



## Effects of organizational trust on identification in a university hospital in Turkey<sup>1</sup>

Şerife Didem Kaya<sup>2</sup>

Yusuf Yalçın İleri<sup>3</sup>

Aydan Yüceler<sup>4</sup>

### Abstract

The organizational trust of professionals in the health sector and the levels of identification with their organizations are significant issues. In this respect we aimed to determine the levels of trust which employees at a university hospital in Konya, Turkey (235 employees) feel towards their organizations and the levels of identification with their organizations, and to discover the relationship between the levels of their organizational trust and organizational identification. We conducted our study between April -June 2013 and we used the questionnaire technique. The questionnaire consisted of demographic questions and organizational trust and organizational identification scales. The data were arranged in the SPSS and frequency, descriptive statistics, t test correlation and regression analyses were performed. As a result of the findings that emerged, the levels of healthcare employees' trust in their organization and their identification with it were found to be high. A statistically significant difference was found by gender (male have higher average scores than female) between levels of organizational trust and organizational identification. Moreover, a very high and positive relationship (89% significance level) was found between healthcare employees' trust and the level of identification.

**Keywords:** Organizational; trust; identification; hospital; university.

### 1. Introduction

The identity of professionals in health care organizations plays an important role in managing behaviours, creating strategies and ensuring interactions between influencing groups. In the process of forming this identity, the identity characteristics of the employees, their confidence in the organization, and the level of identification are believed as the most important factors (Tüzün, 2006).

The employment relationship between employees and their organizations is an exchange relationship (Rousseau, 1995: 394). This relationship has several important elements. One of the most important elements is "trust". There are two definitions of trust which have been cited often. According to Rousseau et al. (1998: 395), "Trust is a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another". Mayer et al. (1995: 712) define trust as "the willingness of one party to be vulnerable

<sup>1</sup> This study was presented as an oral presentation in International Healthcare Management Conference Gümüşhane, Turkey (15-17 June 2015)

<sup>2</sup> Assist. Prof. Dr., Necmettin Erbakan University, Faculty of Health Sciences, Department of Health Management, [dkaya@konya.edu.tr](mailto:dkaya@konya.edu.tr)

<sup>3</sup> Assist. Prof. Dr., Necmettin Erbakan University, Faculty of Health Sciences, Department of Health Management, [yileri@konya.edu.tr](mailto:yileri@konya.edu.tr)

<sup>4</sup> Asist. Prof. Dr., Necmettin Erbakan University, Faculty of Health Sciences, Department of Health Management, [ayuceler@konya.edu.tr](mailto:ayuceler@konya.edu.tr)

to the actions of another party based on the expectation that the other party will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party.” The concept of trust is explained through some behaviours and ideas such as meeting expectations, showing interest, and supporting team members in their presence and absence. Trust in the self and the other are among the fundamental conditions for success and happiness. If team members’ levels of trust in themselves, their directors and colleagues increase, efficiency and productivity in the organization are expected to rise (Asunakutlu, 2002: 1). According to Mayer et al. (1995) trustees have three fundamental issues. The first is the ability which is the competencies and characteristics that enables one party to have influence over the others, the second is the benevolence which is the extent to which the trustee wants to help the trustor, and the third is the integrity which is the belief that the trustee attaches many principles that the trustor finds acceptable.

