NURSES' ORGANIZATIONAL TRUST AND INTENTION TO CONTINUE WORKING AT HOSPITALS IN TURKEY

INTRODUCTION

Nurses are important staff members and a key occupational group with fundamental responsibilities in meeting changing health care needs and realizing organizational objectives. Increasing nurses' trust in their institutions and their willingness to work there long-term should therefore be priority issues for health care managers.

ORGANIZATIONAL TRUST

The literature on organisational trust describe it as a three-dimensional construct (Altuntas & Baykal, 2010b; Yucel, 2006) consisting of trust in colleagues, in the manager, and in the organisation. *Trust in colleagues* is defined as a person's willingness of to be defenceless against the actions of colleagues, whose behaviour and actions he/she cannot control (Tan & Lim, 2009)(p.46). *Trust in the manager* is defined as employees' willingness to be defenceless in their expectations based on their trust in the objectives, words, or actions of their managers (Poon, Rahid, & Othman, 2006)(p.37). *Trust in the institution* is defined as employees' willingness to be defenceless against the actions and behaviour of the organisation, which they cannot control (Tan & Lim, 2009)(p.46). Trust is an abstract (Asunakutlu, 2002) concept and a social phenomenon that is both professionally and organisationally confrontational as well as important in interpersonal relations (Dinc & Gastmans, 2012). It is also difficult to define clearly (Bussing, 2002) because of its complexity and multi-dimensional nature (Lewis & Weigert, 1985). Cummings and Bromiley (1996) defined organisational trust as the individual or general group belief that a person or an organisation will try, in a well-intentioned manner, to behave according to their promises, that they will be honest because of the promises made in the relationships experienced, and that they will not take advantage of others even if there is an opportunity to do so (Cummings & Bromiley, 1996).

Organizational trust is known to have positive effects on patient care (Carayon, 2011) and on institutions (Mey, Werner, & Theron, 2014), and is known to also help prevent employee turnover. Employees need to work in a mutual trust environment with their colleagues and managers and also trust their institutions so that high-quality, efficient, and safe health care services can be provided.

INTENTION TO STAY

Teamwork is essential in the health care sector, and high organisational trust in nurses, the central actors of health care, has a favourable effect on patients, employees, and institutions. Nurses with high organisational trust take responsibility for patient care and make important contributions for the realisation of the hospital's objectives, and creating an environment of organisational trust may therefore be vital for keeping nurses employed at the institution. Nurses with negative interactions with their colleagues (Dawson, Sata, Roche, Homer, & Duffield, 2014; Hunt, 2009) or who are unhappy with their manager's attitude (El Dahshan & Keshk, 2014) may wish to resign. Institutions must retain their employees so that they can realize their organizational targets and therefore increase efficiency, which are of vital importance for continuing their existence.

The intent to stay at an institution is the intent of the employees to stay with their current employers and to sustain the current work relationship in the long term (Johari, Yean, Adnan, Yahya, & Ahmad, 2012). The number of nurses is thought to be low in Turkey (Council of Higher Education, 2014) and in the world (International Council of Nursing, 2004, 2006). The 2013 data for Turkey (Basara, Guler, & Yentur, 2014) revealed that 139,544 nurses were employed in university hospitals, Ministry of Health hospitals, and other institutions. The number of nurses in Turkey per 1000 population (1.7) is quite low when compared with that in Organisation for Economic Cooperation and Development (OECD) countries (8.8) (Organisation for Economic Co-operation and Development, 2013). These ratios reveal that health organisations aiming to provide high-quality and safe care services need to emphasise on retaining their nurses. Some studies indicate that institutions that are unable to retain nurses have negative outcomes for patient care, employees, and the organisation (Adiguzel, 2012; Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012; Waldman, Kelly, Aurora, & Smith, 2004). Low staff numbers also delay patient treatment, increase health care costs

AİM

We used a descriptive study design to investigate nurses' trust in their organisation and intention to stay. This study also aimed to describe differences between nurses with high/low trust in regard to intent to stay. The research questions of the study were;

- . Do nurses plan to stay at their institutions?
- . What is the level of nurses' organisational trust?
- . Do nurses' organisational trust levels vary according to their hospital type?
- . Do nurses' mean organisational trust scale scores vary according to their intention to stay at their organisation?

