

Staff Nurses' Perception about Organizational Trust at King Fahd Specialized Hospital

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Abstract:

Background: When nurses feel that they are treated fairly and their opinions are valued, their level of trust in the organization increases. Organizational trust is considered a key factor in enhancing job satisfaction and promoting a healthy work environment. It also contributes to improving staff performance and the overall quality of nursing care delivered to patients. **Aim:** The study aimed to determine the Staff nurses' perception of organizational trust at King Fahd Specialized Hospital. **Method:** A descriptive research design was employed. This study was conducted at all inpatient departments at King Fahd Specialist Hospital Buraydah (KFSHB), Saudi Arabia, on a convenience sample of 114 nurses who participated in the study using one tool for data collection: Organizational Trust Scale. **Results:** The results revealed noticeable variation in perceived organizational trust among staff nurses, with the highest mean score reported for trust in supervisors (30.99), followed by co-workers (29.74), and the lowest in organizational management (26.80). Nearly half of nurses demonstrated high trust in supervisors (49.1%), whereas co-worker trust was mainly moderate (41.2%), and trust in management was predominantly low (42.1%). Overall, total organizational trust was mostly low (38.6%), compared to moderate (31.6%) and high (29.8%) levels, indicating generally suboptimal trust among nurses. **Conclusion:** Staff nurses demonstrated stronger trust in direct supervisors and colleagues than in higher organizational management. Overall organizational trust remains suboptimal, with a considerable proportion of nurses experiencing low trust levels. **Recommendation:** Healthcare organizations should enhance transparency, communication, and participatory decision-making to strengthen trust in management. Leadership development programs and team-building strategies are recommended to improve overall organizational trust among nurses.

Keywords: Organizational trust and Staff nurses.

1. Introduction

Health today is confronted with modern challenges such as health globalization and internationalization, reduction of disposable funds, lack of a talented personnel pool, population aging, and technology development. Also, at the global level, the migration of high-performance healthcare professionals from different healthcare sectors between countries is intense and facilitated by the international recruitment organization. Managing talent needs to be put in the context of the future that the organization has projected for itself. Thus, nurses need to be equipped with the right tools to be able to maximize their own potential (Khalil, & Ahmed, 2024).

The workforce of the health sector is regarded as the most valued competitive advantage for hospitals. Individuals with specific personality traits such as intellect, skills, opinions, thoughts, problem-solving, self-improvement approach, sense of creativity, and manipulation capabilities are the firm's actual talent. In this era of rapid globalization, organizations are devising ways to utilize this competitive advantage to its best because it is directly linked with the knowledge, skills, and capabilities of the talented nurses of the organization (Koç Aslan, & Özel, 2024).

Trust is crucial in all relationships formed within an organization, particularly in relationships between the staff and their managers. Trust, a crucial component of professional life has favorable consequences for both the staff and the organization. It is acknowledged as a factor that ensures that nurses move toward a common goal and collaborate in pursuit of that goal (Keskin, & Kiliç, 2024). Managers, therefore, pay particular attention to developing trust among nurses and working with nurses who trust in each other. Organizational trust refers to the belief that an organization is reliable, competent, and benevolent, creating a sense of safety and confidence among its members. In the context of nursing, it encompasses the trust that nurses have in their healthcare organization, its leadership, and their colleagues. This trust is crucial for fostering a collaborative work environment where nurses feel valued and supported in their roles (Fathy, Adam, & ElSayed, 2024).

The importance of organizational trust in nursing cannot be overstated. High levels of trust within healthcare organizations are linked to improved job satisfaction, increased employee engagement, and reduced turnover rates among nursing staff. When nurses trust their organization, they are more likely to collaborate effectively with their colleagues, share knowledge, and engage in open communication. This collaborative environment ultimately enhances patient care quality and safety. Furthermore, organizational trust contributes to a positive workplace culture, which is essential for retaining skilled nursing

professionals in an increasingly competitive healthcare landscape (Mohamed, Ali, & Ahmed, 2024).