Pirson and Malhotra (2011:1091) suggested that employees' trust in an organization is strongly determined by the perceived competence of the organization. Organizational trust has shown to be highly correlated with employees' job attitudes and behaviours (Dirks and Ferrin, 2002: 624). Organizational trust is related with job involvement because employees who trust an organization see their jobs as salient means for helping their organizations achieve their goals (Schoorman et al., 2007: 347). Employees who identify with their organizations are willing to give much effort for their jobs because the success of the organization also means their personal success. Employees with a high level of organizational trust experience greater job satisfaction as trust of an employer removes the stress created by ambiguous job aspects and provides a sense of contentment because of the benevolent intent of the organization (Young & Daniel, 2003). Studies show some evidence indicating that employees will have a greater level of trust when organizational leaders are viewed as possessing high integrity and honesty (Dirks and Ferrin, 2002:625) and high levels of organizational trust motivate individuals to stay with their organizations because they expect positive treatment from their employer (Lewicki, McAllister and Bies, 1998: 487). It is observed that employees with high organizational trust have also a high level of organizational identity. Organizational identification theory derives from the work on social identity theory (Tajfel, 1982: 485; Tajfel and Turner, 1985: 9). Organizational identification is a form of social identification (Gautam et al., 2004: 302). Social identification covers a person's concept of ego, and involves categorizations that are important for and adopted by the person (Ceylan and Ozbal, 2008: 83). Just as social identification constitutes a basis for an individual's attitudes and behaviors, so does organizational identification form a basis for an individual's attitudes and behaviors towards an organization (Van Knippenberg, 2000: 138). As Ellemers et al. (1999: 375) pointed out; peoples' degree of identification with a particular social group determines their willingness to behave similarly to other group members, thus creating an affinity group. Identification involves the social aspects of an individual's self-concept (Pratt, 1998: 173). Organizational identification has emerged as an influential variable that is shown to influence employees' job attitudes and behaviours (Kreiner and Ashforth, 2004). Organizational identification is related with organizational citizenship, performance and higher motivation (DeConinck and Stilwell; 2004).

Theoretically, trust is related to organizational identification (Rousseau, 1998: 395). Researches indicate that certain variables are antecedents to organizational identification, for example trust influence employees' organizational identification (Edwards and Cable, 2009: 655). Organizational trust mediates the relationship between psychological contract breach and organizational identification (Restubog et al., 2008: 1379) and according to Edwards and Cable (2009: 666), trust is an antecedent to organizational identification, which influences turnover behaviours.

## 2. Method

**2.1. Aim of the study:** Our goal was to determine the level of organizational trust and organizational identification of healthcare staff in a university hospital in Konya, Turkey and determine the relationship between these terms.

**2.2. Material and Methods:** Our research was carried out in a university hospital in Konya between April -June 2013. Surveys were randomly distributed to different profession groups in the hospital and each professional group (doctors, nurses, other health care staff) were presented in the sample. Equation 1 (Sümbüloğlu and Sümbüloğlu, 1997: 265) was used to determine the sample size and the sample size of the study was identified as 246. Equation 1:  $n = [N * t^{2*} (p*q)] / [d^{2*}(N-1) + t^{2*} (p*q)]$

A total of 250 questionnaires were sent out to healthcare professionals who were selected by simple random sampling and accepted to participate in the survey, but 235 of the questionnaires were fully completed and taken into consideration, indicating a valid response rate of 94%.

As mentioned above, healthcare professionals were randomly selected and they were asked to answer the questions about their demographic features, perceived organizational trust and organizational identification.

The first part of the questionnaire consisted of questions to determine the demographic characteristics of healthcare workers participated in the survey. The second part of the questionnaire aimed to determine the levels of perceptions of organizational trust of employees. The short form of the organizational trust scale was developed by Bromiley and Cummings (1996) and consisted 12 questions with 7-Likert scale. Tüzün adapted it to Turkish in 2006 and stated that one of the items about trust in the scale had been loaded in both factors and dropped one question (4. question). So, we also used the last form of the questionnaire reorganized by Tüzün (2006). The questions 5,6,10 and 12 in the questionnaire are inverse questions. The third section of the questionnaire, aimed to determine the level of organizational identification of healthcare employees. The scale of Mael and Ashforth (1992), leaders to describe the concept of organizational identification, was used to measure organizational identification in our study. Their questionnaire consisted of 6 questions 7-Likert scale and has also been used by other researchers (Tüzün, 2006).

In this study, frequency distributions were calculated using the SPSS statistical program, and then reliability analysis, descriptive statistics, t test, ANOVA test, correlation and regression analysis were performed. To assess whether the data are normally distributed, the values of skewness and kurtosis of the data were examined. As Senocak argued, skewness between -1 and +1, and kurtosis between -2 and +2 can be used as indications regarding normality. Standard errors of kurtosis and skewness values can be determined and accepted as normality in conditions with result value/SH<2 (Şenocak, 2014: 144).

