The relationship between organizational trust and nurse administrators' productivity in hospitals

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ABSTRACT

Context: Management of health care organizations based on employee's mutual trust will increase the improvement in functions and tasks

Aims: The present study was performed to investigate the relationship between organizational trust and the nurse administrators' productivity in educational health centers of in Health-Education Centers of Isfahan University of Medical Sciences.

Settings and Design: This research was a descriptive and correlational study.

Materials and Methods: The population included all nurse administrators. In this research, 165 nurses were selected through random sampling method. Data collection instruments were organizational trust questionnaire based on Robbins's model and productivity questionnaire based on Hersy and Blanchard's model. Validity of these questionnaires was determined through content validity and their reliability was calculated through Cranach's alpha. Statistical analysis was used: The data analysis was done using the SPSS (18) statistical software.

Results: The indicators of organizational trust such as loyalty, competence, honesty, and stability were more than average level but explicitness indicator was at average level. The components of productivity such as ability, job knowledge, environmental compatibility, performance feedback, and validity were more than average level but motivation factor was at average level and organizational support was less than average level. There were a significant multiple correlations between organizational trust and productivity. Beta coefficients among organizational trust and productivity were significant and no autocorrelation existed and regression model was significant.

Conclusions: Committed employees, timely performing the tasks and developing the sense of responsibility among employees can enhance production and productivity in the health care organizations.

Key words: Hospitals, nurse administrators, trust

INTRODUCTION

In the present fast-paced world, full of change and competition qualitative, creative, and dynamic manpower can guarantee the organizations' competitive advantage achievement. Hence, in the present time, human resources are considered as the main cornerstone in the process of efficiency and effectiveness improvement and as the most

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valuable asset and the golden key in competition.[1]

Trust is one of the major topics in sociology and should be acquired as a basis for social order in various fields and at different levels. The "trust" is considered as the main key to develop the interpersonal relationships. Low level of trust makes employees divert the flow of information in the organization and leads to umbrage and suspicion among staff, disrupts open communications, and lowers quality of the organization's decisions.[2] Trust has a significant role in increasing people's participation in the organization and improves their productivity. Trust among individuals and organizations can generate orderly and logical interactions among individuals[3] and create an opportunity for organizations to work and cooperate with each other as a basis to increase their investments. [4] Trust in the organization is considered as a feature of a thriving organization.[5]

According to Robbins (2006), the major feature in high performance teams is the mutual trust among the team members.^[6] Due to two reasons, when the individuals

trust their management more, they will feel more power and potency. Firstly, unproductive and useless behaviours which are due to lack of trust can be avoided, and would be an important factor in increasing productivity in the organization. Secondly, the admirable and honourable people always create a positive force for others and make them feel more competent.^[7] The organizational trust is referred to the positive expectations of the employees and their expectations about competency, reliability, and benevolence. It is also referred to the institutional trust between organization and individuals.[8] Trust is also relevant to a number of attitudinal consequences, especially organizational commitment and job satisfaction.[9] The background of the trust role in organizational environments shows that it has a direct or modulating effects on a variety of optimum performance and behavioural outcome variables. [10] Promoting the health level of individuals and providing quality service are the major goals of the health care organizations and applying management by managers can direct the performance of the nursing staff to be in a satisfactory manner and in the line with these objectives.

It should be noted that in most health care organizations, the nurses constitute the largest human resources and play a major role in providing quality services; therefore, their satisfaction and effectiveness affects the success of the organization.[11] Productivity and efficiency are considered as the most significant factors by the managers, and all the managers seek for greater efficiency and increasing effectiveness and their efforts aimed at ensuring organization stability in present competitive world.[12] Theoretically, productivity is defined as value creation and efficientmaking of human efforts in a society or organization in order to achieve a better life and a better work quality.[13] On the other hand, meeting the demands and satisfaction of the customers, shareholders, and employees and gaining their trust to the organization are needed to improve the productivity. [14] Achieving organizational productivity, creativity, innovation, and appropriate quality of life implies effectives management as well as efficient, intelligent, committed, motivated, and reliable human resources labor.[15] Today, the survival of each enterprise system requires considerable attention to human resources in the organization and establishing a value context by the title of "Our employees are the most valuable assets of us".[16]