Several factors influence the level of organizational trust among nurses including leadership style as the behavior and approach of nurse leaders significantly impact trust levels. Transformational leadership styles that emphasize support, recognition, and open communication foster higher levels of trust. A culture that promotes transparency, respect, and inclusivity encourages trust among nursing staff. Conversely, a toxic or hierarchical culture can erode trust (Evelyn, Obasi, Nwosinum, & Anochie, 2024).

Nurses who perceive their jobs as secure are more likely to develop trust in their organization. Job stability contributes to a sense of safety and commitment. Open lines of communication between management and staff enhance transparency and build trust. Regular updates on organizational changes and opportunities for feedback are essential. Acknowledgment of nurses' contributions and providing adequate support for their professional development can strengthen organizational trust (Keskin, & Kiliç, 2024).

To enhance organizational trust among nurses, healthcare organizations can implement several strategies including promote transparent leadership; leaders should communicate openly about organizational goals, changes, and challenges while encouraging feedback from nursing staff. Foster a positive work environment: creating a supportive culture that values teamwork and collaboration can enhance trust among nursing staff. Investing in organizational trust not only benefits individual nurses but also leads to improved patient outcomes and overall organizational performance in the healthcare sector (Loes, & Tobin, 2020).

Significance of the study

Organizational trust is a critical determinant of effective teamwork, communication, and conflict management within healthcare and organizational settings. High levels of trust among employees and between staff and management foster psychological safety, which encourages open communication, reduces interpersonal and group conflict, and enhances collaborative problem-solving. According to Joo, Yoon, and Galbraith (2023), organizational trust, together with empowering leadership, plays a significant role in reducing group conflict by strengthening psychological safety as a mediating factor. In nursing practice, this trust is particularly important, as it contributes to a supportive work environment, improves staff relationships, enhances job satisfaction, and ultimately leads to higher-quality patient care and organizational performance. So, the study aimed to assess staff nurses' perceptions of organizational trust at King Fahad Specialist Hospital.

1.1 Aim of the Study

This study aimed to assess staff nurses' perception about organizational trust at king Fahd Specialize Hospital.

1.2 Research Question

Q1. What is the level of Staff nurses' perception about organizational trust at king fahd specialize hospital?

2.Method

2.1 Research design

A descriptive design was used to achieve the aim of this study.

2.2 Setting

This study was conducted at all inpatient departments of at King Fahd Specialist Hospital Buraydah, (KFSHB), Saudi Arabia.

2.3 Participants

A Convenient sample was utilized, which included (n=114) nurses who are responsible for providing patients care in all above-mentioned settings and fulfilled the criteria of having at least one-year of experience of work and willing to participate in the study.

2.4 Tools of data collection:

One tool was used for data collection in the present study namely: Organizational Trust Scale.

Tool (I): Organizational Trust Scale

It consists of two parts:

The first part: This part included personal data of the studied nurses as age, gender, marital status, educational qualifications, and years of experience.

The second part: Organizational Trust Scale

This tool was developed by Dirks & Ferrin (2002) to assess organizational trust among nurses. It consisted of 27 items, which were divided into three subscales, nine unique items for each subscale as follows; trust in the supervisors (9 items); trust in co-workers (9 items), and trust in the organization management (9 items). Each item was measured by using 5-point Likert scale ranging from 5 (Strongly agree) to 1 (Strongly disagree) Reliability was computed and found (0.93).

The scoring system

The scoring system of Organizational Trust Scale was classified into three categories based on a predetermined cut-off point, as follows:

- Low level (<60% of total scores),

- Moderate level (60-75% of total scores)
- High level (>75% of total scores).

2.4.1 Validity

The tools were tested for their face and content validity by five experts in the field of the study and accordingly the necessary modifications were made regarding rewording and rephrasing for some words. The tools were tested for their reliability by using Cronbach alpha test in statistical Package for social Science (SPSS) version 23. The reliability of the instrument was judged by estimating how items reflect the same construct yield similar results.