Sample

The study was conducted at three hospitals in a province of Central Anatolia in Turkey. In Turkey, there are three types of hospitals that differ in terms of management, organisation, and finance: university-affiliated, Ministry of Health-affiliated (state hospital), and private hospitals. The hospital selection criteria for high bed capacity and providing general health care services have been established. Considering these criteria, the present study was conducted at a university hospital, a Ministry of Health hospital, and a private hospital. The number of nurses to be included in the sample was calculated using power analysis. According to the power analysis results, at least 265 subjects were required for a power of 90% and an effect size of 0.2. The stratified sampling method was used to calculate the number of nurses to be included from each hospitall

The data of the study were collected by using a Nurses' Data Sheet and the 'Organisational Trust Scale'. The Nurses' Data Sheet contains 11 questions on the participants' personal data, such as age and gender. Additionally, 3 open-ended questions were used. Intention to stay was assessed with a question prepared by the researchers based on literature (El-Jardali et al., 2013; El-Jardali et al., 2009). The other two questions were on nurses' satisfaction with the organisation and recommending their current organisation to others. The validity of these three questions was determined by three experts.

Instruments

The Organisational Trust Scale (OTS), developed by Yucel (2006), comprises 43 items, and the Cronbach's α coefficient of the scale was .974 (Yucel, 2006). Altuntas and Baykal (2010b) have conducted a validity and reliability analysis of in the nursing field (Altuntas & Baykal, 2010b). The scale employs a 6-point Likert-type rating (Definitely agree = 6, Definitely disagree = 1). The scale is divided into 3 sub-dimensions: trust in the manager, trust in the institution, and trust in colleagues. We found that trust levels increased as the mean score obtained from the sub-dimensions increased (4 and over), and decreased as the mean score decreased (3 and under) (Altuntas & Baykal, 2010b).

Ethical Considerations

Permission was obtained to conduct the study from the office of the head physician and directorate of nursing services of the included hospitals. Written approval was obtained from the Hacettepe University Non-invasive Clinical Studies Ethics Committee. Additionally, written consent regarding voluntary participation was provided by the nurses included in the study sample. Pınar Zorlu Yucel, who developed the Organisational Trust Scale, and her advisor Cavide Uyargil, also provided written consent for the use of the scale in this study.

Procedure

The study was conducted between May 1 and June 30, 2015. After receiving the necessary permissions, the investigator visited each institution and informed the hospital managers. The investigator then distributed and collected the measures. The Nurses' Data Sheet and OTS were administered to 265 nurses who voluntarily consented to participate in the study. The questionnaires were provided the nurses in an envelope, and the sealed envelopes were collected after completion of the questionnaires. Participants took about 10–15 minutes to complete them.

Statistical Analysis

The data of the study were analysed using SPSS for Windows 18.0. Frequencies, percentages, means, and standard deviations were used as descriptive characteristics. The chi-square was used to determine differences on nurses' views regarding hospital type. Minimum-maximum, means, and standard deviations were used for examining the OTS scores. The Mann-Whitney U test was used for pairwise comparisons and the Kruskal-Wallis test was used for the comparison of more than two features in terms of the relationships of the median OTS score with the participants' personal information and working status. The Bonferroni correction was applied to the Kruskall Wallis test, to identify groups with significant differences when these were found. Statistical significance was set at 0.05.

Limitations of the Study

The results of this study can be generalised to similar hospitals but not to all hospitals.

The nurses' mean age was 33.89 ± 8.1 and their mean work experience was 12.19 ± 9.2 years. We found that 51.7% of the nurses had a college degree, 49.1% had 1-9 years of work experience, 58.9% had worked at another institution previously, and 52.5% had worked for less than 5 years in their current department, 58.5% worked in a shift system, and 51.7% worked for more than 40 hours a week.

Table 1. Nurses' Views Regarding their Current Hospital

	Private Hospital n (%)	Ministry of Health n (%)	University Hospital n (%)	Total n (%)		
					χ²	P
Are yo	ou satisfied wit	h working in this in	astitution?	<u> </u>		i
Yes	21 (91.3)	76 (63.9)	72 (58.5)	169 (63.8)	9,006	.011
No	2 (8.7)	43 (36.1)	51 (41.5)	96 (36.2)		
Do you	u recommend o	thers to work in th	nis institution?			
Yes	21 (91.3)	65 (54.6)	59 (48.0)	145 (54.7)	14,688	.001
No	2 (8.7)	54 (45.4)	64 (52.0)	120 (45.3)		
Do you	u intend to stay	at your current in	stitution for the ne	ext three years?		
Yes	18 (78.3)	74 (62.2)	74 (60.2)	166 (62.6)	2,731	.255
No	5 (21.7)	45 (37.8)	49 (39.8)	99 (37.4)		

