PERSPECTIVE-TAKING, TRUST IN LEADERS AND ENGAGEMENT: A COGNITIVE-RELATIONAL MODEL OF LEADERSHIP ACROSS ORGANIZATIONAL CONTEXTS

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Abstract

This study examines how employee perspective-taking enhances employee engagement through trust in leader, comparing these relationships across public and private hospitals in Sindh, Pakistan. Grounded in social exchange theory and relational leadership perspectives, the model proposes that understanding others' viewpoints fosters stronger leader–employee trust, which subsequently promotes higher engagement. Data were collected from 530 doctors using a cross-sectional survey and analyzed through PLS-SEM with multi-group analysis. The findings show that perspective-taking significantly increases trust in leader in both sectors, and trust in leader strongly predicts engagement. The mediating effect of trust is also significant across groups, with private hospitals demonstrating slightly stronger pathways. These results highlight trust as a central mechanism linking cognitive interpersonal processes to engagement, offering theoretical refinement by clarifying how perspective-taking operates within leader–employee dynamics. Practically, the study underscores the importance of fostering relational competencies and trust-building behaviors within healthcare settings. The research contributes original evidence from a non-Western, high-pressure professional context and demonstrates sector-level differences that extend current leadership and engagement literature.

INTRODUCTION

Employees are widely recognized as pivotal organizational assets who drive innovation, productivity, and sustainable performance. Their engagement at work is therefore not just a human resource concern but a strategic imperative for organizational success (Liu et al., 2022). Employee engagement, as defined by Saks and Gruman (2014), transcends mere job satisfaction—it reflects a deep psychological state of absorption, dedication, and vigor. However, global evidence suggests that sustaining engagement remains a persistent challenge. According to *Gallup's State of the Global Workplace* reports, only 13% of employees were engaged globally in 2013, rising marginally to 21% in 2022, while South Asia, including Pakistan, reported engagement rates of just 27% (Gallup, 2013; 2018; 2022). In Pakistan's public sector, this figure drops further to 28% (Khan, 2020), indicating that disengagement is not an isolated organizational problem but a systemic and contextual issue.

Low engagement levels in developing economies are often attributed to socio-cultural and structural factors rather than individual disinterest (Mathafena et al., 2019). In Pakistan's high power-distance, collectivist environment, engagement practices remain fragmented and inconsistently implemented. Hierarchical control, limited employee voice, and bureaucratic management styles constrain employee empowerment and creativity, thereby weakening engagement (Javed & Ilyas, 2018). This issue is particularly evident in the healthcare sector of Sindh province, where rigid administrative systems and centralized authority hinder doctors' sense of belonging and professional autonomy (Jatoi et al., 2024). By contrast, private hospitals, operating within more performance-driven and flexible structures, tend to foster higher engagement through open communication, accountability, and supportive leadership (Prakash Pillai & Abraham, 2016). Despite these contextual contrasts, limited empirical research has examined how engagement mechanisms function differently across public and private healthcare settings in Pakistan.

Scholars remain divided on what primarily drives employee engagement. One stream attributes disengagement to structural deficiencies—such as poor incentives, weak performance systems, and lack of recognition (Ali & Brandl, 2017; Shaheen et al., 2017)—while another highlights the psychological and relational dimensions of work, particularly the role of trust, empathy, and supportive leadership (Bakertzis & Myloni, 2021; Jatoi et al., 2024). This division points to a critical theoretical tension: whether engagement is best enhanced through system-level reforms or through interpersonal and cognitive mechanisms that nurture meaningful leader–employee relationships.

Recent research supports a relational approach grounded in Social Exchange Theory (SET) (Blau, 1964; Cropanzano & Mitchell, 2005), suggesting that employee engagement arises from reciprocal exchanges between employees and their organizations. When employees perceive fairness, respect, and trust from their leaders, they respond with higher commitment and discretionary effort (Saks & Gruman, 2014). In healthcare, where doctors' motivation and empathy directly influence patient outcomes, understanding the relational and cognitive foundations of engagement becomes particularly critical (Jatoi et al.,2024).

Within this framework, employee perspective taking—the cognitive ability to understand others' viewpoints—emerges as a central antecedent of engagement. Perspective taking fosters empathy, improves communication, and enables employees to interpret leaders' intentions more positively (Grant & Berry, 2011; Galinsky et al., 2008). When employees engage in perspective taking, they are more likely to develop trust in their leaders, perceiving them as fair, competent, and supportive (Dirks & Ferrin, 2002; Liu et al., 2017). This trust strengthens psychological safety and emotional investment, leading to sustained engagement (Agarwal 2014; Saks & Gruman, 2014).

Despite its theoretical importance, limited empirical research has examined how perspective taking and trust interact to shape engagement, particularly in developing and collectivist contexts like province of Sindh, Pakistan (Jatoi et al.,2024). Most studies have emphasized HR practices and leadership styles (Cooke et al., 2019; Al-Dalahmeh et al., 2018), neglecting the cognitive and relational mechanisms that explain how employees interpret and respond to leadership behaviors. Moreover, contextual variations between public and private hospitals—ranging from bureaucratic rigidity and political interference in public institutions (Jatoi et al., 2023) to performance-driven autonomy in private ones (Prakash Pillai & Abraham, 2016)—remain empirically unexplored.