2.5 Pilot study:

A pilot study was carried out for 10% (11) of the study participants to check and ensure the clarity and applicability of the tools, in addition to calculating the duration required for filling in the questionnaires and included in the study.

2.6 Data collection process:

An official letter to carry out the study was submitted from the faculty of Nursing, Mansoura University to the director of the King Fahd Specialized Hospital, Saudi Arabia. Then an official written permission to carry out the study was obtained from the director of the King Fahd Specialist Hospital, Saudi Arabia, to obtain his approval to conduct the study after an explanation of the purpose of the study, data was collected from the staff nurses during work hours in the shifts according to their available time.

2.7 Data analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for Social Sciences, version 25, SPSS Inc. Chicago, IL, USA). The normality assumption was accepted. Therefore, categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Two-way ANOVA test was conducted to test differences in repeated measures when variables are parametric and continuous. Friedman's test was conducted to test differences in repeated measures when variables are ordinal variables. Independent t-test was used to test the difference between two means of continuous variables and one - way ANOVA test was used to test the difference between more than two means of continuous variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered as ($p\text{-value} < 0.01 \ \& 0.05$).

2.8 Ethical Considerations:

Ethical approval was obtained from the Research Ethical Committee of the Faculty of Nursing, Mansoura University (**IRB* 611**). An agreement was obtained from the selected hospital for data collection. Agreement of staff nurses who meet the inclusion criteria to fill in the questionnaires and be part of the study was considered written informed consent from participants. Data was collected by the researcher who described the study aim to all participants who agreed to be part of the study. Anonymity and confidentiality of participants' information was totally assured. Voluntary participation and withdrawal from the study at any time was assured as well.

3. Results

Table (1) presents the personal characteristics of the studied staff nurses (n=114). Regarding age, the highest proportion of participants (54.4%) was in the age group of 35–40 years, whereas the lowest proportion (4.4%) was among those aged over 40 years. Concerning gender, females constituted the majority (64.0%), while males represented 36.0%. In terms of marital status, most participants were married (59.6%), whereas the lowest percentage was observed among divorced nurses (0.9%). As for years of experience, the highest percentage (43.9%) was among nurses with more than 5 to 10 years of experience, while the lowest percentage (2.6%) was among those with less than one year of experience. Finally, regarding educational level, the majority of nurses held a Bachelor of Science in Nursing (57.0%), whereas the lowest percentage (14.9%) had an Associate Degree in Nursing.

Figure (1) illustrates the mean scores and ranking of the perceived organizational trust subscales among the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia (n = 114). The findings indicate a clear variation in trust levels across the three examined dimensions. Notably, the “Trust in Supervisors” subscale attained the highest mean score (30.99), ranking first, which reflects a stronger level of confidence in immediate supervisors. This was followed by the “Trust in Co-workers” subscale, which occupied the second position with a mean score of 29.74, indicating a relatively high level of peer trust. In contrast, the “Trust in Organizational Management” subscale recorded the lowest mean score (26.80), ranking last among the dimensions. Overall, these results suggest that although staff nurses demonstrate strong trust in their direct supervisors and colleagues, their level of trust in the higher organizational management is comparatively lower.

Figure (2) illustrates the Level of total perceived organizational trust among the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia. The data

indicates a relatively close distribution among the three trust levels, with the highest proportion of staff nurses reporting a low level of total perceived organizational trust (38.6). This is followed by 31.6 of the participants who expressed a moderate level of trust, while the lowest percentage of nurses reported a high level of trust (29.8). Synthesizing these findings, it is evident that a substantial sector of the studied nursing workforce experiences sub-optimal organizational trust, given that more than one-third of the sample falls into the low-trust category, outnumbering those with moderate or high levels of overall trust.

Table (1): Personal characteristics of the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia.