Change is considered as a way for organizations to increase their productivity and maintain their competitive advantages. [17] Optimizing productivity can be realized through combining different sources' organizing property and planning comprehensively. Proper selection of individuals, division of duties, evaluation appropriate, salary, and wage payment proportionate to the done work

are considered as the requirement of productivity. Due to the complexities and problems of the present era, managers have become aware of the fact that the organizations have to look for loyal workforce; on the other hand, they should not care to dismiss their employees or reduce their number even in hundreds or thousands of people if necessary.^[18]

Several studies have shown positive and significant relationships between indicators of organizational culture (creativity, leadership, management support, control, identity, reward, coping with conflict, communication patterns, and trust) and managers' productivity, [19] between job satisfaction, income and welfare and employees' productivity, [20] Between organizational trust and organizational productivity, [21] between job satisfaction of nurses and organizational trust, [22] between organizational environment (human principles governing the organization) and managers' productivity. [23] Moreover, some studies have evaluated the mean of institutional trust to be about average [24] and the mean of productivity components lower than average.

The present study was aimed to investigate the relationship between organizational trust and the nurse administrators' productivity in educational health centers of Health-Education Centers of Isfahan University of Medical Sciences. The results could pave the way to increase the quality of nursing services and improve the hospital performance. It will provide the managers with knowledge of organizational trust indicators and productivity while they try to eliminate the possible defects and prepare the hospital for performing successful changes and increasing providing better services.

MATERIALS AND METHODS

The type of research was descriptive and correlational. Statistical society included all nurse administrators' (head nurse, clinical Supervisor, training supervisors, and metrons) in Health-Education Centers of Isfahan University of Medical Sciences. A sample size of 165 people was selected through random sampling method. Research tools included organizational trust questionnaire with 27 items based on Robbins (2006) model and based on Liker'S five degree scale and productivity questionnaire with 32 items based on Hersy and Blanchard (2007) model and based on Liker'S five degree scale.

The questionnaires were distributed among examines by researchers who tried to attend for clarification if needed. To observe morality in research, the examines agreement to participate was acquired. Impartiality and avoiding bias by researcher, utilizing newest informative and scientific

resources, observing objectivity while analyzing data, and avoiding distortion of data and keeping questionnaire data confidential were also considered. To verify the questionnaires validity face and content method and authority opinions were utilized. Reliability coefficient of questionnaires were estimated through Cranach'S alpha coefficient ($r_1 = 0.92$) and ($r_2 = 0.86$). Data were analyzed through descriptive statistics such as frequency distribution, percent, standard deviation, and Pearson correlation coefficient and inferential statistics such as t-test, univariate test, multiple regression, and LSD test utilizing SPSS version 18.

RESULTS

Most respondents (35%) aged 41 to 50 years; most of them (93%) possessed a bachelor's degree. Most nurses (47.6%) had between 10 and 20 years of service: 66.4% of the examinees included female and 28.7% male.

[Table 1] shows that the means of all organizational trust indicators were about average, with loyalty obtaining the highest (M = 3.31) and explicitness obtaining the lowest mean (M = 3.00).

[Table 2] regarding the seven components of manager's

Table 1: Mean and Standard deviation of organizational trust indicators (\overline{X} =3, df= 142)

Source	Indicators of organizational trust						
	\overline{X}	S	$ar{m{X}}_{\sf d}$	t _{ob}	P		
Loyalty	3.31	0.511	0.043	7.15	0.000		
Competence	3.22	0.605	0.051	4.34	0.000		
Honesty	3.21	0.519	0.043	4.85	0.000		
Stability	3.19	0,471	0.039	4.89	0.000		
Explicitness	3.00	0.708	0.059	1.73	0.085		

productivity indicate the highest mean belongs to ability (M = 3.87), while the lowest mean is related to organizational support (M = 2.88).

