



RESEARCH

Relationship between organizational trust perception and emotional burnout level in operating room nurses

Ameliyathane hemşirelerinde örgütsel güven algısının duygusal tükenmişlik düzeyi ile ilişkisi

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Abstract

Purpose: The workload in the operating room is high, requiring teamwork, communication, and expertise, and emotional burnout is frequently seen in nurses when organizational trust is weak. The aim in this study was to examine the relationship between organizational trust and burnout levels in operating room nurses.

Materials and Methods: In this study, conducted in accordance with the STROBE guidelines, a cross-sectional design was used and operating room nurses from a City Training and Research Hospital between May 1 and July 1, 2022 were included. The sample size, determined via G*Power, was 82. Data were collected electronically using a personal information form, the Organizational Trust Scale, and the Work-Related Emotional Burnout Scale, and analyzed with statistical software.

Results: The perception of organizational trust among the operating room nurses was high (26 ± 85). According to the subdimensions of the Organizational Trust Perception Scale, they had the most trust in their colleagues (11 ± 35) and the least trust in the institution and the manager (5 ± 25). A moderate negative and statistically significant relationship was found between organizational trust perception and emotional burnout level ($r = -0.385$, $p = 0.001$).

Conclusion: In this study, organizational trust perceptions were high and emotional burnout was low in operating room nurses. A moderate negative and significant relationship was found between organizational trust perception and emotional burnout level. This result indicates that emotional burnout decreases as organizational trust increases.

Keywords: Operating room, emotional burnout, nurse, organizational trust

Öz

Amaç: Ameliyathane, ekip çalışması, iletişim ve uzmanlık gerektiren yüksek iş yüküne sahip bir bölümdür ve örgütsel güvenin zayıf olduğu durumlarda hemşirelerde duygusal tükenmişlik sıklıkla görülmektedir. Bu çalışma, ameliyathane hemşirelerinde örgütsel güven ile tükenmişlik düzeyleri arasındaki ilişkiyi incelemeyi amaçlamaktadır.

Gereç ve Yöntem: STROBE kuralları çerçevesinde yürütülen bu çalışmada kesitsel bir tasarım kullanılmış ve 1 Mayıs - 1 Temmuz 2022 tarihleri arasında bir Şehir Eğitim ve Araştırma Hastanesi'ndeki ameliyathane hemşireleri çalışmaya dahil edilmiştir. G-Power yöntemi ile belirlenen örneklem büyüklüğü 82 hemşireden oluşmaktadır. Veriler, kişisel bilgi formu, Örgütsel Güven Ölçeği ve İşe Bağlı Duygusal Tükenmişlik Ölçeği kullanılarak elektronik ortamda toplanmış ve istatistiksel yazılım ile analiz edilmiştir.

Bulgular: Ameliyathane hemşirelerinde örgütsel güven algısı yüksek bulundu (26 ± 85). Örgütsel Güven Algısı Ölçeği alt boyutlarından, en çok çalışma arkadaşlarına (11 ± 35), en az kuruma ve yöneticiye güven (5 ± 25) duydukları bulundu. Örgütsel güven algısı ile duygusal tükenmişlik düzeyi arasında orta düzeyde negatif yönde anlamlı ilişki bulundu ($r = -0.385$, $p = 0.001$).

Sonuç: Bu çalışmada ameliyathane hemşirelerinde örgütsel güven algılarının yüksek ve duygusal tükenmenin düşük olduğu bulundu. Örgütsel güven algısı ile duygusal tükenmişlik düzeyi arasında orta düzeyde negatif yönde anlamlı ilişki bulundu. Bu sonuç örgütsel güven arttıkça duygusal tükenmenin azaldığı şeklinde yorumlanabilir.

Anahtar kelimeler: Ameliyathane, duygusal tükenme, hemşire, örgütsel güven

INTRODUCTION

The operating room is a hospital unit that involves many risks, where nurses participate in consecutive procedures that can last for hours and carry the responsibility of performing challenging tasks, requiring specific expertise. It is a unit where maintaining concentration and ensuring maximum sensitivity for patient safety are essential, where nurses are negatively affected both physically and psychologically, and where teamwork is important¹⁻³.

Although different professional groups work in operating rooms (such as surgeons and anesthesia technicians), nurses play critical roles in tasks such as patient care, coordination within the team, and management of operational processes⁴. Nurses are an important part of the team in this environment that requires professionalism. An increase in stress and tension among professionals negatively affects the communication between the operating room nurse and their work team⁵. Operating room nurses constitute a significant portion of the hospital workforce⁶. Unlike nurses in other clinical areas, operating room nurses face both physically and emotionally challenging tasks^{1,2}. This situation may differentiate nurses' perceptions of organizational trust and levels of emotional burnout from those of other healthcare workers.