Personal characteristics	The studied staff nurses (n=114)	
	N	%
■Age years <25 25-<30 30-<35 35-40 >40 Range Mean±SD	14 14 19 62 5 20-50 34.09±6.33	12.3 12.3 16.7 54.4 4.4
■Sex Male Female	41 73	36.0 64.0
■ Marital Status Single Married Divorced Widowed	41 68 1 4	36.0 59.6 0.9 3.5
■Experience years < 1 1-5 >5-10 >10 Mean±SD	3 23 50 38 12.04±2.11	2.6 20.2 43.9 33.3
■ Educational level High School Diploma or equivalent Associate Degree in Nursing Bachelor of Science in Nursing	32 17 65	28.1 14.9 57.0

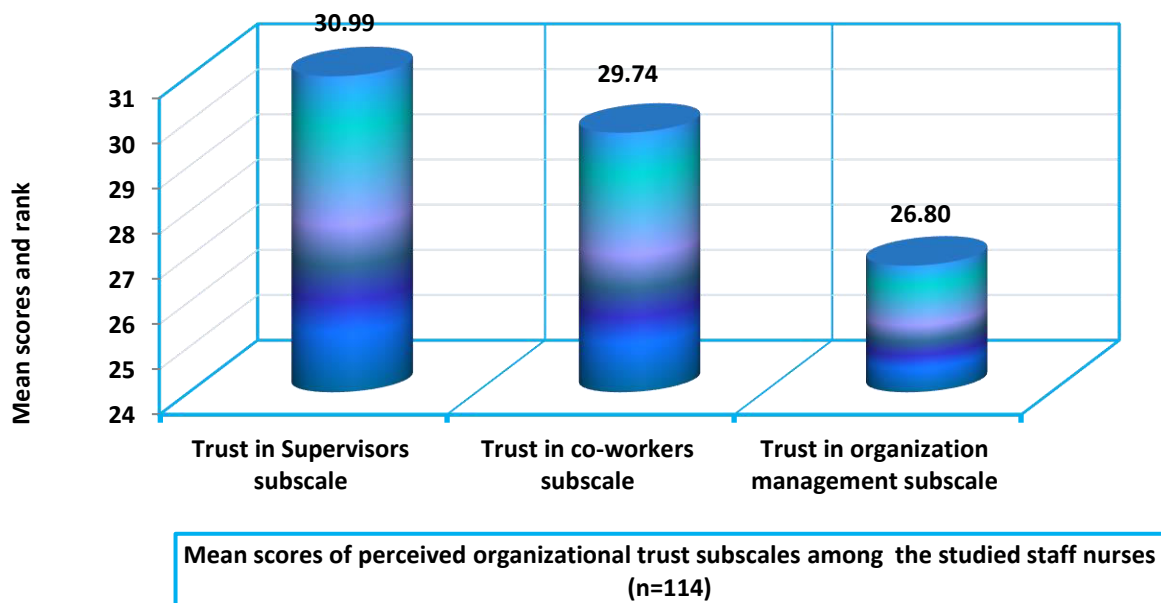


Figure (1): Perceived organizational trust subscales mean scores and rank among the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia

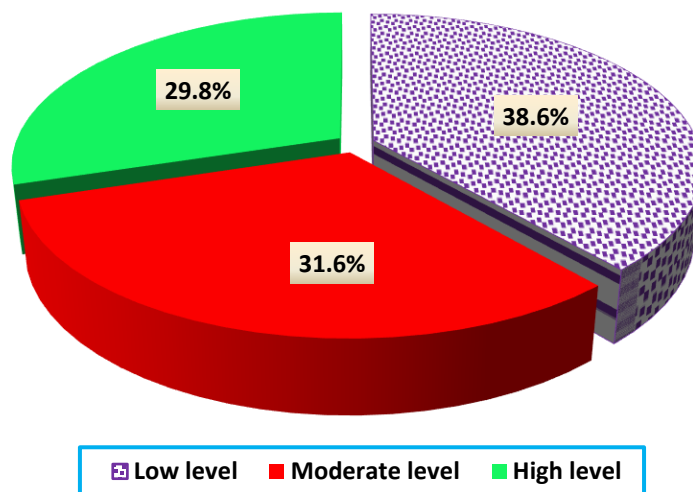


Figure (2): Level of total perceived organizational trust among the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia.

