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#### Original article

# An examination of the correlation between nurses' organizational trust and burnout levels



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#### ABSTRACT

*Introduction:* Decrease in the organizational trust level of nurses, leads to increase turnover rate of nurses, causes an increase in workload, causes a decrease in motivation and quality of patient care. The results caused by the lack of organizational trust is important for both individuals and organizations.

Aim: To investigate the relationship between nurses' organizational trust and burnout level.

*Method:* This descriptive and relational study is carried out at an university hospital with 155 nurses who were agreed to participate. Data were collected with Identifying Information Form, Organizational Trust Inventory and Maslach Burnout Inventory. Data were analyzed with numbers, percentage, mean standard deviation, spearman correlation analysis and multiple linear regression.

Findings: A negative, very weak and statistically significant relationship was found between emotional exhaustion level and trust in employer level (r = 0.304, p < 0.01) and trust in institution level (r = 0.335, p < 0.01); a negative, very weak and statistically significant relationship was found between emotional exhaustion level and trust in colleagues level (r = 0.240, p < 0.01); between depersonalization level and trust in employer level (r = 0.315, p < 0.01); between depersonalization level and trust in colleagues level (r = 0.282, p < 0.01); between reduced personal accomplishment level and trust in employer level (r = 0.238, p < 0.01). Results: It was concluded that there was a statistically significant relationship between the nurses' organizational trust level and burnout level. In addition, organizational trust was a significant predictor of emotional exhaustion, depersonalization and reduced personal accomplishment level.

#### 1. Introduction

Trust is an emotion which we feel very much in our daily lives, and which is very hard to define even though everyone thinks they understand the dictionary meaning. It is relative because it varies from individual to individual, and because it is not established in a short time, it is an emotion which requires long and selfless effort. It is generally defined as confidence and a feeling of belief and attachment without feeling fear, diffidence or doubt (The Turkish Language Association, 2005; Dictionary of Nursing Terms, 2015).

In general terms, trust is an essential characteristic of interpersonal or intragroup relations. As such, the feeling of trust is studied in different fields where organizational trust relationships are intense. Organizational trust is defined as the perception of a worker of the support provided by an organization, and a belief that the manager and fellow workers will speak the truth and stand by their word (Demircan & Ceylan, 2003). It makes cooperation easier in organizations formed of

individuals who come together for a common purpose or to achieve a task, and has a positive effect on intraorganizational relations through communication (Halis, Gökgöz, & Yaşar, 2007; Yılmaz, 2006). It is also for this reason that organizational trust is of vital importance in carrying out work and management functions which bring people together for a common purpose.

Organizational trust makes communication between different groups easier and helps to socialize workers. The strengthening of shared values in this process and the development thereby of positive attitudes helps people to feel successful and good about themselves. At the same time, such an environment helps workers to take on responsibility without hesitation in situations which involve risk, and to form the belief that it is necessary to behave properly in a hierarchy and not to fear exploitation by those above them (Atkinson & Butcher, 2003; Baykal & Türkmen, 2014; Cunningham & MacGregor, 2000). In this way, workers' attachment to the institution, motivation, creativity, performance and work satisfaction will be positively affected (Arı,

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2003; Demircan & Ceylan, 2003; Laschinger, Finegan, & Shamian, 2001), the levels of stress and burnout which they may experience may be reduced, and crisis management may be made easier (Aykan, 2007; Baykal & Türkmen, 2014).

In institutions which provide health care also, organizational trust is of great importance both for the workers and for those who benefit from the health services. Nurses are an important part of the health care team and communication and positive interaction with managers and members of the team is only possible with feelings of trust (Altuntaş and Baykal, 2010a). When there is a lack of trust in relationships, human relations and organizational cohesion which affect the quality of patient care can be negatively affected, causing a fall in the performance of both the workers and the organization (Halis et al., 2007; İşçi, Taştan, & Akyol, 2013). In this way, when there is a lack of organizational trust, unwanted consequences such as high staff turnover, an increase in work-load, absenteeism, negligence, a reduction in motivation and performance, and a breakdown in morale and burnout can be predicted (Laschinger et al., 2001).

From another aspect, the results of a decline in organizational trust are similar to the results of burnout both in individuals and in organizations. Maslach defined the emotional burnout which can occur in individuals working in close relationships with people as a syndrome of desensitization and low personal success (Maslach & Jackson, 1981). Today, burnout is a result of interaction with an individual's working environment and is defined as a psychological syndrome occurring as a reaction to factors which increase stress in the workplace (Maslach, 2003).

