of workplace deviance.

As seen in **Mavrommatidou, Theriou, and Chatzoudes's (2022)** study entitled The Influence of Strategic Corporate Social Responsibility (SCSR) on Employees' Perception of Job Security and Resilience in Small and Medium Enterprises (SMEs). It also explores the moderating effect of humble leadership on this relationship, as well as the impact of employees' perceived work security and resilience. Furthermore, it provides additional details regarding the moderating function of humble leadership.

Also, Ali et al. (2021), about "The Influence of Top Management Support and Team-Building on the Relationship between Humble Leadership and Project Success," found that there is a positive correlation between humble leadership and project success, this success as a result of trust and a feeling of psychological well-being that enforce resilience to their work. **Afshan et al. (2021)** reported the relationship between high-involvement work practices of humble leadership and nurses' work resilience. In addition to the study of **Ding et al. (2020),** who mentioned that when subordinates experience higher levels of humble leadership, they will respond to this with higher work resilience and appreciate the importance of leadership to organizational citizenship behavior (OCB) and work resilience.

Likewise, the role of humble leadership in moderating as reported and strengthening the belief that employees' well-being via positive leadership is a long-term management development initiative to be taken seriously to ensure sustainable organizations **(Wang et al., 2020)**.

This study aligns with the research conducted by **Chen et al. (2014),** which examined the impact of affective trust on Chinese leaders. Chen et al. also proposed that affective trust plays a mediating role in the connection between humbled and paternalistic leadership and the performance of nurses in their assigned roles and beyond within the Chinese organizational setting.

Furthermore, it was discovered that trust in one's supervisor had a positive correlation with both work performance and organizational citizenship behaviors. The current study revealed a significant and positive correlation between organizational trust and work resilience among the participants. The present study posits that the existence of humble leadership practices among nurses' managers in the workplace facilitates the development of trust among nurses towards their peers, supervisors, and organizational management. Nurse managers exert maximum effort in their work, driven by a sense of well-being, a high level of professional satisfaction, and a strong ability to cope with the demands of their work. According to **Lau et al. (2019),** by cultivating humility and practicing P.L., the nurse manager and leader can effectively align and integrate the three

dimensions. The perception of humble and paternalistic leaders as effective leaders is contingent upon the trust of their subordinates.

Conclusion

A humble Leadership Style as green human resource management effect positively affects organizational trust and work resilience .This can be achieved by employing contented workers who operate within a positive communication setting. Such institutions are more likely to achieve success and maintain a strong ability to adapt to challenges in their work life. Leaders need to demonstrate humility among their employees and foster a culture of trust among peers, supervisors, and the organization as a whole.

Recommendations

Nurse managers should offer guidance to nurses and human resource practitioners to foster strong trust-based relationships in the healthcare setting, while hospital administrators should focus on cultivating positive relationships between departments and promoting interdisciplinary respect within the hospital. Implementing a humble leadership style that enhances trust, commitment, and job satisfaction can effectively enhance nursing work resilience across all healthcare settings.

References

Abualruz, H. & Hayajneh, F. (2019). The Contrary Impact of Resilience on the Complicated Nursing Work Environment: A Literature Review. *Open Journal of Nursing*, 9, 1188-1201. doi: 10.4236/ojn.2019.911087.

Afshan, G., Kashif, M., Khanum, F., Khuhro, M. A., & Akram, U. (2021). High involvement work practices often lead to burnout, but thanks to humble leadership. *Journal of Management Development*, 40(6), 503–525.

Ali, M., Li, Z., Khan, S., Shah, S. J., & Ullah, R. (2021). Linking humble leadership and project success: the moderating role of top management support with the mediation of team-building. *International Journal of Managing Projects in Business*, 14(3), 545-562.

Bhatti, I., Kalsoom, T., & Batool, T. (2020). The Effect of Resilience Intervention on Levels of Optimism. *Journal of Education & Social Research*, 3 (1), 57-66.

Chen, X. P., Eberly, M. B., Chiang, T. J., Farh, J. L., & Cheng, B. S. (2014). Affective trust in Chinese leaders: linking paternalistic leadership to employee performance. *J. Manag*. 40, 796–819. doi: 10.1177/0149206311410604.

Ding, H., Yu, E., Chu, X., Li, Y., & Amin, K. (2020). Humble leadership affects organizational citizenship behavior: The sequential mediating effect of strengths use and job crafting. *Frontiers in Psychology*, 11, 65.

Dirks, K. T., & Ferrin, D. L. (2002). Trust in leadership: Meta-analytic findings and implications for research and practice. *Journal of Applied Psychology*, 87(4), 611–628. https://doi.org/10.1037/0021-9010.87.4.611

Farooq, W., Khalid Bhatti, O., Ishaq, R., & Kashif, S. (2023). Investigating the non-work antecedents of workplace deviance. *Cogent Business & Management*, 10(1), 2171559.

Gholami, M., Saki, M., & Hossein Pour, A. H. (2019). Nurses' perception of empowerment and its relationship with organizational commitment and trust in teaching hospitals in Iran. *Journal of Nursing Management*, 27(5), 1020-1029.

Gustafsson, S., Gillespie, N., Searle, R., Hope Hailey, V., & Dietz, G. (2021). Preserving organizational trust during disruption. *Organization Studies*, 42(9), 1409-1433.