4. Discussion

Organizational trust is a fundamental element in modern healthcare systems as it shapes the quality of relationships between employees, leaders, and the organization as a whole. It enhances cooperation, improves communication, and reduces uncertainty in the workplace, which in turn promotes higher levels of job satisfaction and commitment among staff nurses. When trust is strong, nurses are more likely to share information openly, engage in teamwork effectively, and participate in decision-making processes, leading to improved organizational performance and patient care outcomes. Conversely, low organizational trust can result in poor communication, increased conflict, and reduced morale, which negatively affects both staff well-being and quality of care delivery (Al-Bisharat, 2026).

The findings of the present study revealed a clear variation in organizational trust across the three examined dimensions. Specifically, the “Trust in Supervisors” subscale achieved the highest mean score, indicating that supervisors are the most trusted group among staff nurses and ranking first among all dimensions. This was followed by the “Trust in Co-workers” subscale, which occupied the second position, reflecting a moderate to high level of interpersonal trust among peers. In contrast, the “Trust in Organizational Management” subscale recorded the lowest mean score and ranked last.

These results may be related to the nature of daily professional interactions within the clinical setting, where staff nurses have more frequent, direct, and supportive communication with their immediate supervisors and colleagues compared to upper-level management. The higher level of trust in supervisors may reflect their active involvement in clinical decision-making, availability for guidance, and role in resolving work-related issues in real time, which enhances perceptions of reliability and support. Similarly, moderate trust in co-workers may be attributed to shared responsibilities, teamwork, and mutual dependence in providing patient care. In contrast, the lower level of trust in organizational management may be explained by the perceived distance between staff nurses and top administrators, limited participation in decision-making processes, and possible communication gaps regarding policies and organizational changes. These factors collectively may reduce nurses’ sense of transparency and involvement at the managerial level, thereby contributing to lower trust in organizational management compared to more immediate work relationships.

The findings of the present study are consistent with Dai et al. (2022), who reported that organizational trust is more strongly developed

toward immediate supervisors due to frequent interaction, direct support, and day-to-day communication. This close working relationship explains why “Trust in Supervisors” achieved the highest mean score in the current study, indicating that staff nurses tend to place greater confidence in their direct leaders compared to other organizational levels. Similarly, Mbolela (2020) found that employees generally demonstrate higher levels of trust in proximal workplace relationships than in top management, as higher-level management is often perceived as more distant from employees’ daily needs and concerns. This supports the present finding that “Trust in Organizational Management” received the lowest mean score, reflecting comparatively weaker trust in upper administrative levels. Overall, these findings suggest that organizational trust is shaped primarily by proximity, communication quality, and perceived responsiveness of leadership.

Regarding the Level of total perceived organizational trust among the studied staff nurses at King Fahd Specialist Hospital, Saudi Arabia. The findings indicate that the low level of total perceived organizational trust was the most prevalent among the studied staff nurses, representing the highest proportion. This was followed by the moderate level of trust, while the high level of trust was the least reported among participants. Overall, the results reflect that lower trust levels outweigh both moderate and high levels within the nursing workforce.

This result may be related to several organizational and work-related factors. A high proportion of low trust could be attributed to limited transparency, insufficient communication, and restricted involvement of nurses in decision-making processes. Additionally, heavy workloads, job stress, and perceived lack of managerial support may further weaken trust levels. In contrast, the smaller proportion of nurses with high trust may reflect positive experiences with leadership support and teamwork, but these appear insufficient to outweigh the broader organizational challenges affecting overall trust perceptions.

