Power, Trust, and Workplace Politics as Predictors of Nurse Productivity in Ghana's Public Health Sector

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ABSTRACT

Nurse productivity is a critical determinant of healthcare quality and system efficiency, particularly in low- and middle-income countries where public health facilities operate under significant resource constraints. In Ghana, persistent concerns regarding service delivery inefficiencies have drawn attention to organizational factors that shape nurses' performance. Among these factors, power relations, interpersonal trust, and workplace politics remain underexplored within the nursing context. This study adopted a quantitative cross-sectional survey design grounded in the positivist research paradigm. Data were collected from 123 nurses working in public health facilities within the Effutu Municipality of Ghana. Standardized, validated questionnaires were used to measure power, trust, workplace politics, and nurse productivity. Data analysis was conducted using SPSS, employing correlation and hierarchical regression analyses to test direct and mediating relationships among the study variables. The findings revealed that both power and trust significantly influenced nurse productivity. Trust demonstrated a positive relationship with productivity, while power exhibited a negative association when perceived as domineering. Workplace politics was found to significantly mediate the relationships between power, trust, and nurse productivity, indicating that political behaviors within healthcare institutions can either amplify or undermine performance outcomes. The study highlights the central role of organizational dynamics in shaping nurse productivity within Ghana's public health sector. Strengthening trust-based leadership, clarifying power structures, and minimizing dysfunctional workplace politics are essential for improving nurse performance and healthcare delivery outcomes.

Keywords: Nurse productivity, power, trust, workplace politics, Ghana

Introduction

Nurse productivity is fundamental to the effectiveness and sustainability of public healthcare systems, particularly in low- and middle-income countries such as Ghana, where healthcare delivery is constrained by limited resources and growing service demands (Aboagye & Yamoah, 2025). Nurses constitute the largest professional group within the Ghana Health Service and are directly responsible for patient care, continuity of services, and overall health outcomes. As such, variations in nurses'

productivity have direct implications for patient safety, service quality, and institutional performance (Abbas & Awan, 2017).

Despite sustained investments in training, remuneration, and workforce expansion, concerns regarding inefficiencies in service delivery persist within Ghana's public health sector. While structural challenges such as inadequate staffing and limited infrastructure have been widely documented, increasing attention is being directed toward organizational and behavioral factors that shape nurses' performance. In particular, power relations, interpersonal trust, and workplace politics are increasingly recognized as critical determinants of employee behavior and productivity in complex organizational settings. (Jisr & Mostapha, 2020).

Power within healthcare organizations influences how decisions are made, how resources are allocated, and how authority is exercised. When power is perceived as legitimate and supportive, it can enhance coordination and accountability. Conversely, excessive or coercive use of power may generate fear, resistance, and disengagement among nurses, ultimately reducing productivity. Trust, on the other hand, fosters cooperation, psychological safety, and commitment, enabling nurses to perform their roles effectively even under demanding conditions (Robbins & Judge, 2013)

Workplace politics represents a further layer of organizational complexity. In healthcare institutions, political behaviors may emerge as individuals compete for influence, recognition, or scarce resources. While some degree of political skill may facilitate coordination, dysfunctional workplace politics often undermines trust, diverts attention from patient care, and weakens professional collaboration. Empirical evidence examining how workplace politics interacts with power and trust to influence nurse productivity in Ghana remains limited (Arnott, 2007).

This study seeks to address this gap by examining the direct effects of power and trust on nurse productivity and by exploring the mediating role of workplace politics within Ghana's public health sector. By focusing specifically on nurses, the study contributes contextually grounded evidence to health services management literature and offers insights relevant to nurse leadership and organizational policy.

Justification of the Study

Improving nurse productivity remains a major concern for public health administrators and policymakers in Ghana. While national initiatives and institutional reforms have sought to enhance efficiency and accountability within the health sector, productivity challenges persist, particularly at the frontline level where nurses deliver essential care. Understanding the organizational conditions that enable or constrain nurses' performance is therefore of strategic importance.

Existing research on employee productivity in Ghana has largely focused on structural or economic factors, with comparatively limited attention to the behavioral and relational dimensions of work within healthcare institutions. Studies examining power, trust, and workplace politics have predominantly been conducted in corporate or general public-sector settings, leaving a notable gap in nursing and health services (Zinta et al., 2017)

This study is justified on both theoretical and practical grounds. Theoretically, it extends organizational behavior frameworks by empirically examining how power and trust influence nurse productivity through workplace politics in a public healthcare context. Practically, the findings provide evidence-based insights for nurse managers and health administrators seeking to design leadership practices, governance structures, and workplace environments that support optimal performance and service delivery.