Therefore, this study seeks to address these gaps by examining how employee perspective taking influences employee engagement through the mediating role of trust in leader, and whether these relationships differ across public and private hospitals in Sindh province. Grounded in Social Exchange Theory, the model posits that when employees perceive their leaders as understanding and trustworthy, they reciprocate with greater engagement and commitment. In developing contexts such as Pakistan—characterized by limited

resources, hierarchical norms, and strong respect for authority (Riaz et al., 2019; Sarkar & Garg, 2020)—such trust-based exchanges gain added complexity and significance. Thus, this study offers both theoretical and practical insights into how cognitive and relational mechanisms jointly shape employee engagement within Sindh province's healthcare sector.

Literature Review and Hypothesis Development
Employee Perspective Taking and Trust in Leader

Perspective-taking, defined by Davis et al. (1996) as "the attempts by one individual to understand another by imagining the other's perspective," represents a vital socio-cognitive process that enables employees to interpret others' intentions, emotions, and behaviors accurately. Within workplace settings, perspective-taking plays a crucial role in reducing conflict, fostering empathy, and strengthening interpersonal relationships among colleagues and between employees and leaders. Parker et al. (2006) further emphasized that perspective-taking involves deliberate cognitive effort to understand another's thoughts and emotional state, which facilitates collaboration and mutual respect.

Building on this foundation, Galinsky and Ku (2004) argued that perspective-taking enhances self-other understanding by enabling individuals to evaluate situations from multiple viewpoints, thereby minimizing bias, reducing stereotyping, and promoting fairness in social judgments. In the workplace, this cognitive process not only encourages empathy but also helps maintain social harmony and respect for diverse viewpoints, both of which are essential for effective teamwork and leadership trust.

According to Social Exchange Theory (SET) (Blau, 1964), workplace relationships are grounded in reciprocal exchanges of respect, fairness, and support. Employees who perceive such positive treatment from their leaders tend to reciprocate with trust, loyalty, and engagement (Shore & Coyle-Shapiro, 2003). Perspective-taking aligns with this framework as a cognitive antecedent of trust—it allows employees to interpret their leaders' intentions and actions more favorably,

reducing uncertainty and fostering psychological safety (Dirks & Ferrin, 2002). As employees come to understand and appreciate their leaders' perspectives, they are more likely to perceive them as competent, ethical, and supportive, strengthening relational trust and cooperation (Grant & Berry, 2011; Liu et al., 2017).

Trust, in turn, serves as the relational foundation through which positive leader–employee exchanges occur. Leaders who demonstrate openness and empathy act as catalysts for collaboration and communication, thereby nurturing an environment conducive to perspective-taking and engagement (Rogers & Ashforth, 2017). This reciprocal trust dynamic reinforces SET's core proposition that mutual understanding and fair exchange lead to stronger emotional and behavioral investment from employees (Cropanzano & Mitchell, 2005).

Perspective Taking, Trust, and Sectoral Context

Despite theoretical discussions suggesting a connection between perspective-taking and trust in leader, empirical validation of this relationship remains scarce, particularly within developing contexts such as Pakistan. These contextual differences indicate that the strength and nature of the relationship between perspective-taking and trust in leader may vary across organizational and cultural settings. Al-Ajlouni (2021) and Jatoi et al. (2024) found that perspective-taking moderates the relationship between HR practices and engagement, highlighting its critical role in shaping workplace relationships. Similarly, Tuller et al. (2015) demonstrated that perspective-taking helps individuals acknowledge opposing views and manage relational tensions constructively. Collectively, these findings suggest that perspective-taking fosters openness, empathy, and credibility—key precursors of trust in leadership—though its impact may vary depending on organizational culture and governance structures.

Grounded in Social Exchange Theory and prior empirical evidence, this study proposes that employees who engage in perspective-taking are more likely to develop trust in their leaders, as understanding leaders' viewpoints and intentions fosters positive relational dynamics. Given that

public and private hospitals in Sindh operate under distinct administrative and cultural contexts, it is expected that the strength of this relationship may differ between the two groups. Therefore, hypothesis is proposed that;

H1: *The relationship between employee perspective-taking and trust in leaders is significantly positive in both public and private hospitals, with potential variation in strength across sectors.*

Trust in Leader and Employee Engagement

Employee engagement, as conceptualized by Kahn (1990), refers to the extent to which individuals invest their emotional, cognitive, and physical energies into their work roles. It embodies a deep sense of enthusiasm, psychological presence, and connection to one's job and organizational mission. Wollard and Shuck (2011) further view engagement as a multidimensional construct shaped by emotional commitment, psychological resilience, and the ability to align personal and organizational goals. Empirical research consistently indicates that engaged employees demonstrate superior performance, creativity, and commitment compared to their disengaged counterparts (Akingbola & Van Den Berg, 2019; Anitha, 2014). Their positive emotions also broaden their thought–action repertoires, enhancing problem-solving and innovation (Pattnaik & Sahoo, 2021).