Hiller, N. J., Sin, H. P., Ponnapalli, A. R., & Ozgen, S. (2019). Benevolence and authority as WEIRDly unfamiliar: A multi-language meta-analysis of paternalistic leadership behaviors from 152 studies. *The Leadership Quarterly*, 30(1), 165-184

Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., Harvey, S. B. (2018). *Road to resilience: a systematic review and meta-*

analysis of resilience training programmes and interventions. *BMJ Open*, 8 (6). doi:10.1136/ bmjopen-2017-017858

Kashif, M., Braganca, E., Awang, Z. & Cyril De Run, E. (2017). "You abuse but I will stay: the combined effects of job stress, customer abuse, and emotional intelligence on employee turnover," *Journal of Management Development*, Vol. 36 No. 7, pp. 899–914, doi: 10.1108/JMD-06-2016-0095.

Kelemen, T. K., Matthews, S. H., Matthews, M. J., & Henry, S. E. (2023). Humble leadership: A review and synthesis of leader expressed humility. *Journal of Organizational Behavior*, 44(2), 202-224.

Kunzler A. M., Helmreich I., Chmitorz A., König J., Binder H., Wessa M., & Lieb K. (2020). Psychological interventions to foster resilience in healthcare professionals (Review). *Cochrane Database of Systematic Reviews*, 7, CD012527.10.1002/14651858.CD012527

Lamprinou, V. D. I., Tasoulis, K., & Kravariti, F. (2021). The impact of servant leadership and perceived organizational and supervisor support on job burnout and work–life balance in the era of teleworking and COVID-19. *Leadership & Organization Development Journal*, 42(7), 1071-1088.

Lau, W. K., Pham, L. N., & Nguyen, L. D. (2019). Remapping the construct of paternalistic leadership. *Leadership & Organization DevelopmentJournal*.

Liao, H. Y., Shaw, K. H., & Che, Z. Y. (2023). You are humble, so I am not ashamed to ask. The intervening role of supervisor trust and feedback orientation. *Leadership & Organization Development Journal.,*44(4), 474-488.https://doi.org/10.1108/LODJ-11-2021-0533

Mardani, A., Kannan, D., Hooker, R. E., Ozkul, S., Alrasheedi, M., & Tirkolaee, E. B. (2020). Evaluation of green and sustainable supply chain management using structural equation modeling: A systematic review of the state of the art literature and recommendations for future research. *Journal of cleaner production*, *249*, 119383.

Mavrommatidou, S., Theriou, G., & Chatzoudes, D. (2022). The Impact of Strategic Corporate Social Responsibility (SCSR) on Employees' Perceived Job Security and Resilience in SMEs: The Moderating Role of Humble Leadership. In 2022 IEEE Conference on Technologies for Sustainability (SusTech) (pp. 25-30). IEEE.

Mohamed, O., Mahmoud, H., & El-Sabahy, H. (2023). Role of Self-Efficacy and Work Resilience in Head Nurses' Job Insecurity at Main Mansoura University Hospital. Mansoura Nursing Journal, 10(1), 167-183.

Monzani, L., Seijts, G. H., & Crossan, M. M. (2021). Character matters: The network structure of leader character and its relation to follower positive outcomes. *PLOS ONE*, 16(9), e0255940. https://doi.org/10.1371/journal.pone.0255940

Mrayyan, M. T. (2023). Differences in humble leadership and team performance in nursing: an online cross-sectional study. *BMJ open*, 13(3), e066920.

Ötken, A. B., & Cenkci, T. (2012). The impact of paternalistic leadership on ethical climate: The moderating role of trust in the leader.*Journal of Business Ethics*, 108(4), 525-536.

Owens, B.P., Johnson, M.D. & Mitchell, T.R. (2013), "Expressed humility in organizations: implications for performance, teams, and leadership," *Organization Science,* Vol. 24 No. 5, pp. 1517–1538.

Silva, S. M. D., Baptista, P. C. P., Silva, F. J. D., Almeida, M. C. D. S., & Soares, R. A. D. Q. (2020). Resilience factors in nursing workers in the hospital context. *Revista da Escola de Enfermagem da USP*, *54*.

Tonkin, K., Malinen, S., Näswall, K., & Kuntz, J. C. (2018). Building employee resilience through well-being in organizations. Hum. Resour. Dev. Q. 29, 107–124. doi: 10.1002/hrdq.21306.

Walpita, Y. N., & Arambepola, C. (2020). High resilience leads to better work performance in nurses: Evidence from South Asia. *Journal of Nursing Management*, 28(2), 342-350.

Wang, D.C., Hall, M.E.L., Shannonhouse, L.R., Mize, M.C.B., Aten, J.D., Davis, E.B., Van Tongeren, D.R. & Annan, K. (2020). "Why leader humility is vital to effective humanitarian aid leadership: a review of the literature," *Disasters*, Vol. 1, pp. 1-22.

Winwood, P. C., Colon, R., & McEwen, K. (2013). A Practical Measure of Workplace Resilience: Developing the Resilience at Work Scale. *Journal of Occupational and Environmental Medicin*e, 55(10), 1205–1212. https://www.jstor.org/stable/48500326

Wu, M., Huang, X., Li, C., & Liu, W. (2012). Perceived interactional justice and trusting supervisors as mediators for paternalistic leadership. *Management and organization review*, 8(1), 97-121

Yong, J. Y., Yusliza, M. Y., & Fawehinmi, O. O. (2020). Green human resource management: A systematic literature review from 2007 to 2019. *Benchmarking: An International Journal*, *27*(7), 2005-2027.