Purpose of the Study

The purpose of this study is to examine the influence of power and trust on nurse productivity in Ghana's public health sector, with particular emphasis on the mediating role of workplace politics. The study aims to generate empirical evidence that explains how organizational dynamics shape nurses' performance and to provide actionable insights for improving management practices within public healthcare institutions.

Objectives of the Study

The specific objectives of the study are to:

1. Examine the effect of perceived power on nurse productivity in Ghana's public health sector.

2. Assess the influence of interpersonal trust on nurse productivity.

3. Determine the effect of power on workplace politics among nurses.

4. Examine the relationship between trust and workplace politics in public healthcare institutions.

5. Analyze the mediating role of workplace politics in the relationship between power, trust, and nurse productivity.

Literature Review

Nurse Productivity in Public Healthcare Systems

Nurse productivity is a multidimensional concept that extends beyond the volume of tasks completed to include efficiency, quality of care, patient outcomes, and professional commitment. In public healthcare systems, particularly within low- and middle-income countries, nurse productivity plays a decisive role in determining service delivery effectiveness and patient satisfaction. Nurses operate at the frontline of healthcare provision, and their productivity directly influences clinical outcomes, waiting times, and continuity of care. (Sultana et al.,2012).

In the Ghanaian context, nurse productivity has been challenged by a combination of systemic constraints and organizational dynamics. While factors such as staffing shortages, workload intensity, and inadequate infrastructure are widely acknowledged, recent health services research suggests that relational and behavioral factors within healthcare organizations may be equally influential. Organizational environments characterized by unclear authority structures, low levels of trust, and pervasive workplace politics often create psychological strain that undermines nurses' motivation and performance (Abhilasha, 2020).

Empirical studies conducted in sub-Saharan Africa indicate that productivity in healthcare settings is strongly associated with leadership practices, interpersonal relationships, and institutional climate. When nurses perceive their work environment as fair, supportive, and transparent, they are more likely to demonstrate discretionary effort and sustained commitment. Conversely, environments marked by favoritism, power abuse, and political maneuvering tend to erode morale and reduce productivity. These insights highlight the need to examine nurse productivity through an organizational behavior lens that captures both structural and relational influences (Bhatti & Qureshi, 2007).

Power and Nurse Productivity

Power is an inherent feature of healthcare organizations, shaping decision-making processes, authority relations, and access to resources. In nursing environments, power is exercised through formal hierarchies, professional roles, and managerial authority. When power is perceived as legitimate and aligned with professional values, it can facilitate coordination, accountability, and role clarity, thereby enhancing productivity (Bell et al., 2000).

However, the misuse or over-centralization of power often generates negative outcomes. Studies in healthcare settings have shown that authoritarian leadership styles and coercive power practices are associated with reduced job satisfaction, emotional exhaustion, and diminished work engagement among nurses. Nurses who perceive managerial power as domineering or unfair are more likely to disengage, comply minimally with job requirements, or divert energy toward self-protective behaviors rather than patient care (Ellis, 2019).

Within public health institutions in Ghana, hierarchical structures and rigid administrative controls may intensify perceptions of power imbalance. When nurses feel excluded from decision-making or subjected to arbitrary authority, productivity suffers not because of a lack of competence, but due to diminished psychological safety and motivation. These dynamics suggest that power does not operate in isolation; rather, its impact on productivity is shaped by how it is perceived and enacted within organizational relationships (Aboagye & Yamoah, 2025).

Trust as a Determinant of Nurse Productivity

Trust is widely recognized as a foundational element of effective organizational functioning, particularly in high-stress professions such as nursing. In healthcare environments, trust facilitates collaboration, open communication, and professional autonomy. Nurses who trust their supervisors and colleagues are more likely to share information, seek support, and engage proactively in problem-solving, all of which contribute to higher productivity (Youssef et al.,2020).

Organizational trust in nursing settings is built through consistent leadership behavior, transparent decision-making, and perceived fairness in resource allocation. When nurses believe that management acts in their best interest and upholds professional standards, they are more inclined to invest discretionary effort in their work. Empirical evidence from healthcare systems across Africa and other developing regions indicates that trust is positively associated with job satisfaction, organizational commitment, and performance outcomes among nurses. (Galit et al., 2017)

Conversely, low levels of trust often manifest in withdrawal behaviors, reduced cooperation, and resistance to organizational initiatives. In contexts where trust is eroded by favoritism, inconsistent leadership, or opaque administrative practices, nurses may prioritize self-preservation over institutional goals. This undermines productivity and weakens the collective capacity of healthcare teams. Trust, therefore, functions as a psychological resource that buffers the negative effects of workplace stressors and enhances nurses' ability to perform effectively. (Youssef et al., 2020)

Workplace Politics in Healthcare Organizations

Workplace politics refers to behaviors through which individuals seek to advance personal or group interests, often outside formal organizational procedures. In healthcare institutions, workplace politics may emerge around promotions, shift allocations, access to training opportunities, or leadership

influence. While some political behavior may be unavoidable in complex organizations, excessive or dysfunctional politics can have detrimental effects on employee performance (Robbins & Judge., 2013).