In the burnout process, an individual's emotional resources are first of all used up and so burnout in an emotional sense occurs. At the next stage, individuals who are emotionally burnt out limit their relations with people around them and distance themselves psychologically from people. In this way, the dimension of desensitization shows itself. In the final stage, individuals make a distinction between their previous positive attitudes and their current attitudes, and as a result of this think that their distant attitudes limit their contribution to the organization and society in which they work. In this way, individuals start to feel inadequate in terms of human and working relations, and to see themselves as inadequate in terms of work and the services they provide. A tendency to negative self-evaluation causes a deficiency in personal success (Cordes & Dougherty, 1993, Maslach, Schaufeli and Leiter, 2001; Maslach and Zimbardo, 1982). In this process, burnout is evaluated as three dimensions: emotional exhaustion, desensitization and lack of personal success (Baykal & Türkmen, 2014; Maslach & Jackson, 1981).

Researchers have shown that what most affects burnout are factors relating to the organization. These factors have been shown to be excessive working hours, shift work, excessive workload (Alimoğlu & Dönmez, 2005; Günüşen & Üstün, 2009; Oğuzberk & Aydın, 2008), dissatisfaction with the work environment (Günüşen and Üstün, 2009; Şenturan, Karabacak, Alpar, and Sabuncu, 2009), lack of encouragement from superiors, expectations of the work environment not being met and confusion of roles (Girgin, 2010; Oğuzberk & Aydın, 2008), and relations in the work environment with team members, colleagues and patients (Demir, Ulusoy, & Ulusoy, 2003; Günüşen & Üstün, 2009).

Nurses, who have an important place among health workers, have been found to have burnout levels which are higher than those of other professional groups (Ergin, 1996; Gülseren, Karaduman, and Kültür, 2000; Garcia, Carlos, & Calvo, 2014). As a reason, it has been shown that both the individuals to whom they provide services and the places where they work have excessive expectations (Baykal & Türkmen, 2014). However, this situation can be overcome and nurses can have positive interactions with each other and with their managers if there is a feeling of trust firstly towards professional management and the institution, and to the managers and work colleagues (Altuntaş and Baykal, 2010a, b). In studies conducted with nurses also, it has been found that nurses' levels of organizational trust are medium (Durukan,

Akyürek, & Coşkun, 2010; Altuntaş and Baykal, 2010a, b). This constitutes a risk factor for nurses in organizational trust, leading to burnout.

This information suggests that there will be a strong correlation between organizational trust and burnout levels. No research was found showing the correlation between organizational trust and burnout in nurses. Conducting a study to show this correlation is important in order to see what can be done to preserve nurses' organizational attachment, work satisfaction, performance, and their intention to leave the profession because of their mental and physical health. The aim of the research therefore was to investigate the correlation between nurses' organizational trust levels and their burnout levels.

Research questions:

- 1. At what level is nurses' organizational trust?
- 2. At what level is nurses' burnout?
- 3. Is there a correlation between nurses' organizational trust levels and their burnout levels?

#### 1.1. Material and method

This descriptive study was conducted at a university hospital in the province of Izmir, Turkey, after the necessary permission had been obtained. The population of the study was the nurses working in the hospital, and the sample (155 nurses) consisted of those who accepted to participate in the study and who had been working in the institution for at least 1 year. The characteristics of the nurses were given in Table 1.

#### 1.2. Data collection instruments

Collection of research data was achieved by means of a Characteristics Form, the Organizational Trust Scale, and the Maslach Burnout Scale.

#### 1.2.1. Characteristics form

This form consisted of 13 questions, four on socio-demographic characteristics and nine on professional characteristics.

## 1.2.2. Organizational Trust Scale (OTS)

This scale was developed by Yücel (2006), making use of a number of sources. The validity and reliability of the scale were tested for nurses by Altuntaş and Baykal (2010b). The scale consists of 43 items, 22 on trust in the manager, 11 on trust in the institution, and 10 on trust in colleagues. Each item is scored on a Likert-type scale from 1 to 6, indicating the individual's degree of agreement or disagreement, and the item total score is evaluated. A high mean score on each of the subdimensions of the scale (4 and above) indicates a high level of trust, while a low mean score (3 and below) shows a low level of trust. Cronbach alpha values were found as follows: 0.97 for the subdimension of trust in the manager, 0.94 for trust in the institution, 0.93 for trust in colleagues, and 0.96 for the total scale (Altuntaş and Baykal, 2010a, b). The Cronbach alpha values obtained in the present study were respectively 0.97, 0.95 and 0.93.

### 1.2.3. The Maslach Burnout Scale

This scale was developed by Maslach and Jackson (1981) to determine burnout levels. Adaptation to Turkish was performed by Ergin (1992), and validity and reliability was tested by Çam (1992). The scale consists of 22 statements, comprising the subdimensions which are the sequential stages of Maslach's burnout model: Emotional Burnout (nine statements), Desensitization (five statements) and Personal Success (eight statements). Each statement is scored from 0 to 4 using a 5-way Likert-type evaluation, giving a total possible score of 0–36 for Emotional Burnout, 0–20 for Desensitization, and 0–32 for Personal Success.

A high score on the scale shows a high level on that dimension. The

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