Drawing on the Social Exchange Theory (SET) (Blau, 1964), the relationship between trust in leader and employee engagement can be understood as a reciprocal exchange process. Trust serves as the foundation of social exchange relationships, fostering employees' psychological safety and willingness to invest their full selves in their work. When leaders act with integrity, fairness, and competence, employees perceive these behaviors as organizational support and reciprocate with higher levels of engagement and commitment (Dirks & Ferrin, 2002; Cropanzano & Mitchell, 2005).

In healthcare contexts—where emotional labor, collaboration, and ethical responsibility are critical—trust in leaders becomes even more vital (Bastani et al., 2021). Supportive and ethical leaders promote a sense of belonging and purpose

among doctors, encouraging intrinsic motivation and long-term engagement (Siyal et al., 2023; Islam et al., 2023). This trust-based relationship not only enhances job performance but also cultivates resilience and retention (Ahmetoglu, 2015; Chughtai et al., 2015).

However, the strength of this relationship may differ across organizational settings. These contextual differences underscore the need to examine whether the relationship between trust in leader and employee engagement varies across hospital types.

H2: *Trust in leaders has a significant and positive relationship with employee engagement, and this relationship differs across public and private hospitals.*

Mediating Role of Trust in Leader

Research indicates that trust in leaders can function as a mechanism linking employees' cognitive processes to their engagement outcomes. Specifically, perspective-taking allows employees to better interpret leaders' intentions and actions, which fosters trust (Davis et al., 1996; Grant & Berry, 2011). In turn, this trust enhances employees' motivation to engage in their work, promoting higher commitment and effort (Enwereuzor et al., 2020; Islam et al., 2023). In healthcare, such relational processes are likely shaped by organizational context, as public hospitals may limit trust development through bureaucratic constraints, whereas private hospitals may enhance trust through supportive practices (Shaheen et al., 2017; Javed & Ilyas, 2018).

H3: *Trust in leader mediates the relationship between perspective-taking and employee engagement, and this mediating effect differs between public and private hospitals.*

Methodology

This study follows a deductive research approach and employs a survey method. Data were collected from 530 doctors in public and private hospitals across Sindh province, Pakistan.

A structured questionnaire with validated items was used, reviewed for compatibility with the conceptual model. Data were gathered cross-sectionally via an online survey (Sekaran & Bougie, 2016). The survey link was shared through

emails, personal contacts, and professional social media groups, with reminders sent to enhance participation. Respondents were assured of confidentiality and anonymity.

All constructs were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Variables and Measure
Employee Engagement

Measured using a 12-item scale from May et al. (2004), capturing employees' absorption, dedication, and enthusiasm at work. Sample items include: *"Performing my job is so absorbing that I forget about everything else"* and *"I really put my heart into my job."*

Perspective-Taking:

Assessed with a 6-item scale from Davis et al. (1996), evaluating employees' ability to understand others' viewpoints. Sample items include: *"I try to look at everybody's side of a disagreement before I make a decision"* and *"I sometimes find it difficult to see things from my co-worker's point of view."*

Trust in Leaders:

Measured using a 6-item scale from McAllister (1995), capturing employees' confidence in their leaders' integrity, competence, and support. For doctors, this reflects trust in supervisors' guidance and engagement with work responsibilities.

Figure 1. Research model developed by author

_____ Direct effects
.... Indirect effects
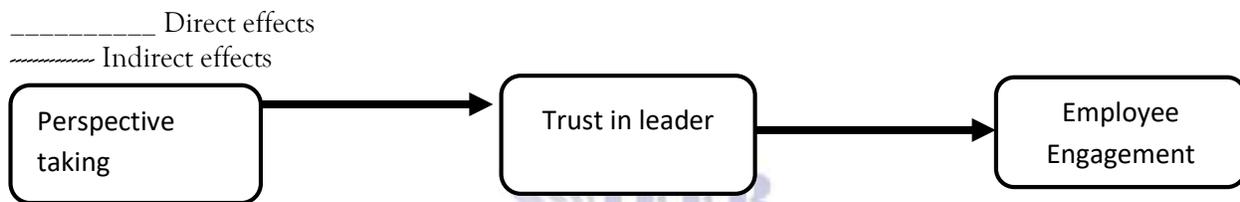
Source: created by authors

Statistical Analysis and Results

Preliminary data screening was conducted using SPSS version 21 to ensure data accuracy and detect potential anomalies. Partial Least Squares Structural Equation Modelling (PLS-SEM) was then employed through SmartPLS 4 to test the hypothesized relationships. The conceptual framework guiding the analysis is presented in *Figure 1*.