In nursing environments, workplace politics often intensifies under conditions of resource scarcity, ambiguous role expectations, and hierarchical power structures. Nurses who perceive their workplace as highly political are more likely to experience stress, emotional exhaustion, and reduced job satisfaction. Political climates tend to redirect attention away from patient care toward impression management, alliance-building, and defensive behaviors, all of which detract from productivity (June, 2003)

Research within public sector organizations suggests that perceptions of workplace politics are negatively associated with employee performance and commitment. In healthcare settings, this effect may be amplified due to the emotionally demanding nature of nursing work. When political considerations overshadow professional values, nurses may become disengaged, leading to reduced efficiency and compromised care quality (Eran, 2007)

Workplace Politics as a Mediating Mechanism

Emerging evidence suggests that workplace politics may function as a critical mechanism through which power and trust influence employee productivity. Power relations shape access to resources and decision-making authority, which in turn influence political behavior within organizations. Similarly, trust can either mitigate or exacerbate perceptions of politics depending on the transparency and fairness of organizational processes (Abhilasha, 2020).

In nursing contexts, high levels of trust may reduce the perceived need for political manoeuvring, fostering a collaborative environment that supports productivity. Conversely, when power is exercised in a coercive or exclusionary manner, workplace politics may intensify as nurses compete for influence or protection. This political climate can mediate the relationship between power, trust, and productivity by either amplifying or dampening their effects (Kramer,1999).

Understanding workplace politics as a mediating variable provides a more nuanced explanation of how organizational dynamics operate within public healthcare institutions. Rather than viewing power and trust as direct predictors of productivity alone, this perspective recognizes the complex social processes through which these factors interact to shape nurses' work behavio (Kramer,1999).

Theoretical Framework - Vroom's Expectancy Theory

This study is anchored in Vroom's Expectancy Theory, which posits that employee performance is a function of expectancy, instrumentality, and valence. In nursing contexts, expectancy reflects nurses' beliefs that their effort will lead to effective performance, instrumentality relates to the perceived linkage between performance and desired outcomes, and valence refers to the value nurses attach to those outcomes (James & George, 2017).

Power, trust, and workplace politics directly influence these cognitive evaluations. When nurses trust their leaders and perceive power structures as fair, expectancy and instrumentality are strengthened, enhancing productivity. Conversely, political work environments weaken these linkages by introducing uncertainty and perceived injustice, thereby reducing motivation and performance (Kramer,1999).

Methodology

Research Paradigm and Approach

This study was grounded in the positivist research paradigm, which assumes that social phenomena can be objectively measured and analyzed to establish patterns and causal relationships. Guided by this paradigm, a quantitative research approach was adopted to examine the relationships among power, trust, workplace politics, and nurse productivity within Ghana's public health sector. The quantitative

approach was considered appropriate as it enabled the systematic testing of hypotheses using standardized instruments and statistical techniques (Saunders et al., 2009).

Research Design

A cross-sectional survey design was employed to collect data from nurses at a single point in time. This design is widely used in health services and organizational research to examine relationships among variables in real-world settings. The cross-sectional approach was particularly suitable for capturing nurses' perceptions of power, trust, workplace politics, and productivity within their current organizational environments (Check & Schutt, 2011).

Study Setting

The study was conducted within public healthcare facilities under the Ghana Health Service in the Effutu Municipality, Central Region of Ghana. The municipality hosts several public health institutions that provide primary and secondary healthcare services and employ a substantial number of professional nurses. The setting provided a relevant context for examining organizational dynamics within Ghana's public health system.

Population of the Study

The target population comprised registered nurses employed in public healthcare facilities within the Effutu Municipality. Nurses were selected as the focus of the study due to their central role in healthcare delivery and their direct exposure to organizational power structures, leadership practices, and workplace politics.

Sample Size and Sampling Technique

A total population of 190 nurses was identified across the selected public healthcare facilities. Using the Krejcie and Morgan (1970) sample size determination table, a sample size of 123 nurses was deemed adequate to ensure statistical power and representativeness.

A simple random sampling technique was used to select participants. This method ensured that each nurse had an equal chance of being included in the study, thereby minimizing selection bias and enhancing the generalizability of the findings within the study context.