Negative conditions in organizational culture among nurses affect organizational performance, lead to chronic fatigue syndrome¹, increase thoughts of leaving the job, reduce job satisfaction, and cause feelings of powerlessness⁷. The positive development of organizational trust among nurses increases their organizational commitment, innovative behaviors, quality of care, and job satisfaction, while reducing emotional burnout⁸⁻¹⁰. In a study conducted with nurses working in operating rooms in Indonesia, the burnout levels of nurses were directly proportional to their workload¹¹. According to a study conducted in Korea, organizational commitment, interpersonal relationships, and burnout were associated with the intention to leave the job. Mutual trust, burnout, and interpersonal relationships have an impact on the intention to leave the job¹².

Effective communication and interaction are only possible with the development of a positive sense of organizational trust between managers and team members^{13,14}. Organizational trust is defined as the

positive expectations individuals have about the intentions and behaviors of organizational members¹⁵. There are three generally accepted dimensions of organizational trust: trust in the manager, trust in the workplace, and trust in colleagues¹³⁻¹⁶. In an environment with a heavy workload, such as the operating room, when there is an unhealthy work environment and a lack of organizational trust, work-related burnout can be observed in employees¹⁷. Occupational burnout is defined as a long-term response to work-related stress and consists of subdimensions such as emotional burnout, depersonalization, and a decrease in personal accomplishment^{17,18}. Emotional burnout is an indicator that the individual experiences personal conflict due to heavy workload and decreased motivation¹⁹. Conflict with colleagues or managers causes nurses to experience occupational burnout. Burnout decreases the work efficiency of the professional, increases error rates, and raises the intention to leave the job^{18,20,21}. In addition, it can decrease the quality of nursing care, threaten patient safety, cause irreparable losses for patients and their families, and negatively impact professional reputation²². The role of managers in supporting and helping employees significantly reduces employee stress and burnout²³. Operating rooms involve a greater risk of work-related burnout due to high demands for safety, performance within a limited time frame, quality of care, and efficiency²⁴. This may make nurses' perception of organizational trust and emotional burnout levels different from those of other healthcare professionals. It has been reported that nurses working in operating rooms experience more stress and have a higher risk of burnout compared to nurses working in other departments²⁵. Burnout occurs seven times more frequently in high-stress environments compared to in low-stress areas²⁶.

Although work-related burnout levels have been investigated in many studies^{17,18,21-23}, a search of the literature revealed no studies on the relationship between the perception of organizational trust and the level of emotional burnout, which is a subdimension of burnout, among operating room nurses. Nurses' emotional indicators play a crucial role in shaping the quality of care and impact the reputation of the profession and hospitals²⁷. Therefore, the aim of the present study was to determine the relationship between organizational

trust perception and emotional burnout level in nurses working in the operating room.

The main theme of the research was to determine the relationship between “trust in employees, trust in managers, and trust in the organization” which are the subdimensions of organizational trust perception and “emotional exhaustion,” which is a subdimension of the burnout concept. Thus, whether there is a relationship between organizational trust perception and emotional burnout level, the relationship between trust among employees and emotional burnout level, the effect of trust in managers on emotional burnout level, and the relationship between trust in the organization and emotional burnout level were examined. These questions were addressed in order to understand the different aspects of the relationship between organizational trust and burnout.

MATERIALS AND METHODS

This study was conducted within the framework of the STROBE guidelines, using a cross-sectional research model.

Sample

The study was conducted at Mersin City Training and Research Hospital. This is a tertiary health care institution with a capacity of 1253 beds; 55 operating rooms; general surgery, gynecology, obstetrics, burns, ophthalmology, cardiovascular surgery, and day surgery departments; a large patient population; innovative practices; and a multidisciplinary working environment, which is a first in the City Hospitals model.

During the data collection process, the necessary permissions were obtained from the human resources unit of the organization and the ethics committee. The questionnaires were completed voluntarily and anonymously by the participants. Data collection was carried out by the research team under the supervision of human resources experts. All data were encrypted and securely stored in accordance with the organization's data security and confidentiality policies. During this process, the confidentiality of the participants' information was maintained and ethical rules were strictly followed. The research population consisted of all nurses (121 nurses) working in the operating room of a City Training and Research Hospital between May 1 and July 1, 2022.