Before conducting SEM, the data distribution was assessed to verify suitability for model estimation. The sample comprised 530 doctors, including 266 females (50.2%) and 264 males (49.8%), indicating a balanced gender representation. Of these, 270 (50.9%) were from public hospitals, and 260 (49.1%) from private

hospitals. In terms of education, 232 doctors (43.8%) held graduate degrees, while 298 (56.2%) possessed postgraduate qualifications.

Descriptive statistics for the study variables—Employee Engagement, Perspective-Taking, and Trust in Leader—were computed to assess central tendency and variability. The results, summarized, include mean, standard deviation, skewness, and kurtosis values. Based on the criteria suggested by Hair et al. (2010) and Sposito et al. (1983), all skewness and kurtosis values fell within the acceptable threshold of ±2.7, indicating normal data distribution suitable for further analysis.

Table1.Demographic Information

Gender	Frequency	Percent
Female	266	50.2

Male	264	49.8
Total	530	100

Hospitals	Frequency	Percent
Public	270	50.9
Private	260	49.1
Total	530	100

Source: created by authors

Educational Qualification	Frequency	Percent
Graduation	232	43.8
Postgraduation	298	56.2
Total	530	100

Source: created by authors

Measurement Model Evaluation

To ensure the reliability and validity of the constructs, a measurement model assessment was performed following the guidelines of Hair et al. (2019).

All items demonstrated satisfactory loadings above the threshold of 0.70, confirming indicator reliability. Internal consistency reliability was established, as Cronbach's alpha values ranged between 0.693 and 0.757, exceeding the minimum acceptable level of 0.60 (Nunnally & Bernstein, 1994). Composite reliability (CR) and Average Variance Extracted (AVE) also met recommended thresholds, with CR > 0.70 and AVE > 0.50, confirming convergent validity. The collinearity statistics (VIF) values were all 1.000, indicating no multicollinearity concerns among constructs. Discriminant validity was assessed through both the Fornell–Larcker criterion and the Heterotrait–Monotrait (HTMT) ratio, and results confirmed that each construct was distinct from the others.

Structural Model Evaluation

The structural model was evaluated using PLS-SEM in SmartPLS 4. Results show that Perspective Taking has a significant positive impact on Trust in leader (β = 0.803), while Trust in leader significantly predicts Employee engagement (β = 0.636).

The R^2 value for trust in leader is 0.497, indicating that 49.7% of the variance in trust in leader is explained by perspective taking. Similarly, the R^2 value for EE is 0.492, meaning that 49.2% of the

variance in employee engagement is explained jointly by perspective taking and trust in leader. Both values indicate moderate explanatory power (Chin, 1998; Hair et al., 2021). Effect size (f^2) results show that perspective taking has a large effect on trust in leader ($f^2 = 0.539$), and trust in leader has a large effect on EE ($f^2 = 0.642$), highlighting the strong influence between constructs.

Multi-Group Analysis (Public vs. Private Hospitals)

The multi-group analysis showed that all hypothesized relationships were significant in both public and private hospitals, but with varying strengths. Perspective-taking had a slightly stronger effect on trust in leaders in public hospitals, while trust in leaders exerted a stronger impact on employee engagement in private hospitals. The mediating role of trust in leaders was confirmed for both groups, though more pronounced in the private sector.

Discussion

This study examined whether the relationships among perspective-taking, trust in leaders, and employee engagement differ between public and private hospitals. The results of the multi-group analysis show that although structural relationships are significant in both sectors, their strengths vary, highlighting important contextual differences.

First, perspective-taking demonstrated a strong and positive effect on trust in leaders in both hospital types, with only a slight difference in the magnitude of the coefficients. This indicates that when leaders are perceived as understanding employees' viewpoints, trust is consistently enhanced across organizational settings. The slightly stronger effect observed in public hospitals suggests that employees in more bureaucratic environments may rely more heavily on leader empathy and understanding as a basis for trust.

Second, trust in leaders showed a significant relationship with employee engagement in both sectors; however, the effect was notably stronger in private hospitals. This finding implies that engagement in private hospitals may be more sensitive to relational and leadership factors, possibly due to greater performance pressures and a stronger emphasis on leader–employee interaction. In contrast, engagement in public hospitals may also depend on institutional conditions and systemic factors beyond leadership behavior alone.

Third, the mediating effect of trust in leaders between perspective-taking and employee engagement was confirmed in both groups, though again stronger in private hospitals. This pattern indicates that when leaders demonstrate perspective-taking, the way this behavior translates into employee engagement relies more heavily on trust-building processes within private-sector contexts. In public hospitals, while mediation is present, additional structural or policy-related elements may shape how employees convert leader behaviors into motivational outcomes.

Overall, the findings demonstrate that the proposed model is robust across settings, yet sectoral differences influence the strength of the pathways. These results underscore the importance of considering organizational context when examining leader behavior and its impact on employee outcomes.