According to the results of reliability analysis, the Cronbach Alpha value was estimated 0.84 for perceived organizational trust. The Cronbach Alpha value was estimated 0.99 for perceived organizational identification. The Cronbach Alpha value was very close to 1 which proved that the organizational identification test's reliability was also very high.

## 3. Findings

We tested the relationship between organizational identification and organizational trust in a university hospital in Konya. Demographic information of 235 employees in the survey is given in the table below.

**Table 1. Demographic Variables**

Variable	Groups	Frequency	Percent
Gender	Male	138	41.3
	Female	97	58.7
Marial Status	Single	63	26.8
	Married	172	73.2
Age	18-30	42	17.9
	31-40	91	38.7
	41-50	57	24.3
	51+	45	19.1
Education Level	Elementary School	15	6.4
	High School	57	24.3
	University/Post Grad.	121	51.5
	Doctoral Degree	42	17.9
Experience in Current Hospital	1-10 years	170	72
	11-20 years	40	17
	21-30 years	18	8
	31 +	7	3
Total Experience	1-10 years	164	70
	11-20 years	42	18
	21-30 years	20	9
	31 +	9	4

As shown in the table above, approximately 70% of the health care workers had university or higher education level. However, 73% of the employees were married and 81% of them were under the age of 50, 41.3% of the employers were male, 58.7 % were female, 70% of them were experienced 1-10 years.

**Table 2. Average scores of Organizational Trust and Organizational Identification**

	N	Min.	Max.	Mean	Std. Dev.
Organizational Trust	235	1.55	5.82	4.60	.92
Organizational Identification	235	1.00	7.00	5.08	1.59

Average scores of organizational trust and organizational identification were 4.60 and 5.08 respectively.

**Table 3. Comparable levels of Organizational Trust and Organizational Identification by gender**

	Gender	N	Mean	Std. Dev.	t	p*
Organizational Trust	Female	97	4.45	1.053	-2.08	0.00
	Male	138	4.70	.803	-1.99	
Organizational Identification	Female	97	4.78	1.791	-2.45	0.00
	Male	138	5.29	1.404	-2.35	

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt;0.001

As seen in Table 3, there was a difference by gender between the groups according to the results of the t test ( $p < 0.05$ ) both on the organizational trust and identification levels of the healthcare employees who participated in the study. Organizational trust and organizational identity scores of males were higher than females on both scales.

**Table 4. Comparison of Organizational Trust and Organizational Identification scores by age**

		N	Mean	Std. Dev.	F	p*
<b>Organizational Trust</b>	18-30	42	4.80	.83	1.17	.32
	31-40	91	4.62	.89		
	41-50	57	4.51	.94		
	51+	45	4.47	1.04		
	Total	235	4.60	.92		
<b>Organizational Identification</b>	18-30	42	5.38	1.30	1.40	.24
	31-40	91	5.20	1.50		
	41-50	57	4.89	1.66		
	51+	45	4.80	1.88		
	Total	235	5.08	1.59		

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt;0.001

Organizational trust and organizational identification scores were compared according to the age of the participants as seen in Table 4, and there was no difference between the groups ( $p > 0.05$ ).

**Table 5. Relationship between Organizational Trust and Organizational Identification**

		Organizational Trust	Organizational Identification
<b>Organizational trust</b>	Pearson Correlation	1	.94**
	Sig. (2-tailed)		<b>0.00</b>
	N	235	235
<b>Organizational identification</b>	Pearson Correlation	.94**	1
	Sig. (2-tailed)	<b>0.00</b>	
	N	235	235

\*p<0.05 \*\*p<0.01 \*\*\*p<0.001  
r=0.90-1.00 very high (Kalaycı, 2010: 116)

As seen from the table 5, there was very high and a positive relationship between organizational trust and organizational identification at confidence interval ( $r=0.94$ ,  $p<0.01$ ) and 89% significance level.