The sample size for the study was determined by power analysis conducted prior to the study, based on the calculations from the work by Faul et al. (2009). Using the program G*Power 3.1, with an effect size of 0.345, a confidence level of 95%, and a population representativeness of 95%, the sample size was found to be 82 at an error margin of 0.05²⁸. The research was completed with a total of 82 nurses. Nurses who did not agree to participate, who left the job during this process, who were on annual or sick leave, or who changed their departments were not included. In order to conduct the research, ethical approval was obtained from the Toros University Scientific Research Ethics Committee (number 29.04.2022/92). The study commenced after institutional permission was obtained from the institution where it would be conducted. The principles of the Declaration of Helsinki were adhered to at every stage of the study.

Since the target population of the study was operating room nurses, only those who were actively working in this field, agreed to participate, were not on long-term leave or temporary assignment during the study, and had no diagnosed mental illness were included. Due to ethical and methodological limitations, it was not possible to access medical diagnosis information regarding the mental health status of the participants. In this context, individual psychiatric evaluations were not conducted; however, at the top of the online form sent to the participants, information about the study was provided and the inclusion criteria were clearly stated.

Procedure

The nurses participating were informed about the research and it was explained that the data would be used only for scientific purposes and would not be shared with third parties. The questionnaires were sent to the participants electronically. Before the questionnaire was administered, the nurses who agreed to participate were informed about the study and asked to fill in the study approval box. It took approximately 5-10 minutes for them to complete the questionnaire. Data were collected using the personal information form, Organizational Trust Perception Scale, and Emotional Burnout Scale.

Measures

Personal information form

This form, which was developed by the researchers

after reviewing the literature, included a total of 9 questions about sociodemographic characteristics (age, sex, marital status, presence of children, educational status, duration of employment, income status, and presence of chronic diseases).

Organizational Trust Perception Scale

This scale was developed by Çalışkan in 2021 in accordance with Turkish health institutions¹³. It is a 5-point Likert-type scale consisting of 17 questions and 3 dimensions. The first dimension, consisting of 7 items, was entitled 'Trust in Colleagues', the second dimension, consisting of 5 items, was entitled 'Trust in the Manager', and the third dimension, consisting of 5 items, was entitled 'Trust in the Organization'. The Cronbach's alpha coefficient of the Organizational Trust Scale total score is .90, the Trust in Colleagues sub-dimension is .91, the Trust in Manager sub-dimension is .90, and the Trust in Organization sub-dimension is .88, indicating that the scale has good reliability and validity¹³. As the score obtained from the scale increases, organizational trust increases. In the present study, Cronbach's alpha coefficient for organizational trust perception was 0.93. The values for the subdimensions were .86 for trust in colleagues, .92 for trust in the manager, and .88 for trust in the organization.

Emotional burnout scale

The Job-Related Emotional Exhaustion Scale, developed by Wharton (1993), was adapted to Turkish by Günay (2021)^{29,30}. The scale is unidimensional and consists of 6 items. Its reliability was tested and the Cronbach's alpha coefficient found was .903, with item correlation values of .839 for split-half reliability and a Spearman-Brown coefficient of .913. As the score obtained from the scale increases, emotional burnout also increases. In the present study, the Cronbach's alpha coefficient was .89.

Statistical analysis

The analysis was performed using SPSS 28. The Kolmogorov-Smirnov test was used to determine the normality of the data distribution, and the significance level (p) was set at 0.05. When variables were not normally distributed ($p > 0.05$), nonparametric methods were selected for comparison tests. The Mann-Whitney U test was

used for comparison of scale scores in independent groups with variables such as sex, marital status, chronic disease status, and having children. The Kruskal-Wallis test was used to determine whether the scores differed between independent multiple groups of age, education status, and units worked in. After the groups were compared, the Mann-Whitney U test was used with Bonferroni correction for within-group post-hoc comparisons of different variables. The reliability of the scales was assessed using Cronbach's alpha coefficient. The relationships between the scale scores were then analyzed using Spearman's rank correlation coefficient.

RESULTS

Eighty-nine percent of the participants were women, 69.5% worked in the general operating room, 90.2% had a bachelor's degree, 65.9% were married, 82.9% had children, 70.7% did not have any chronic diseases, the mean age was 43.10 ± 7.13 years, and the mean years of service in the profession was 21.78 ± 8.32 years (Table 1).