Research Instruments

Data were collected using a structured, self-administered questionnaire composed of five sections:

- Section A: Demographic characteristics (age, gender, marital status, educational level, years of experience)
- Section B: Power (6-item scale adapted from Jalal, 2016)
- Section C: Trust (10-item scale adapted from McAllister, 1995)
- Section D: Workplace Politics (8-item scale adapted from Vigoda, 2007)
- Section E: Nurse Productivity (5-item scale adapted from Pradhan & Jena, 2017)

All items were measured on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

Validity and Reliability

Content validity was ensured through expert review by two scholars in organizational behavior and two senior nurse managers within the Ghana Health Service. Their feedback confirmed that the questionnaire items were relevant, clear, and appropriate for the nursing context.

A pilot test involving 12 nurses outside the main study sample was conducted to assess clarity and reliability. Internal consistency reliability was evaluated using Cronbach's alpha, with all constructs exceeding the recommended threshold of 0.70, indicating satisfactory reliability.

Data Collection Procedure

Formal approval was obtained from hospital management prior to data collection. Participants were informed about the purpose of the study, and informed consent was obtained. Questionnaires were distributed both in printed and electronic formats to accommodate nurses' work schedules. Out of 147 questionnaires distributed, 123 valid responses were retrieved, representing a response rate of 89.7%.

Data Analysis Technique

Data were coded and analyzed using SPSS version 25. Descriptive statistics (means and standard deviations) were used to summarize respondents' demographic characteristics and study variables. Pearson correlation analysis was employed to examine bivariate relationships among the variables.

To test the study hypotheses and examine mediation effects, hierarchical regression analysis was conducted following established mediation procedures. Statistical significance was determined at $p < .05$.

Ethical Considerations

The study adhered to established ethical standards for research involving human participants. Participation was voluntary, confidentiality was assured, and respondents were informed of their right to withdraw at any stage without penalty. Data were anonymized and used strictly for academic purposes.

Results

Demographic Characteristics of Respondents

Out of the 147 questionnaires distributed, 123 valid responses were retrieved, yielding a high response rate of 89.7%. Table 1 presents the demographic characteristics of respondents.

Table 1 Summary of Frequencies and Percentages of Demographics

Variables	Frequency	Percent
Gender		
Female	26	35.6
Male	47	64.4
Age		
21-30	8	11.0
31-40	30	41.1
41-50	32	43.8
51 and Above	3	4.1
Marital Status		
Single	11	15.1
Married	60	82.2
Divorced	2	2.7
Educational Level		
WASSCE/SSCE	2	2.7
Bachelor Degree	24	33.0
Postgraduate Degree	42	57.5
HND/Diploma	2	2.7
Other	3	4.1
Category of Staff		
Teaching	24	33.0
Non-teaching	49	67.0

The majority of respondents were in their 30s (41.1%), married (82.2%), and had at least one child (80.5%). More than half of the respondents (57.5%) held a postgraduate degree. These characteristics suggest a population balancing active professional and family responsibilities.

Descriptive Statistics of Study Variables

Descriptive statistics were computed for all constructs, including means, standard deviations, and reliability coefficients (Cronbach's alpha). Table 2 presents the results.

Table 2 Summary Description of demographics

	Mean	Std. Deviation	Skewness	Kurtosis	Cronbach's α
Employee Productivity	2.36	.533	.261	.874	.746
Workplace Politics	2.52	.769	.279	-1.152	.755
Trust	2.64	.895	.520	.468	.879
Power	2.75	.831	-.087	-1.061	.753
Valid N (listwise)					

The results in Table 2 show a mean mark of 2.36 for employee productivity suggesting that the workers understudy strongly agreed to the fact that their level of productivity is somewhat essential to them. Likewise, the mean mark of 2.52 for workplace politics shows that workers affirmed that there is some level of workplace politics within the institution. Finally, the mean marks of 2.64 and 2.75 for trust and power show that the workers agreed that some level of trust among themselves and that their superiors command some form of power or authority respectively. All reliability coefficients exceeded the recommended threshold of .70, confirming internal consistency and normality per the s Skewness and Kurtosis values.

Correlation Analysis

Pearson correlation analysis was conducted to examine relationships among variables. Results are presented in Table 3.