**Table 6: Results of regression analysis determining the effects of Organizational Trust on Organizational Identification**

Variable	B	Standard Error	Beta	t	p**
<b>Constant</b>	-2.449	.171	-2.449	-14.351	<b>0.00</b>
<b>Organizational trust</b>	1.637	.036	1.637	44.983	<b>0.00</b>
R=.947    R2= 0.897    F =2023.50			p = 0.00    Durbin Watson = 1.966		

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt;0.001

As seen in Table 6 the results of the regression analysis are statistically significant ( $F = 2023.5$ ;  $p = 0.00$ ). Relation coefficient (R) is .947 and the t value for this coefficient is ( $t=44.983$ ;  $p=0.00$ ). The coefficient of organizational trust variable is also statistically significant. 89% of the change in organizational identification can be explained by organizational trust.

#### 4. Discussion and Conclusion

The results of our study prove that healthcare employees' levels of organizational trust and identification are high. However, it is showed that the levels of organizational trust of healthcare employees are lower than the level of organizational identification. There is a difference between organizational identification and organizational trust scores on gender; male have higher average scores than female. There was no difference between organizational identification and organizational trust scores on age which is consistent with the study results of Tüzün (2006). Moreover, the relationship between organizational identification and organizational trust was positively and highly correlated. Emerging atmosphere of trust in organizations has a high and positive correlation with organizational identification, so organizational trust is directly related with change in organizational identification at 89% level.

Therefore, it can be said that an atmosphere of trust created in an organization will increase employees' levels of identification with their organization (Tüzün, 2006: 53; Van Knipperberg and Van Schie, 2000: 145; Tokgoz and Seymen, 2013). Organizational identity plays an important role in developing and managing the behaviors of health workers. Organizational identity is also a guide for organizing associations in the process of conducting relations with stakeholders. It seeks answers to such questions as "who we are" and "what we want to be" (Tüzün, 2006: 53). So, as the organizational identity scores of health workers increase, organizational trust and organizational identification scores also increase. Health workers can understand the characteristics of organizations and can interpret and shape messages within the organization.

Creating an atmosphere of trust in hospitals should also be one of the fundamental competences to be developed by healthcare managers. Transparent and honest approaches towards employees and making arrangements to meet their needs within the framework of sensitive and reasonable performance will help to form an attractive working environment and establish open communication network in organizations. Once an atmosphere of trust occurs in organizations, employees will identify with their organizations of their own will.

Finally, there is a need for educational programs based on concrete experiences. Concrete steps are needed in organizations to help to put into effect the developments in education. In this way, employees' identification with the organization will be encouraged.

#### References

- Asunakutlu, T. (2002). Örgütsel Güvenin Oluşturulmasına İlişkin Unsurlar ve Bir Değerlendirme. *Muğla Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 9, 1-13.
- Bromiley, P. & L. L. Cummings (1996), The Organizational Trust Inventory (OTI). Roderick M. Kramer ve Tom R. Tyler (Der.), *Trust in Organizations: Thousand Oaks: Sage*, 302-319.
- Ceylan, A. & Özbal, S. (2008). Özdeşleşme Yoluyla Sadakat Oluşturma Üzerine Üniversite Mezunları Arasında Yapılan Bir Çalışma. *C.Ü. İktisadi ve İdari Bilimler Dergisi*, 9 (1), 81-110.
- DeConinck, James B. & C. Dean Stilwell (2004). Incorporating organizational justice, role states, pay satisfaction and supervisor satisfaction in a model of turnover intentions. *Journal of Business Research*, 57 (3), 225-231.
- Dirks, K. T, Ferrin D. L. (2002). Trust in leadership: meta-analytic findings and implications for research and practice. *J Appl Psychol*, 87, 611-28.
- Edwards, J. R. & Cable, D. M. (2009). The value of value congruence. *J Appl Psychol*, 94, 654-77.
- Ellemers, N., Kortekaas, P. & Ouwerkerk, J. W. (1999). Self-categorization, commitment to the group and group self-esteem as related but distinct aspects of social identity. *Eur J Soc Psychol*, 29, 371-89.
- Gautam, T., Dick, R. V., Wagner, U. (2004). Organizational Identification and Organizational Commitment: Distinct Aspects of Two Related Concepts, *Asian Journal of Social Psychology* 7, 301-315.