When the scale scores and subdimensions of the participants are examined, it is seen that the mean score for trust in colleagues is 23.84 ± 4.69 , the mean score for trust in managers is 17.07 ± 4.51 , the mean score for trust in the organization is 15.76 ± 3.99 , the mean score for organizational trust perception is 56.68 ± 10.94 , and the mean score for emotional burnout is 17.71 ± 6.27 (Table 2).

No statistically significant differences were found between organizational trust perception scale scores and age, sex, education level, presence of a chronic disease, or having children ($p > 0.05$) (Table 3). However, a statistically significant difference was found between the total score for organizational trust perception and marital status (married vs. unmarried) ($p = 0.040 < 0.05$) (Table 3).

No statistically significant difference was found between emotional burnout scores according to the variables of emotional burnout scale, age, educational status, unit worked in, marital status, or having children or a chronic disease ($p > 0.05$) (Table 4). However, a statistically significant difference was found between emotional burnout score and sex ($p = 0.010 < 0.05$) (Table 3).

Table 1. Demographic information of the nurses

Variables	Groups	Number (n=82)	Percentage (%)
Sex	Female	73	89
	Male	9	11
Unit Worked in	General	57	69.5
	Gynecology	11	13.4
	Cardiovascular	4	4.9
	Burn	2	2.4
	Ophthalmology	5	6.1
	Day case	3	3.7
Education Status	High school	2	2.4
	Bachelor's degree	74	90.2
	Master's degree	6	7.3
Marital Status	Married	54	65.9
	Single	28	34.1
Having Children	Yes	68	82.9
	No	14	17.1
Chronic Disease	Yes	24	29.3
	No	58	70.7
Variables		Mean \pm SD	Min-Max
Age		43.10 \pm 7.13	28 - 60
Profession Years of Employment		21.78 \pm 8.32	6 - 40

SD: standard deviation

Table 2. Descriptive Statistics of the Participants' Scale Scores

Variables	Mean \pm SD	Cronbach's alpha
Trust in Colleagues	23.84 \pm 4.69	0.86
Trust in Manager	17.07 \pm 4.51	0.92
Trust in Organization	15.76 \pm 3.99	0.88
Perception of Organizational Trust	56.68 \pm 10.94	0.93
Emotional Burnout	17.71 \pm 6.27	0.89

SD: standard deviation

No statistically significant relationship was found between the subdimension of trust in colleagues of the organizational trust perception scale and age, sex, unit worked in, educational status, marital status, having children, or the presence of a chronic disease ($p>0.05$) (Table 4). No statistically significant relationship was found between the subdimension of trust in the manager of the organizational trust perception scale and age, sex, educational status, marital status, having children, or the presence of a chronic disease ($p>0.05$) (Table 4).

A statistically significant difference was found between units worked in for trust in the manager scores, which is a subdimension of the Organizational Trust Perception Scale ($p = 0.004 < 0.05$). The Bonferroni corrected alpha value calculated for pairwise comparisons was $(5/2) = 10$, $\alpha_{BC} = 0.05/10 = 0.005$. After the Kruskal–Wallis

test, the p-values obtained from the Mann–Whitney test were compared with the 0.005 value to determine the result. When the groups were compared pairwise, there was a difference between the general operating room and the obstetrics and gynecology operating room ($p=0.001<0.003$). There was also a difference between the obstetrics and gynecology unit and the ophthalmology unit (Table 4).

No statistically significant relationship was found between the subdimension of trust in the organization of the organizational trust perception scale and age, sex, unit worked in, educational status, having children, or the presence of a chronic disease ($p>0.05$) (Table 4). However, a statistically significant difference was found between married and single individuals ($p=0.040<0.05$) in the subdimensions of trust in the organization ($p=0.026<0.05$) (Table 4).

When examining the relationship between organizational trust perception and its subdimensions, as well as emotional burnout subdimensions, a moderate positive and significant relationship was found between the trust in colleagues score and the trust in the manager score ($p<0.05$) (Table 5). A moderate positive and significant relationship was found between the trust in colleagues score and the trust in the organization score ($p<0.05$) (Table 5). A high positive and significant relationship was found between the trust in colleagues score and the organizational trust perception score ($p<0.05$) (Table 5).

A low-level, negative, and significant relationship was found between the trust in colleagues score and the emotional burnout score ($p<0.05$) (Table 5). A moderate, positive, and significant relationship was

found between the trust in the manager score and the trust in the organization score ($p<0.05$) (Table 5).