Theoretical Contribution

This study advances leadership and organizational behavior literature by empirically validating a streamlined model in which perspective-taking enhances employee engagement through trust in leaders. Grounded in Social Exchange Theory (SET), the findings strengthen theoretical claims that relational processes—particularly trust—serve as core mechanisms linking leader behaviors to employee outcomes. By demonstrating that perspective-taking significantly predicts trust in leaders, the study expands SET by emphasizing cognitive–empathic leader capacities as antecedents to high-quality exchange relationships.

This study offers several theoretical advancements that extend existing knowledge on leadership and employee engagement.

First, the research contributes to theory by demonstrating that *perspective-taking functions as a formative antecedent of leadership trustworthiness.*

Unlike previous studies that treat perspective-taking mainly as an interpersonal skill, this study shows that it operates as a structural input in building leader–follower relational quality. This positions perspective-taking as a foundational cognitive component in trust formation models.

Second, the model strengthens theoretical clarity regarding the mechanistic role of trust. Rather than serving as a general relational outcome, trust is shown to be a *functional psychological mechanism* that converts cognitive evaluations (perspective-taking) into motivational outcomes (engagement). This provides a more precise explanation of how leadership cognition translates into employee attitudes.

Third, the study adds new insight to context-sensitive leadership theory by showing that the same psychological model operates across sectors but varies in intensity. This implies that institutional systems—public and private hospitals—shape the *magnitude* rather than the *existence* of these relationships. Theoretically, this confirms that leadership processes are structurally stable but contextually elastic.

Finally, by integrating leader cognition, relational trust, and employee engagement into a single sequential framework, the study contributes a more layered and cognitively grounded leadership–engagement model, offering future scholars a clearer blueprint for examining psychological pathways in organizational settings.

Practical Implications

1. Develop leaders perspective-taking skills
Hospitals should invest in structured programs—such as empathy training, simulation exercises, and role-reversal workshops—to strengthen leaders' ability to understand staff viewpoints. Since perspective-taking strongly predicts trust in leaders, improving this skill will directly enhance relational dynamics across the organization.

2. Strengthen trust-building leadership behaviors
Leaders should practice transparency, consistency, and follow-through on commitments. The results show that trust is the primary psychological lever that drives employee engagement; therefore, leaders must be trained to communicate reliably, demonstrate fairness, and show genuine concern for employee needs.

3. Tailor leadership development to sector-specific realities
Given that the strength of relationships differs between public and private hospitals, leadership interventions must be sector-sensitive.
Private hospitals should prioritize maintaining the high impact of trust on engagement through continuous leadership coaching.
Public hospitals may need additional emphasis on organizational stability, communication clarity, and leader accessibility to boost trust levels and engagement.

4. Use trust as a strategic driver of engagement
Instead of relying solely on traditional HR tools (e.g., rewards or compliance systems), hospitals should intentionally build a trust-based culture. Policies that promote leader accountability, ethical behavior, and open communication can increase employee engagement more effectively than structural incentives alone.

*5. Integrate trust and perspective-taking indicators into performance systems*
When evaluating leadership performance, hospitals should include metrics that assess relational behaviors—such as employee feedback on empathy, fairness, and credibility. Embedding these indicators in evaluation systems ensures consistent reinforcement of behaviors that elevate engagement.