The findings also showed a direct and significant relationship between scores of organizational trust and productivity components ($P \le 0.01$).

[Table 3] shows that calculated F-value with 5 and 142 degrees of freedom is higher than table critical value ($\alpha = 0.05$). Therefore, there is significant multiple correlation between organizational trust and productivity (P = 0.000). Multiple correlation coefficients are 0.583 and modified determination coefficient is 0.340. Thus, 34% of productivity variance can be explained by organizational trust Indicators.

As [Table 4] illustrates that the regression model is significant and a predictive model can be presented as follows:

$$Y = 2.16 + 0.260X_1 + 0.201X_2 + 0.025X_3 + 0.126X_4 + 0.062X_5$$

DISCUSSION

The development of the organizations which can be followed by the communities development depends on the proper use of manpower. Nowadays, the human organization is not similar to the past; especially, the work force is changing dramatically. Therefore, the managers have to coordinate themselves with different patterns and trends of people and be prepared to make them compatible with one another. The present study was performed to investigate the relationship between organizational trust and the nurse administrators' productivity in educational health centers in Health-Education Centers of Isfahan University of Medical Sciences.

Table 2: Mean and Standard deviation of productivity components (\overline{X} =3, df= 142)

Source	Productivity components						
	\overline{X}	S	\overline{X}_{d}	t _{ob}	P		
Ability	3.87	0.607	0.051	17.13	0.000		
Job knowledge	3.76	0.623	0.052	14.50	0.000		
Environmental compatibility	3.58	0.659	0.055	10.44	0.000		
Performance feedback	3.44	0.612	0.051	7.36	0.000		
√alidity	3.13	0.665	0.055	2.39	0.085		
Motivation	3.00	0.673	0.056	1.89	0.060		
Organizational support	2.88	0.697	0.058	0.048	0.962		

Table 3: Multiple regression between organizational trust and productivity

Source	Indicators						
	Ss	df	ms	R	R²	F	P
Regression	4.112	5	0.689				
Residual	13.069	121	0.108	0.583	0.340	6.327	0.000
Total	17.212	127					

Table 4: Correlation between each of organizational trust Indicators and nurse administrators' productivity

Variables			Indicators		
	β	βeta	Vif	tob	P value
Constant	2.16	-	-	8.742	0.000
Loyalty	0.260	0.360	2.74	4.122	0.000
Competence	0.201	0.313	2.33	2.445	0.006
Honesty	0.025	0.024	1.36	0.365	0.007
Stability	0.126	0.131	2.1	1.645	0.017
Explicitness	0.062	0.42	1.5	1.455	0.004

The analysis of the research findings regarding the indices of organizational trust revealed that all of them are in favourable situation. Among them, the indicators of loyalty, competence, honesty, and the situation stability have had better conditions than the explicitness indicator which reflects the appropriateness of nurse administrators' trust to the hospitals. Results of this study are compatible with a study that showed that the mean of organizational trust is at a moderate level.^[24]

Also, the research findings regarding productivity components of nurse administrators indicated that all the productivity components have been in good condition except for organizational support, reflecting the little hospitals organizational support of nurse administrators. Results of this study are compatible with a study that showed that the mean of organizational trust is lower than moderate level.^[25]

In general, there is a simple and multiple significant relationships between the organizational trust indictors including loyalty, competence, honesty, stability and explicitness, and the nurse administrators' productivity in the studied hospitals. The beta coefficients have been as 0.024 between honesty and productivity, 0.313 between competence and productivity, 0.131 between stability and productivity, 0.360 between loyalty and productivity, and 0.042 between explicitness and productivity, all of which are statistically significant. The variance inflation factor for explanatory variables has been at least 1.36 to 2.74, which shows that there is no conformity between them.

Findings of this study are compatible with the results of studies that have shown a positive and significant relationship between the indicators of organizational culture (creativity, leadership, management support, control, identity, reward, adaption with conflict, communication patterns, and trust) and the managers' productivity, [19] between job satisfaction, income amount and welfare factor, and employees' productivity, [20] Between organizational trust and organizational productivity, [21] between the job satisfaction of nurses and institutional trust, [22] between organizational environment (humanitarian principles governing the organization) and the managers'

productivity.[23]

In this regard, the managers of health care organizations can make the staff committed to the health care organizations through providing the basic needs of nursing staff, establishment of mutual trust among them and themselves, and creating a blame-free culture.