Certain views of the nurses regarding their current hospital have been presented in Table 1. The satisfaction of nurses working in the private hospital was significantly higher than that of nurses working in the state or university hospital (p = .011). Nurses working in the private hospital answered 'Do you recommend others to work in this institution?' with 'yes' more often than nurses working at other hospitals did (p = .001). No statistically significant difference was found between the answers given by nurses to 'Do you intend to stay at your current institution for the next three years?' based on the different hospital types (p = .255). We found that 63.8% of nurses were satisfied with their current institution, 54.7% recommended their institution to others to work at, and 62.6% intended to stay in their current institution for the next 3 years.

Table 2. Nurses' Scores on the Organisational Trust Scale (n = 265)

Organisational Trust Scale Sub-dimensions	Mean	S.D.
Trust in the manager	4.37	± 1.12
Trust in the institution	3.47	± 1.22
Trust in colleagues	4.40	± 1.08

Table 2 shows the nurses' OTS mean and median scores.

Analyses were also conducted to identify whether the nurses' OTS scores varied based on certain personal and occupational characteristics. The nurses' mean OTS scores did not differ significantly (p > 0.05) based on their current institution, age, occupational level, whether they worked at another institution previously, the clinic they currently worked in, type of work, and weekly working hours.

Mean scores on the sub-scale of 'Trust in colleagues' differed significantly based on the employment duration at the current institution (p = .039). A Bonferroni-corrected Kruskall Wallis pairwise comparison test was conducted to identify the group causing the difference and the significance level for all factors was accepted as 0.008. Accordingly, the nurses who had worked for 11-15 years at their current institution were found to trust their colleagues more as compared to the others (p = .007) (See Table 3).

For nurses who were satisfied with their current institution, the median OTS scores on the 'trust in manager' sub-dimension were significantly higher than those of nurses who were not satisfied (p = .049). Similarly, the median OTS scores of the 'trust in manager' sub-dimension for nurses who were planning to continue working at their current institution in the future were significantly higher than those of their counterparts (p = .008).

DISCUSSION

For nurses working in the private hospital, the satisfaction with their institution and their willingness to recommend working at their institution to others were higher than those of nurses working at other hospitals. This result is similar to that of Zaim, Tarim, and Zaim (2011) (Zaim, Tarim, & Zaim, 2011). This could be because, in private hospitals in Turkey, employees also have a say in determining institutional policies, communication channels with the employees are kept open, and working hours and employee rights are structured in favour of employees. Institutions have to maintain a high number of available staff in order to provide high quality, safe, and cost-effective healthcare services, considering the low number of nurses in healthcare institutions in general. Hence, managers in private hospitals may be more effective at retaining their nurses. Furthermore, although nurses' satisfaction with their institution and their intention of staying there for the next three years were above average, this was not the desired result for the hospitals where the present study was conducted. This result means that about half of the nurses working in these hospitals may leave at the first chance. The presence of a group of nurses in the hospital who are unsatisfied and ready to leave at any moment creates an important problem.

Table 3. Nurses' Median Score on the Organisational Trust Scale Based on Being Satisfied with their Institution, Status of Recommending their Institution to Others for Work, and Intention to Continue to Work at the Same Institution in the Future

	Organisational Trust Scale Sub-dimensions					
Characteristics	Trust in the manager	Trust in the institution	Trust in colleagues			
	Median (Min–Max)	Median (Min–Max)	Median (Min–Max)			
Satisfaction with	current institution		į			
Yes	4.63 (1.00–6.00)	3.54 (1.00-6.00)	4.70 (1.00–6.00)			
No	4.36 (1.00–6.00)	3.54 (1.00-6.00)	4.60 (1.00–6.00)			
Mann-Whitney	U = 6929.50	U = 7841.50	U = 7166.00			
U test	p = .049	p = .652	p = .114			
Recommending	their current institution t	oothers	į			
Yes	4.63 (1.00–6.00)	3.54 (1.00-6.00)	4.70 (1.00–6.00)			
No	4.50 (1.00–6.00)	3.59 (1.00–6.00)	4.60 (1.00–6.00)			
Mann-Whitney	U = 7486.50	U = 8427.50	U = 7979.50			
U test	p = .051	p = .661	p = .246			