Limitations and Future Research

This study has several limitations that offer directions for future research. The sample was restricted to public and private hospitals, which may limit the generalizability of the findings; future studies should test the model in other sectors and cultural contexts. Cross-sectional design also prevents causal inference, highlighting the need for longitudinal or experimental approaches. Reliance on self-reported measures may introduce common method bias, suggesting that future research should incorporate multi-source or behavioral data. Moreover, the model examined only trust as a mediator, leaving room to explore additional mechanisms such as psychological safety or perceived organizational
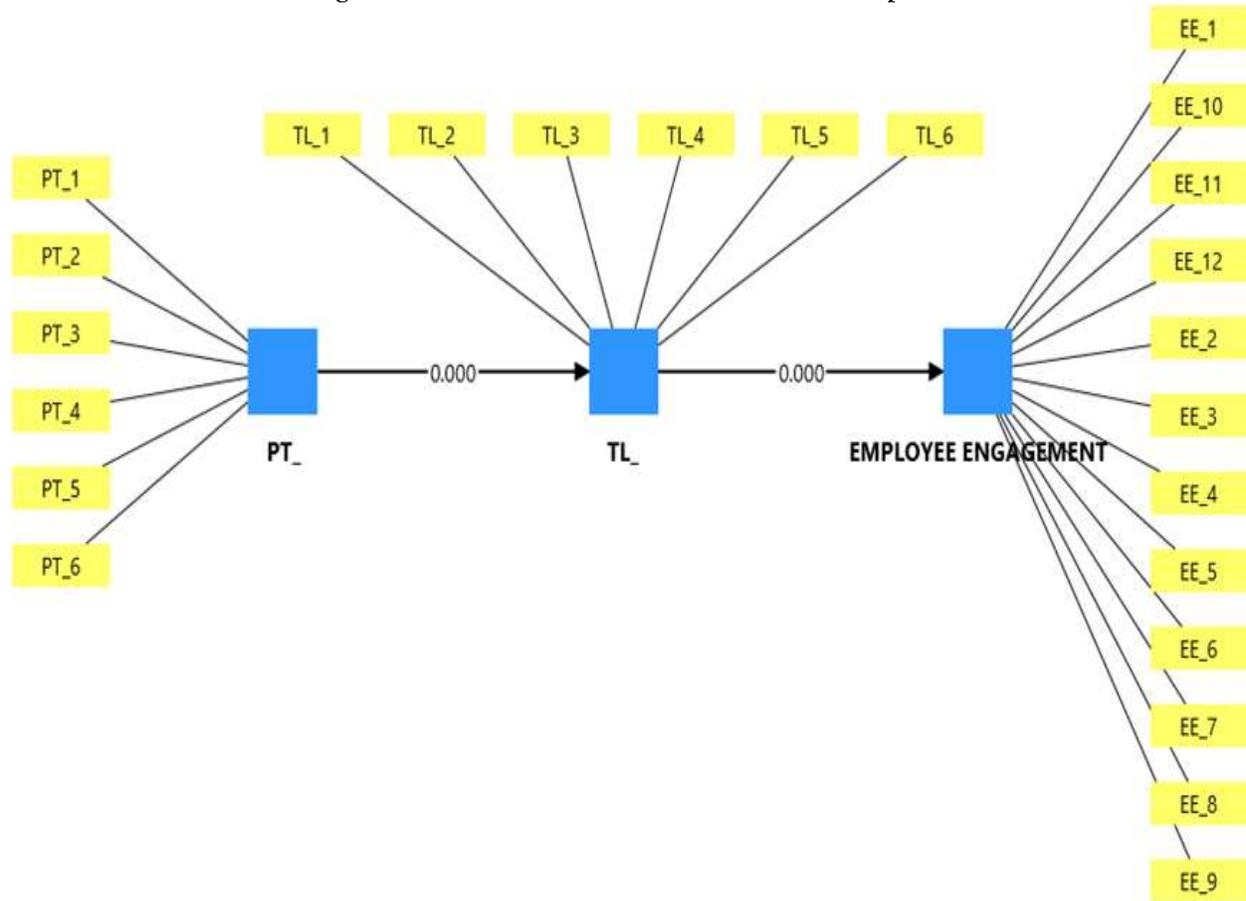
support. Expanding these areas would provide a more comprehensive understanding of how perspective-taking shapes engagement across varied organizational settings.

Figure 2. Measurement model in both sectors of hospitals
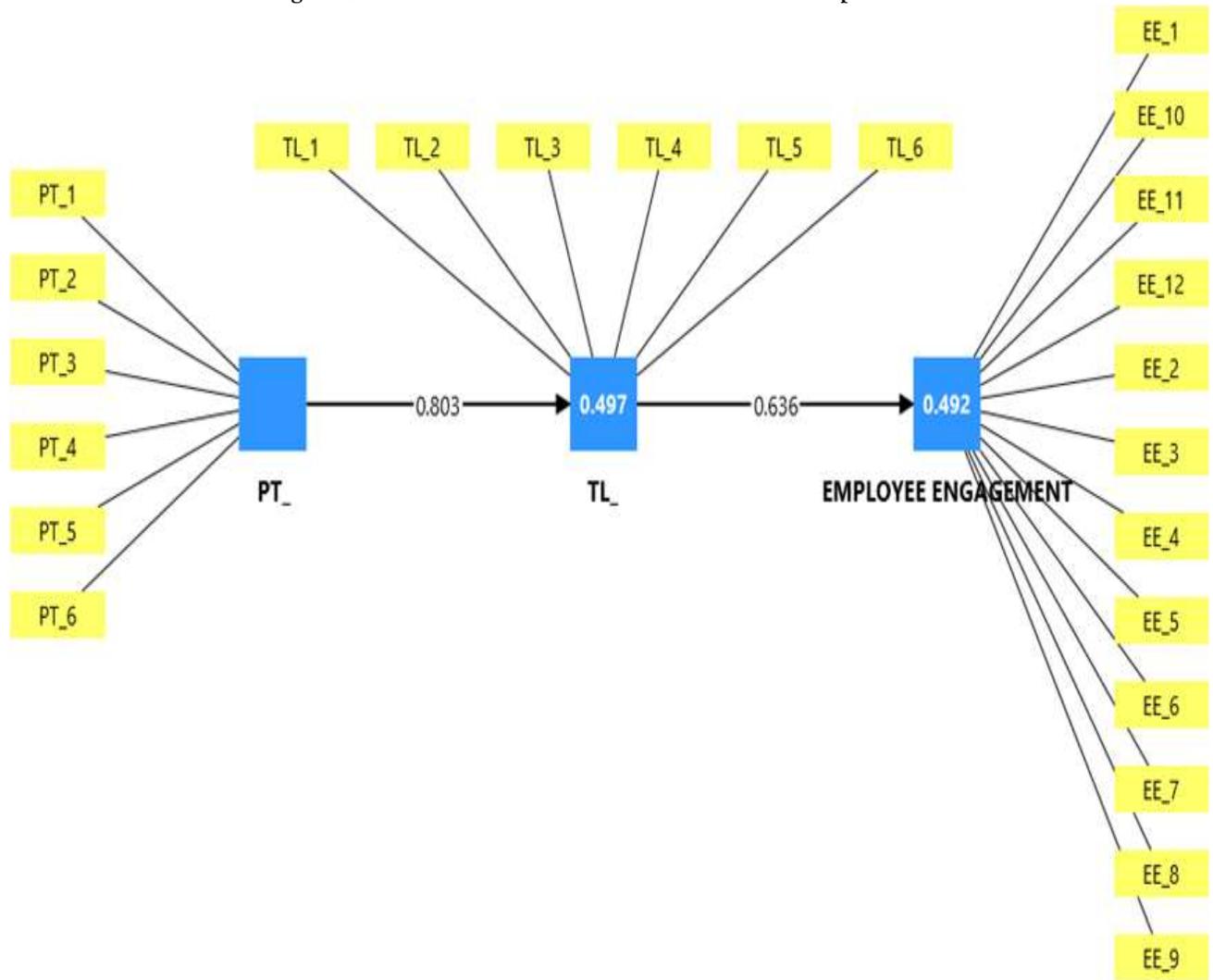
Source: created by authors