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REFERENCES

- 1. Sarafzadeh E. Relationship between components of organizational health and organizational trust among teachers in secondary schools for girls in Isfahan, [MSc Thesis]. Isfahan: Isfahan University; 2005.
- Baird A, Amand Real ST. Trust within the Organization; Building trust Monograph, Issue 2, Public Service Commission of Canada; 1995.
- 3. Blomqvist K. The Many Faces of Trust, Scand J Manag 1997; 13: (3)271-286.
- 4. Cullen JB, Johnson JL, Sakano T. Success through commitment and trust: The soft side of strategic an Alliance Management. J World Business 2000;35:232-40.
- 5. Toosi MA. Organizational Excellence. Tehran: Center for Governmental Management Training; 2002.
- 6. Robbins SP. Management of Organizational Behavior Translated by: Omidwaran. Tehran: Nashr Mehrban Publication; 2006.
- 7. Veeton E, Cameron KS. Empowerment and delegation of power. Translated by Yazdani B. Tehran: MTRD Publication; 2003.
- Mayer RC, Davis JH, Schoorman DE. An integrative model of organizational Trust. Acad Manage Rev 1995;20:709-34.
- 9. Setton R, Bennett N, Liden R. Social exchange in organizations: Perceived organizational support, Leader member exchange, and employee reciprocity. J Appl Psychol 1996;81:219-27
- Dirks KT, Ferrin DL. Trust in leadership: Meta-analytic findings and implications for research and practice. J Appl Psychol 2002;87:611-28.
- 11. Dehghan NN, Nazari AA, Salsali M, Ahmadi F. Iranian staff nurses' views of their productivity and management factors improving and impeding it: A qualitative study. Nurs Health Sci 2006; 8:51-6.

- 12. Aalvani SM. General management. Tehran: Nei Publication; 2000.
- 13. Cliftonm TJ, Shepared E. Work and family programs and productivity: Estimates applying a production function model. Int J Manpow 2004; 25:714-28.
- 14. Kaplan R, Norton D. The balanced scorecard. Cambridge, MA: Harvard Business Press; 1996. p. 35-40.
- 15. Dessler, G. Human Resource management. Translated by Paersaeian, A. Tehran: Farhang pajohesh Publication; 2000.
- Politis JD. Dispersed leadership Predictor of The Work Environment for Creativity and Productivity. Eur J Innov Manage 2005; 8(2):182-204.
- 17. Greve A, Benassi M. Exploring the contributions of human and social capital to productivity, Hawaii International Conference On System Sciences, January 5-8, Hilton Waikoloa Village, Big Island, Hawaii; 2003.
- 18. Taheri S. Productivity Analysis in the Organization, Tehran: Hstan publisher; 2005.
- Asadi H. Relationship between organizational culture and manager's productivity. Physical Education Organizations of Iran. J Harekat 1999;7:39-50.
- 20. Maghsod MH. Factors affecting the efficiency of hospital nurses.

- Urmia: Journal of Nursing. Abstracts presented at the Ninth national Congress of Nursing; 2005.
- 21. Prusak L, cohen D. How to invest in social capital. Harvard Business Review 2001. 79(6):86-93.
- 22. Williams LL. Impact of nurses' job satisfaction on organizational trust. Health Care Manage Rev 2005;30:203-11.
- 23. Fetman L. Thriving on chaos, New York: L Knops; 2007.
- 24. Katha LM, Magleyb VJ, Marmetb M. The role of organizational trust in safety climate's influence on organizational outcomes. Accid Anal Prev 2010;42:1488-97.
- 25. Torani H, Yazdani M. Relationship between the principles of human relations and productivity, managers of high school girls in Tehran. J Educ Innov 2006;29:76-100.

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