This result agrees with, Abo Zied et al. (2026) who found that decreased organizational trust among nurses, indicating that exposure to negative interpersonal behaviors undermines trust levels. Similarly, Özcanarslan & Doğan (2025) reported that higher levels of emotional burnout among operating room nurses were linked to lower perceptions of organizational trust. In the same vein, Karataş (2025) demonstrated that mobbing behaviors negatively affected nurses’ organizational trust while increasing burnout. These findings collectively support the

current result, suggesting that stressful and unsupportive work environments may contribute to the predominance of low organizational trust levels among nursing staff.

Conversely, the present findings are inconsistent with other studies that reported relatively higher levels of organizational trust in more supportive healthcare settings. For example, Ahmed Sadek et al. (2022) indicated that higher organizational trust was positively associated with nurses' retention, reflecting moderate to high levels of trust among participants. Additionally, Zhang et al. (2024) found that nurses demonstrated favorable levels of organizational trust, which enhanced their voice behavior through career resilience. This discrepancy may be attributed to differences in organizational climate, leadership style, and workplace support systems, where more positive and empowering environments tend to foster higher levels of trust compared to more challenging or stressful contexts, as reflected in the current study.

This finding also-disagree with Karimi et al. (2021), who reported that higher trust was associated with improved nurses' performance behaviors, suggesting that interventions targeting trust can enhance staff outcomes. Similarly, El Hussami et al. (2024) found a positive relationship between organizational trust and job involvement among staff nurses, supporting the notion that increased trust can motivate greater engagement in work tasks. Moreover, Ghanem Atalla (2023) confirmed that organizational trust is positively related to organizational citizenship behaviors, emphasizing its broader impact on workplace culture. However, TICHTICH and KHAIAT (2024) highlighted that organizational trust is multidimensional and may be influenced by contextual and individual factors, implying that while training programs can enhance trust, other structural or managerial aspects might limit its full effect in certain settings.

Conclusion

The study findings indicate notable differences in perceived organizational trust among staff nurses at King Fahd Specialist Hospital. Trust was highest in supervisors, followed by co-workers, while trust in organizational management was the lowest across both mean scores and level distributions. Overall, the total organizational trust revealed a concerning pattern, with a relatively high proportion of nurses reporting low trust levels compared to moderate and high levels. These results suggest that nurses tend to rely more on direct interpersonal relationships within their work units than on trust in higher administrative structures.

Recommendations

1. Strengthen transparent communication between hospital management and nursing staff to enhance trust in organizational leadership.
2. Implement leadership development programs aimed at improving managerial support, fairness, and responsiveness toward nurses' needs.
3. Promote a positive work environment by reinforcing teamwork and collaboration among nursing staff to sustain high peer and supervisor trust.
4. Conduct regular organizational trust assessments to identify gaps early and develop targeted interventions to improve overall trust levels.

For Future Research

- Future studies should investigate the underlying organizational and cultural factors contributing to low trust in hospital management among staff nurses.
- Additional research is needed to explore the relationship between organizational trust and critical outcomes such as nurses' job satisfaction, turnover intention, and patient care quality.
- Comparative studies across different hospitals and healthcare settings are recommended to determine whether similar patterns of trust levels exist and to identify context-specific differences.

References:

- Abdel-Azeem, A. M., Zaki, A. E. A., Khaled, A., & Hasanin Ghoneimy, A. G. (2023). *Talent management: The pathway to staff nurses' self-efficacy and organizational effectiveness*. *Egyptian Journal of Nursing and Health Sciences*, 4(1), 90–116.
- Al-Bisharat, I. R. (2026). *Inspirational leadership of secondary schools principals and its relation to teachers' organizational trust in Zarqa Governorate*. *Journal of Humanities and Social Sciences Studies*, 8(3), 94–108.
- Abo Zied, H. A. E., Mohamed, S. A., & Fouad, F. (2026). *Relation between workplace bullying and organizational trust among staff nurses*. *Journal of Health Care Research*, 3(1), 171–185.
- Ahmed Sadek, A. A., Abd Elrhman, S. M., Fahmy, A. M., & Gabra, S. F. (2022). *The organizational trust and its relation to staff nurse retention in their job*. *Minia Scientific Nursing Journal*, 12(1), 99–105.
- Dai, Y., Tang, Y. M., Chen, W., & Hou, J. (2022). *How*

organizational trust impacts organizational citizenship behavior: Organizational identification and employee loyalty as mediators. Frontiers in Psychology, 13, 996962.