Table 3 Correlational Analysis

		1	2	3	4	5	6	7	8
1	Gender	-							
2	Age	-.405*	-						
3	Marital Status	.335	.175	-					
4	Educational Level	-.194	.497**	.288	-				
5	Category of Staff	.052	-.320	-.210	-.388*	-			
6	Employee Productivity	-.315	.368*	.263	.163	-.076	-		
7	Workplace Politics	-.004	.187	.101	.017	-.218	-.487**	-	
8	Trust	.064	.011	.155	-.079	-.196	.496**	-.655**	-
9	Power	-.296	.289	-.225	.027	-.227	-.433*	.582**	.654**

*NB: **, * Significant at 1% and 5% respectively*

From table 3, it is established that a positively significant relationship exists between trust and employee productivity (r= .496, p< 0.01). Conversely, the findings of the study depict a negative relationship between trust and workplace politics; thus (r= -.655, p< 0.01).

Also, a significant negative relationship between power and employee productivity (r= -.433, p< 0.05). Again, the results show a positive significant inclination between power and workplace politics (r= .582, p< 0.01). In essence, as an employee perceive that supervisors within their organisation are power domineering towards them, the more workplace politics increases. Also, the results show a negative significant relationship between workplace politics and employee productivity (r= -.487, p< 0.01).

Multiple Regression Analysis

As per the previous interpretations of the correlational analysis, the linkage between the variables under study has been established and there is the need to know the impact of power and trust on employee productivity and the mediation role workplace politics plays. In evaluating the model fit, this study used the coefficient of determination.

Table 4.3 Regression Analysis of Trust and Power on Employee Productivity (Direct Effect)

	Standardized Coefficients			Collinearity Statistics		
	Beta (R^2)	T	P	Tolerance	VIF	F
First Step						
(Constant)		14.786	.000			15.934
Trust	.221	1.796	.036	.371	1.746	
Power	-.122	.923	.043	.191	1.231	

Dependent Variable: Employee Productivity

Table 4.2: Regression Analysis of Trust and Power on Workplace Politics (Direct Effect)

	Standardized Coefficients			Collinearity Statistics		
	Beta (R^2)	T	P	Tolerance	VIF	F
Second Step						
(Constant)		12.033	.000			13.299
Trust	-.411	2.724	.013	.573	1.654	
Power	.249	1.534	.041	.245	1.124	

Dependent Variable: Workplace Politics

Table 4.3: Regression Analysis of Workplace Politics on Employee Productivity (Indirect Effect)

	Standardized Coefficients			Collinearity Statistics		
	Beta (R^2)	T	P	Tolerance	VIF	F
Final Step						
(Constant)		5.270	.000			9.619
Workplace Politics	-.338	3.101	.004	.245	1.875	

Dependent Variable: Employee Productivity

Table 5 Summary of findings

H	Hypothesis Statement	Beta Value	P-Value	Remarks
H1	There exists a direct significant impact of power on workplace politics at Ghana Health Service.	-0.122	0.043	Supported
H2	There exists a direct significant impact of trust on workplace politics at Ghana Health Service	0.221	0.036	Supported
H3	There exists a direct significant impact of power on workplace politics at Ghana Health Service.	0.249	0.041	Supported
H4	Workplace politics has a significant mediator effect on the relationship between power and employee productivity at Ghana Health Service	-0.411	0.048	Supported
H5	Workplace politics has a significant mediator effect on the relationship between trust and employee productivity at Ghana Health Service	-0.338	0.004	Supported

Discussion

The results of the study showed that power has a significant moderate influence on employee productivity, thus, in essence, there is a direct effect of power on employee productivity. This finding is consistent with Nelson, (2017) who argues that in an organisation where there is a power struggle among employees, it creates an environment where interpersonal relationships become hostile and incompatible hence employees do not like each other and therefore cannot work harmoniously and productively.

Further, the findings of the study revealed that trust has a significant moderate impact on employee productivity. Thus, in essence, there is a direct effect of trust on employee productivity. This finding is consistent with Hoseini et al, (2019) who in their study found trust to have a direct and significant impact on employee productivity. The aforementioned findings corroborate with the findings of Salamon, and Robinson, (2008) who established that when employees in an organization perceive they are trusted by management, it increases their presence of responsibility norms, which in turn leads to an increase in the sales and customer service performance. The evidence may be due to the fact that when employees have high levels of trust in their leadership, they turn to give out their best towards the organisational course of action which in turn increases their productivity. On the contrary, when employees develop a high level of mistrust in their leadership, they turn to be reluctant in pursuing the organisational course of action set by management, they withhold relevant resources and information necessary for the attainment of set objectives leading to low productivity.