Figure 3. Structural model in both sectors of hospitals

Source: created by authors

Table3. **Measurement model statistics**

Construction	Scale	Loadings >.5	Alpha > 0.7	CR > 0.7	AVE > 0.5
Employee engagement	EE_1	0.792	0.936	0.945	0.588
	EE_2	0.821			
	EE_3	0.767			
	EE_4	0.641			
	EE_5	0.697			
	EE_6	0.798			
	EE_7	0.793			
	EE_8	0.804			
	EE_9	0.893			
	EE_10	0.654			
	EE_11	0.802			
	EE_12	0.695			

Trust in leader	TL_1	0.813	0.931	0.934	0.743
	TL_2	0.856			
	TL_3	0.924			
	TL_4	0.879			
	TL_5	0.831			
	TL_6	0.865			
Perspective-taking	PT_1	0.892	0.909	0.914	0.694
	PT_2	0.637			
	PT_3	0.75			
	PT_4	0.927			
	PT_5	0.895			
	PT_6	0.862			

Source: created by authors

Table 5. Path analysis

		Beta	T statistics value	P value
H1	Perspective taking → Trust in leader	0.803	6.396	.001
H2	Trust in leader → Employee engagement	0. 636	5.547	.001
H3	Perspective taking → Trust in leader → Employee engagement	0.511	17.702	.001

Source: created by authors

Table 6. Quality criteria

	R-square	F2	Q²predict
Trust in leader	0.497	0.539	0.528
Employee engagement	0.492	0.632	0.492

Source: created by authors

	Original sample Private hospitals	Original sample Public hospitals	T statistics private hospitals	T statistics public hospitals	P values
Perspective Taking→ Trust in leader	0.821	0.826	18.630	20.919	0.001
Trust in leader→ Employee engagement	0.693	0.582	18.144	15.745	0.001
Perspective taking→Trust in leader→Employee engagement	0.569	0.481	11.965	11.63	0.001

Table 7.Multi group analysis in private and public hospitals of Sindh (direct and indirect effects)
Source: created by authors

References

Akingbola, Kunle, and Herman A Van Den Berg 2019 Antecedents, consequences, and context of employee engagement in nonprofit organizations. Review of Public Personnel Administration 39(1):46-74.

Al-Ajlouni, Mohammed Iqbal 2021 Can high-performance work systems () promote organisational innovation? Employee , engagement and creativity in a moderated mediation model. Employee Relations: The International Journal 43(2):373-397.

Anitha, Jagannathan 2014 Determinants of employee engagement and their impact on employee performance. International journal of productivity and performance management 63(3):308-323.

Appelbaum, Eileen, et al. 2000 Manufacturing advantage: Why high-performance work systems pay off: Cornell University Press.

Bal, P Matthijs, Dorien TAM Kooij, and Simon B De Jong 2013 How do developmental and accommodative HRM enhance employee engagement and commitment? The role of psychological contract and SOC strategies. Journal of management studies 50(4):545-572.

Bastani, Peivand, et al. 2021 Hospital management by health services management graduates: the change paradigm in Iran. Heliyon 7(11).

Blau, Peter M 1964 Exchange and Power in Social Life John Wiley & Sons. New York:93-94.

Chughtai, Aamir, Marann Byrne, and Barbara Flood 2015 Linking ethical leadership to employee well-being: The role of trust in supervisor. Journal of Business Ethics 128:653-663.

Davis, Mark H, et al. 1996 Effect of perspective taking on the cognitive representation of persons: a merging of self and other. Journal of personality and social psychology 70(4):713.