- Kalaycı, Ş. (2010). SPSS Uygulamalı Çok Değişkenli İstatistik Teknikleri, Asil Yayın Dağıtım, Ankara.
- Kreiner, G. E. & Ashforth, B. E. (2004). Evidence toward an expanded model of organizational identification. *J Organ Behav.*, 25, 1-27.
- Lewicki, R. J., McAllister, D. J., & Bies, R. J. (1998). Trust and distrust: New relationships and realities. *Academy of Management Review*, 23, 438-458.
- Mael, F. & Ashforth, B. E. (1992). Alumni and Their Alma Mater: A Partial Test of The Reformulated Model of Organizational Identification. *Journal of Organizational Behavior*, 13, (2), 103-123.
- Mayer, R. C, Davis, J. H. & Schoorman, F. D. (1995). An integrative model of supervisory trust. *Academi Manage Review*, 20, 709-34.
- Pirson, M., & Malhotra, D. (2011). Foundations of organizational trust: What matters to different stakeholders? *Organization Science*, 22, 1087-1104.
- Pratt, M. G. (1998). To be or not to be? Central questions in organizational identification. In: Whetten DA Godfrey PC, editor. Identity in organizations: building theory through conversations, 171-207.
- Restubog, S. L. D., Hornsey, M. J., Bordia, P., Esposito, S. R. (2008). Effects of psychological contract breach on organizational citizenship behaviour: insights from the group value model. *J Manage Studies*, 45, 1377-400.
- Rousseau, D. M. (1995). Psychological contracts in organizations: Understanding written and unwritten agreements. Thousand Oaks, CA: Sage Publications.
- Rousseau, D. M., Sitkin, S. B., Byrt, R. S, Camerer, C. (1998). Not so different after all: a cross-discipline view of trust. *Acad Manage Rev*, 23, 393-404.
- Schoorman, F. D., Mayer, R. C., & Davis, J. H. (2007). An integrative model of organizational trust: Past, present, and future. *Academy of Management Review*, 32, 344-354.
- Sümbüloğlu, Kadir, Sümbüloğlu, Vildan (2007), Biyoistatistik, Hatiboğlu Yayıncılık, Ankara.
- Şenocak, M. Ş. (2014). Biyoistatistik ve Araştırma Yöntembilimi, İstanbul Tıp Kitabevi, İstanbul.
- Tajfel, H., Turner, J. C. (1985). The social identity theory of intergroup behavior. In: Worchel S, Austin WG, editors. Psychology of intergroup relations. 2nd ed. Chicago: Nelson- Hall, 7-24.
- Tajfel, H. (1982). Instrumentality, identity and social comparisons. In: Tajfel H, editor. Social identity and intergroup relations. Cambridge, England: Cambridge University Press., 483-507.
- Tüzün Kalemci, İ. (2006). Örgütsel Güven, Örgütsel Kimlik ve Örgütsel Özdeşleşme İlişkisi: Uygulamalı Bir Çalışma, Yayınlanmamış Doktora Tezi, Gazi Üniversitesi Sosyal Bilimler Enstitüsü, Ankara
- Tokgöz, E., Seymen Aytemiz, O. (2013). Örgütsel Güven, Örgütsel Özdeşleşme ve Örgütsel Vatandaşlık Davranışı Arasındaki İlişki: Bir Devlet Hastanesinde Araştırma. *Öneri Dergisi*, 10 (39), 61-76.
- Van Knippenberg, D., Van Schie, E. C. M. (2000). Foci and correlates of organizational identification. *Journal of Occupational and Organizational Psychology*, 73, 137-147.
- Young, L., & Daniel, K. (2003). Affectual trust in the workplace. *International Journal of Human Resource Management*, 14, 139-155.