- El Hussami, M., Abdel Rahman, A., & Mohamed, S. (2024). Relationship between organizational trust and job involvement among staff nurses. *Journal of Nursing Management and Practice, 14*(3), 210–219.
- Emad Eldin Mohamed, E., Farouk Kamel, F., & Mohamed Abd Elmonem, A. (2026). Nursing staff perception regarding shared governance and its relation to supervisors' trust. *Journal of Nursing Science Benha University, 7*(1), 839–857.
- Evelyn, A. I. I., Obasi, E. I., Nwosinum, G. M., & Anochie, N. C. (2024). Organizational trust and nurses' commitment.
- Fathy, S., Adam, S. M., & ElSayed, S. M. (2024). Relationship between organizational trust and job involvement among staff nurses. *Egyptian Journal of Health Care, 15*(2), 192–202.
- Ghanem Atalla, R. (2023). Organizational trust and its effect on organizational citizenship behavior. *International Journal of Organizational Behavior, 12*(4), 88–97.
- Hadi-Moghaddam, M., Karimollahi, M., & Aghamohammadi, M. (2021). Nurses' trust in managers and its relationship with nurses' performance behaviors: A descriptive-correlational study. *BMC Nursing, 20*(1), 132.
- Karataş, A. (2025). The effect of nurses' perceptions of mobbing on burnout and organizational trust.
- Karimi, L., Hosseini, S., & Rahmani, A. (2021). The relationship between trust in managers and nurses' performance behaviors. *Journal of Nursing Administration, 51*(6), 310–318.
- Keskin, S. T., & Kılıç, M. Ö. (2024). Investigation of the relationship between nurses' perception of toxic leadership and their organizational trust levels and turnover intentions. *Journal of Advanced Nursing, 80*(5), 1859–1867.
- Khalil, S. S. S., & Ahmed, H. F. E. A. (2024). Enhancing talent management among nursing management staff. *Journal of Health Care Research, 1*(2), 75–88.
- Koç Aslan, S., & Özel, Z. (2024). Analysing nurse talent management: A 6-year study before and during COVID-19 using the McKinsey 9-box matrix. *Journal of HRM, 27*(1).
- Loes, C. N., & Tobin, M. B. (2020). Organizational trust, psychological empowerment, and organizational commitment among licensed practical nurses. *Nursing Administration Quarterly, 44*(2), 179–187.

- Mbolela, A. Y. (2020). *The relationship between organisational justice perceptions, organisational trust and willingness to engage in protest action for higher wages among low-income employees in South Africa.*
- Mohamed, A. F. A., Ali, F. A., & Ahmed, E. A. A. (2024). *Humble leadership style as green human resource management: Nurses' organizational trust and work resilience. Tanta Scientific Nursing Journal, 32(1), 63–76.*
- Özcanarslan, N., & Doğan, A. (2025). *Relationship between organizational trust perception and emotional burnout level in operating room nurses. Çukurova Medical Journal, 50(1), 200–210.*
- Shen, X., Shen, T., Zheng, D., & Li, Y. (2025). *The influence of felt trust on nurses' job performance: The mediating role of self-efficacy and moderating role of benevolent leadership. Journal of Nursing Management, 2025, 8462843.*
- TICHITCH, Y., & KHAIAT, M. (2024). *Organizational trust as a multidimensional construct: Contextual and individual determinants. International Journal of Organizational Psychology, 19(1), 55–70.*
- Zhang, X., Huang, X., Hu, Y., Chen, Q., & Zhao, X. (2024). *The relationship between organizational trust and voice behavior among neonatal intensive care unit nurses in tertiary A hospitals in Sichuan Province: The mediating role of career resilience. Frontiers in Public Health, 12, 1505641.*