Again, the findings of the study revealed that power has a significant moderate positive impact on workplace politics at Ghana Health Service. Thus, in essence, there is a direct effect of power on workplace politics. This is results find support from Abbas and Awan, (2017) who revealed that when management adopts strategies that minimizes employees' perceptions about high power distance, it reduces tension and politics in an organisation. This positive relationship may result when management is able to disentangle the relationships that lead to unnecessary competition and struggle leading to conflict. Also, the results of the study revealed a moderate effect of trust on workplace politics, thus, there is a significant negative impact of trust on workplace politics on nurses at Ghana Health Service. This finding is supported by Tzafrir (2005) who contends that organisations where there is a high level of trust among employees, organisational politics reduces and vice-versa. Finally, the results of the study showed that workplace politics had a significant partial mediation effect among the study variables (trust, power and employee productivity). This is in line with the findings of Chen et al (2011), who revealed that workplace politics mediated the relationship between trust and employee performance.

REFERENCES

1. Abbas, Q., & Awan, S. H. (2017). Impact of organizational politics on employee performance in public sector organizations. Pakistan Administrative Review, 1(1), 19-31
2. Aboagye, F., & Yamoah, E. (2025). Work-Family Conflict and Job Satisfaction among Female Nurses: The Moderating Role of Social Support in Ghana's Health Sector. Available at SSRN 5788322.
3. Arnott, D. C. (2007). Trust – current thinking and future research. European Journal of Marketing, 981-987.
4. Bell, R., Walker, H. A., & Willer, D. (2000). Power, influence, and legitimacy in organizations: Implications of three theoretical research programs Published online. Research in the Sociology of Organizations, 131-177.
5. Bhattacharya, R., Devinney, T. M., & Pillutla, M. M. (1998). A formal model of trust based on outcomes. Academy of Management Review, 23, 459-72.
6. Bhatti, K. K., & Qureshi, T. M. (2007). Impact Of Employee Participation On Job Satisfaction, Employee Commitment And Employee Productivity. International Review of Business Research Papers, 3, 54-68.
7. Block, P. (1988). The Empowered Manager: Positive Political Skill at Work, Jossey-Bass, San. San Francisco, CA: Jossey-Bass.
8. Burtless, G. (1996). The effect of school resources on student achievement and adult succes, contributors. Washington DC: Brookings Institution.
9. Campana, J. (2010). The soft Skills of Project Management: A view from Diploma Graduates. Master Thesis, Faculty of Education, Queensland University of Technology.
10. 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. Journal of management, 40(3), 796-819.
11. Cohen, L., Manion, L., & Morrison, K. (2005). Research methods in education. London: Routledg.
12. Corbin, J., & Strauss, A. (2008). Basics of qualitative research. 3rd Ed., e. Thousand Oaks Sag, 1.
13. Deresky, H. (2017). International Management, Managing Across Border and Cultures. London: Pearson Education Limited.
14. Doney, P. M., & Cannon, J. P. (1997). An Examination of the Nature of Trust in Buyer–Seller Relationships. Marketing Journal, 35-51.
15. Employee Productivity and its influencing factors. (n.d.). Retrieved October 26, 2020, from Ispatguru: https://www.ispatguru.com/employee-productivity-and-its-influencing-factors/
16. Eran, V. G. (2007). Leadership style, organizational politics, and employees' performance: An empirical examination of two competing models. Personnel Review, 36(5), 661-683.
17. Ferreira, A. T. (2017). Organizational trust: Mayer, Davis and Schoorman model, a review. Portucalense University, Psychology and Education Department, Porta.
18. Ferris, G. R., Adams, G., Kolodinsky, R. W., Hochwarter, W. A., & Ammeter, A. P. (2002, Oxford). Perceptions of organizational politics: theory and research direction. Research in Multi-Level Issues, Volume 1: The Many Faces of Multi-Level Issues, 179-254.
19. Ferris, G. R., Frink, D. D., Bhawuk, D. P., Zhou, J., & Gilmore, D. C. (1996a). Reaction of diverse groups to politics in the workplace. Journal of Management, 22, 23-44.
20. Gall, M., Borg, W., & Gall, J. (2003). Educational Research: An introduction, 7th Ed.,. Boston: Allwyn and Bacon.
21. Ghasemi, A., & Zahediasl, S. (2012). Normality tests for statistical analysis: a guide for non-statisticians. International journal of endocrinology and metabolism, 10(2), 486.
22. Greer, L. (2014). Stanford Graduate School of Business. How Power Struggles Escalate. Retrieved December 3, 2019, from www.gsb.stanford.edu
23. Hoseini, M. E., Alidoust, G. E., Darougheh, A. N., & Dehghan, S. A. (2019). Effects of