Donate, Mario J, et al. 2020 Total quality management and high-performance work systems for social capital development:

Effects on company innovation capabilities. Journal of Intellectual Capital 21(1):87-114.

Enwereuzor, Ibeawuchi K, Busayo A Adeyemi, and Ike E Onyishi 2020 Trust in leader as a pathway between ethical leadership and safety compliance. Leadership in Health Services 33(2):201-219.

Galinsky, Adam D, and Gillian Ku 2004 The effects of on prejudice: The moderating role of self-evaluation. Personality and Social Psychology Bulletin 30(5):594-604.

Islam, Talat, et al. 2023 How does ethical leadership enhance employee work engagement? The roles of trust in leader and harmonious work passion. Kybernetes.

Jatoi, S. A., Shah, S. S., Shah, A. S., & Channar, S. H. (2024). A nexus among high performance work systems, employee engagement, perspective-taking, trust in leader and organisational innovation: An insight from developing country. *Journal of Health Organization and Management*, *38*(6), 821-842.

Jatoi, S. A., Shah, S. S., & Shah, A. S. (2023). High performance work system and organizational innovation: the mediating role of innovative work behaviour. *Pakistan Journal of International Affairs*, *6*(2).

Kloutsiniotis, Panagiotis V, and Dimitrios M Mihail 2018 The link between perceived high-performance work , employee attitudes and service quality: The mediating and moderating role of trust. Employee Relations 40(5):801-821.

Kossyva, Dorothea, et al. 2023 Outcomes of engagement: A systematic literature review and future research directions. Heliyon.

Liu, Xiaoming, et al. 2022 Employee engagement, its antecedents and effects on business performance in hospitality industry: a multilevel analysis. International Journal of Contemporary Hospitality Management 34(12):4631-4652.

Malinga, Kgomotso Silvia, Marius Stander, and Werner Nell 2019 Positive leadership: Moving towards an integrated definition and interventions. Theoretical approaches

to multi-cultural positive psychological interventions:201-228.

Markos, Solomon, and M Sandhya Sridevi2010 Employee engagement: The key to improving performance. International journal of business and management 5(12):89.

May, Douglas R, Richard L Gilson, and Lynn M Harter2004 The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. Journal of occupational and organizational psychology 77(1):11-37.

McAllister, Daniel J1995Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations. Academy of management journal 38(1):24-59.

Min, Min, Ying Zhu, and Mary Bambacas2020 The mediating effect of trust on the relationship between high-performance work systems and employee outcomes among Chinese indigenous firms. Asia Pacific Journal of Human Resources 58(3):399-426.

Nyhan, Ronald C, and Herbert A Marlowe Jr1997 Development and psychometric properties of the organizational trust inventory. Evaluation Review 21(5):614-635.

Parker, Sharon K, Helen M Williams, and Nick Turner2006 Modeling the antecedents of proactive behavior at work. Journal of applied psychology 91(3):636.

Pattnaik, Subash Chandra, and Rashmita Sahoo 2021 Employee engagement, creativity and task performance: role of perceived workplace autonomy. South Asian Journal of Business Studies 10(2):227-241.

Ramsay, Harvie, Dora Scholarios, and Bill Harley2000 Employees and high-performance work systems: Testing inside the black box. British Journal of industrial relations 38(4):501-531.

Rasheed, Muhammad Athar, et al.2017 Exploring the role of employee voice between high-performance work system and organizational innovation in small and medium enterprises. Journal of Small Business and Enterprise Development 24(4):670-688.

Shore, Lynn M, and Jacqueline A-M Coyle-Shapiro2003 New developments in the employee–organization relationship. Pp. 443-450, Vol. 24: Wiley Online Library.

Siyal, Saeed, et al.2023 Does inclusive leadership influence task performance of hospitality industry employees? Role of psychological empowerment and trust in leader. Heliyon 9(5).

Tensay, Assefa Tsegay, and Manjit Singh2020 The nexus between HRM, employee engagement and organizational performance of federal public service organizations in Ethiopia. Heliyon 6(6).

Tuller, Hannah M, et al.2015 Seeing the other side: Perspective taking and the moderation of extremity. Journal of Experimental Social Psychology 59:18-23.

Van De Voorde, Karina, and Susanne Beijer2015 The role of employee HR attributions in the relationship between high-performance work systems and employee outcomes. Human resource management journal 25(1):62-78.

Wollard, Karen Kelly, and Brad Shuck2011 Antecedents to employee engagement: A structured review of the literature. Advances in developing human resources 13(4):429-446.

Yan, Yanling, et al2023 Positive leadership and employee engagement: The roles of state positive affect and individualism-collectivism. Current Psychology 42(11):9109-9118.

Siyal, S., Liu, J., Ma, L., Kumari, K., Saeed, M., Xin, C., & Hussain, S. N. (2023). Does inclusive leadership influence task performance of hospitality industry employees? Role of psychological empowerment and trust in leader. *Heliyon*, *9*(5).