3.54 (1.00–6.00)

3.54 (1.00–6.00)

U = 8203.50

p = .982

4.60 (1.00–6.00)

4.60(1.00-6.00)

U = 7551.50

p = .270

The statistical analyses conducted to answer the question 'How do nurses evaluate the organisational trust level?' showed that the participating nurses trusted the institution they worked in the least and their colleagues the most. This result is similar to those found by Halici, Soyuk, and Gun (2015) (Halici, Soyuk, & Gun, 2015). In contrast to our study, Vogus and Sutcliffe (2007) found nurses' trust in the manager to be high (Vogus & Sutcliffe, 2007). There are many studies where trust in the manager was higher than for the other dimensions (Altuntas & Baykal, 2010a; Bobbio, Bellan, & Manganelli, 2012; Bobbio & Manganelli, 2015), and where trust in colleagues was higher than for the other dimensions (Durukan et al., 2010; Laschinger, Finegan, & Shamian, 2001). The nurses' having the least trust in the institution in our study could be due to the hierarchical structuring of health institutions in Turkey and the managers' bureaucratic approach. Not allowing employees to express their thoughts or their opinions when making decisions regarding the future of the institution could contribute to this result. Sharing information with others, cooperating, and performing their work with a team spirit could have the most effect regarding nurses trusting their colleagues. However, a high degree of trust in colleagues could be a reflection of the importance ascribed to having common values, solidarity, and sharing in Turkish culture.

Mann-Whitney

U test

4.68 (1.00–6.00)

4.36 (1.00–6.00)

U = 6611.00

p = .008

We found that nurses working in a shift system had high degrees of trust in their colleagues, although this difference was not statistically significant. This can be explained by the empathic approach of nurses to each other, especially while working under exhausting and difficult conditions at night, and the results reported by Altuntas (2008) are consistent with our study (Altuntas, 2008). On the other hand, the high degree of trust of the nurses who always work during the day, in their manager and the institution can be due to the opportunity to contribute to institutional decisions during the day.

Nurses who were satisfied with their current institution and fully expected to continue working there had higher trust in managers. Similar to our study, Gibson (2011) and Gibson and Petrosko (2014) showed a relationship between intention to leave the institution and trust in the manager (Gibson, 2011; Gibson & Petrosko, 2014). Simha and Stachowicz-Stanusch (2015) found that a helpful ethical climate had a positive relationship with trust in the manager and institution (Simha & Stachowicz-Stanusch, 2015). This could mean that the institution offered certain desirable conditions to employees. According to Herzberg's Two Factor Theory (1987), providing hygienic factors such as good physical working conditions, wages, work safety, institutional policies, and social aids for staff ensures the development of motivational factors such as being recognised, success, and promotion (Herzberg, 1987). The organisation's commitment to providing these basic conditions and then fulfilling these promises might be effective in the creation of employee trust in the institution. Additionally, managers could play an important role in ensuring employees' satisfaction (Ozyilmaz, 2010) and making them want to stay at the institution (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). Managers should therefore establish trust-based professional relationships with employees.

CONCLUSION

The results of this study provide information on Turkish nurses' trust in their institutions and their intentions to continue working there. The study results are important for the nursing literature. Nurses' trust in their current institution was found to be low and their trust in their colleagues to be high. The trust of nurses who were satisfied with their current institution and intended to continue working there was found to be high. These results demonstrate the importance of gaining the trust of the institution's nurses and retaining them to provide effective and safe care. It also shows the need for measures to ensure that nurses are satisfied and enthusiastic while working at the institution. This subject must be considered by policy makers at the international, national, and organisational levels in order to provide safe, cost-efficient, and high quality health care services. Performing similar studies in different countries and on larger populations and comparing the results, and conducting new studies on the qualitative aspects of the factors affecting nurses' trust in their current institution and their intention to stay would provide further insight into this subject.

Acknowledgements

and Development Studies, 6(1), 53-82

We thank Professor Leyla Dinc, Associate Professor Suheyla Abaan, and Assistant Professor Fatos Korkmaz for their help in preparing the research proposal.

Funding

This study did not receive any specific grant from any funding agency from the public, commercial, or not-for-profit sectors.

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