Organizational Trust and Professional Commitment on Human Resource Productivity in Youths and Sport General Administration in East Azarbaijan Province.
24. Jalal H. (2016) Testing the Effects of Employee Empowerment, Teamwork, and Employee Training on Employee Productivity in Higher Education Sector. International Journal of Learning & Development
25. James, G. R., & George, J. M. (2017). Essentials of Contemporary Management. 2 Penn Plaza, New York, NY 10121.: McGraw-Hill Education,.
26. Johnson, R., & Jones, P. (2003). Service productivity. Emerald Insight, 201.
27. June, M. P. (2003). Situational antecedents and outcomes of organizational politics perceptions. Journal of Managerial Psychology, 18 (2), 138 - 155.
28. Kacmar, K. L., Bozeman, D. P., Carlson, D. P., & Anthony, W. P. (1999). An examination of the perceptions of organizational politics model: replication and extension",. Human Relations, 383-416.
29. Kamil, N. (2019). Research work and SPSS Data Analysis for Univariate, Bivariate and Multivariate Statistics. Kwame Nkrumah University of Science and Technology. Kumasi.
30. Kamil, N. M. (2011). The Quagmire of Philosophical Standpoints (Paradigms) in Management Research. Postmodern Openings, 13-18.
31. Kien, B. T. (2012). Factors affecting the fluctuation of labour productivity in the construction projects. In Master thesis, University of Economics. Ho Chi MInh City, Vietnam.
32. Koch, M. a. (1996). Improving labor productivity: human resource management policies do matter. Strategic Management Journal, 7, 335-354.
33. Kotter, J. (2008). Power, success, and organizational effectiveness. Organizational Dynamics, 27-40.
34. Kramer, R. (1999). Trust and distrust in organizations: emerging perspectives, enduring questions", Annual Review of Psychology, 50, 69-98.
35. Kreitner, R., & Kinicki, A. (2008). Organizational behavior / Robert Kreitner, Angelo Kinicki. (8th ed., International student ed ed.). Boston: McGraw-Hill Irwin.
36. Kripanont, N. (2007). Examining a technology acceptance model of internet usage by academics within Thai business schools. Doctoral dissertation. Victoria University.
37. Lau, G., & Lee, S. H. (1999). Consumers' Trust in a Brand and the Link to Brand Loyalty. Journal of Market-Focused Management, 341-370.
38. Malyn, J. M., & Fedor, D. B. (1998). Perception of politics: Does measuring different Foci Matter? Journal of applied psychology, 84, 645-653.
39. Management Study Guide. (2019). Organisational Behaviour. Retrieved from Management Study Guide: https://www.managementstudyguide.com/reasons-for-office-politics.htm
40. Marshall, C., & Rossman, G. B. (2014). Designing qualitative research. Sage publications.
41. McAllister, D. J. (1995). Affect- and Cognition-Based Trust Formations for Cooperation in Organizations. Academy of Management Journal, 38, 24-59.
42. McClelland's Theory of Needs (Power, Achievement, and Affiliation). (n.d.). Retrieved October 25, 2020, from Management Study hq: http://www.managementstudyhq.com/mcclellands-theory-of-needs-power-achievement-and-affiliation.html
43. McClelland's Theory of Needs (Power, Achievement, and Affiliation). (2020, October 2). Retrieved from management study hq: http://www. managementstudyhq. com/mcclellands-theory-of-needs-power-achievement-and-affiliation.html
44. McAllister, D. (1995). Affect- and Cognition-Based Trust Formations for Interpersonal Cooperation in Organizations. Academy of Management Journal.
45. Merriam, S. B. (2009). Qualitative research: A guide to design and implementation. . San Francisco: John Wiley and Sons.
46. Millard, C. (2002). Being the boss: The importance of leadership & power. Organizational Dynamics, 73-75.

47. Moorman, C., Deshpande, R., & Zaltman, G. (1993). Factors Affecting Trust in Market Research Relationships. Journal of Marketing, 81-101.
48. Muhammed, A. H. (2007). Antecedents of organizational politics perceptions in Kuwait business organizations", Competitiveness Review:. An International Business Journal, 17(4), 234 - 247.
49. Nelson, A. (2017). Organizational Life and Teams. Lesson 7: Applied social psychology, 424.
50. Parker, C. P., Dipboye, R. L., & Jackson, S. L. (1995). Perceptions of organizational politics an investigation of antecedents and consequences. Journal of Management, 891-912.
51. Porter, L. W., Lawler, E. E., & Hackman, J. R. (1975). Behavior in organizations. New York: McGraw-Hill.
52. Pavot, W., Diener, E., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction. With Life Scale: Evidence for the cross-method convergent of wellbeing measures. Journal of Personality Assessment, 57, 149-161.
53. Puechmaille, S. (2016). The program structure does not reliably recover the correct population structure when sampling is uneven: subsampling and new estimators alleviate the problem. Molecular Ecology Resources, 608-627.
54. Rohan S.& Madhumita M. Impact of Training Practices on Employee Productivity: A Comparative Study. Interscience Management Review Volume-2, Issue-2, 2012
55. Robbins, S. P., & Judge, T. A. (2013). Organisational Behaviour (15 ed.). (S. Yagan, Ed.) USA: Pearson Education, Inc., publishing as Prentice Hall.
56. Rosen, C. C., Levy, P. E., & Rosalie, H. J. (2006). Placing Perceptions of Politics in the Context of the Feedback Environment, Employee Attitudes, and Job Performance. Journal of Applied Psychology, 91, 211-220.
57. Ruane, J. M. (2016). Introducing social research methods: essentials for getting the edge. John Wiley & Sons.
58. Salamon, S. D., & Robinson, S. L. (2008). Trust that binds: The impact of collective felt trust on organizational performance. Journal of Applied Psychology, 93(3), 593.
59. Sarantakos, S. (2005). Social Research. Melbourne, Victoria: Palgrave Macmillan.
60. Schminke, M., Ambrose, M. L., & Cropanzano, R. S. (2000). The effect of organizational structure on perceptions of procedural justice. Journal of Applied Psychology, 85, 294-304.
61. Singh, R., & Madhumita, M. (2012). Impact of training Practices on Employee productivity : A Comparative Study. Interscience Management Review, 2(2).
62. Sultana, A., Irum, S., Ahmed, K., & Mehmood, M. (2012). Impact of training on employee performance: A Study of telecommunication sector in Pakistan. . Interdisciplinary Journal of Contemporary Research in Business, 646-661.
63. Sun, L. a. (2015). The impact of corporate social responsibility on employee performance",. Review of Accounting and Finance, 14, 262-284.
64. Tennis, J. T. (2008). Epistemology, theory, and methodology in knowledge organization: toward a classification, metatheory, and research framework. . Knowledge organization, 102-112.
65. Tiwari, V. (2020). Countering effects of technostress on productivity: moderating role of proactive personality. Benchmarking an International Journal.
66. University of Minnesota. (2019). Retrieved from University of Minnesota: https://www.takingcharge.csh.umn.edu/what-do-we-mean-personal-relationships
67. Upasna , A. (2016). Examining perceived organizational politics among Indian managers: engagement as mediator and locus of control as moderator. International Journal of Organizational Analysis.
68. William, A. S., & Bell, P. (2004). Design-Based Research Methods for Studying Learning in Context: Introduction, Educational Psychologist. 199-201.
69. Yamane. (1967). Problems to accompany" Statistics, an introductory analysis". Harper & Row.
70. Youssef, C., Lebdaoui, H., & Chetioui, H. (2020). Factors influencing consumer attitudes toward online shopping: the mediating effect of trust Hajar Chetioui. EuroMed Journal of Business.

71. Zinta , S., Steven , G., & James , W. (2017). All Roads Lead to Well-Being: Unexpected Relationships Between Employee Engagement, and Worker Well-Being. Power, Politics, and Political Skill in Job Stress Organizational Politics Perceptions, 15, 1-32.
72. Gandz, J., & Murray, V. V. (1980, June). The Experience of Workplace Politics. Academy of Management Journal, 23, 237-251. Retrieved from http://www.jstor.org/stable/255429
73. Mayer, R. C., James, D. H., & Schoorman, D. F. (1995, July). An Integrative Model of Organizational Trust. Academy of Management Journal, 709-734. Retrieved June 1, 2014, from http://www.jstor.org/stable/258792
74. Komal, K. B., & Tahir, M. Q. (2007, June). Impact Of Employee Participation On Job Satisfaction, Employee Commitment And Employee Productivity. International Review of Business Research Papers, 3, 54 - 68.
75. Myatt, M. (2012, February 22). 5 keys of Dealing with Workplace Conflict. Retrieved from Forbes Leadership: www.forbes.com
76. SONA (2013, February 21). Retrieved from Ghana Web: https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Full-State-of-the-Nation-Address-of-President-Mahama-265607
77. Goncalves, M. (2013, April). Leadership Styles: The Power to Influence Others. International Journal of Business and Social Science, 4.
78. Ellis, F. (2019, September 1). Power. Kumasi, Ghana.
79. Ghana Web, 2013 (2019, November 12). Retrieved from Ministry of Employment and Labour Relations: http://www.melr.gov.gh/mdpi/
80. Laary, D. I. (2019, November 12). Retrieved from Ghana News Agency: https://www.ghananewsagency.org/economics/institute-for-productivity-and-public-management-unveiled-116225
81. Kamil, M. N. (2019, November 16 & 17). Research Work and SPSS Data Analysis for Univariate, Bivariate and Multivariate Statistics. School of Business KNUST, Ghana.