A high positive and significant relationship was found between the trust in the manager score and the organizational trust perception score ($p<0.05$) (Table 5). A moderate negative and significant relationship was found between the trust in the manager score and the emotional burnout score ($p<0.05$) (Table 5). A high positive and significant relationship was found between the trust in the organization score and the organizational trust perception score ($p<0.05$) (Table 5). A moderate negative and significant relationship was found between the organizational trust perception score and the emotional burnout score ($p<0.05$) (Table 5). A moderate negative and significant relationship was found between the organizational trust perception score and the emotional burnout score ($p<0.05$) (Table 5).

Table 3. Comparison of participants' demographic data according to organizational trust perception and emotional burnout scale scores

Variables	Groups	Organizational Trust Perception		Emotional Burnout	
		Mean \pm SD	Test Value and P	Mean \pm SD	Test Value and P
Age		$r=-0.47$	0.676	$r=0.039$	0.728
Sex	Female	57.45 ± 10.4	220.500	17.04 ± 5.95	155.500a
	Male	50.44 ± 13.72	0.109	23.22 ± 6.44	0.010*
Unit Worked in	General	55.79 ± 10.38 63.45 ± 6.76	7.308 0.199	17.7 ± 6.18 16 ± 6.37	6.295 0.279
	Gynecology	55.75 ± 8.62 66.5 ± 26.16		14 ± 6.16 22 ± 1.41	
	Cardiovascular	51.2 ± 9.23 52.67 ± 22.48		20.4 ± 8.44 22 ± 4	
	Burn				
	Ophthalmology				
	Day case				
Education Status	High school	45.5 ± 0.71	3.750	23.5 ± 9.19	1.943
	Bachelor's degree	57.18 ± 10.55	0.153	17.41 ± 6.25	0.378
	Master's degree	54.33 ± 15.9		19.67 ± 5.61	
Marital Status	Married	58.39 ± 10.79	546.500a	17.11 ± 6.19	620.000
	Single	53.39 ± 10.65	0.040*	18.89 ± 6.39	0.183
Having Children	Yes	56.87 ± 10.93	443.000	17.43 ± 6.11	388.000
	No	55.79 ± 11.36	0.684	19.14 ± 7.09	0.277
Chronic Disease	Yes	54.46 ± 11.1	608.000	18.92 ± 5.58	570.000
	No	57.6 ± 10.83	0.369	17.22 ± 6.52	0.198

SD: standard deviation, M: median, Test^a: Mann–Whitney test value, Test^b: Kruskal–Wallis test value, r: Correlation; * $p<0.05$: there is a statistically significant difference between the groups

Table 4. Comparison of participants' demographic data according to organizational trust perception scale subgroup scores

Variables	Groups	Trust in Colleagues		Trust in Manager		Trust in the Organization	
		Mean \pm SD	Test Value and P	Mean \pm SD	Test Value and P	Mean \pm SD	Test Value and P
Age		r=0.132	0.236	r=-0.215	0.052	r=-0.60	0.591
Sex	Female	24.22 \pm 4.47	200,000a	17.27 \pm 4.46	265,000a	15.96 \pm 3.73	243,500a
	Male	20.78 \pm 5.56	0,056	15.44 \pm 4.88	0,344	14.22 \pm 5.78	0,205
Unit Worked in	General	23.49 \pm 4.63	5.273b	16.61 \pm 4.13	17.111b	15.68 \pm 3.75	0.737b
	Gynecology	26.18 \pm 3.12	0.384	21.27 \pm 3	0.004*	16 \pm 4.77	0.981
	Cardiovascular	22.5 \pm 1.91	No difference	17.25 \pm 3.59	1-2, 2-4	16 \pm 4.08	No difference
	Burn	28 \pm 9.9		20 \pm 7.07		18.5 \pm 9.19	
	Ophthalmology	22.8 \pm 3.56		12.8 \pm 4.38		15.6 \pm 4.04	
	Day care	22.67 \pm 10.12		15.33 \pm 7.51		14.67 \pm 5.51	
Education Status	High school	19 \pm 4,24	2.575	15,5 \pm 6.36	0.243	11 \pm 2.83	3.488
	Bachelor's degree	24 \pm 4.6	0.276	17.19 \pm 4.38	0.885	15.99 \pm 3.95	0.175
	Master's degree	23.5 \pm 5.89		16.17 \pm 6,24		14.67 \pm 4.32	
Marital Status	Married	24.19 \pm 4.87	655.500a	17.78 \pm 4.21	565.500a	16.43 \pm 3.72	528.500a
	Single	23.18 \pm 4.34	0.324	15.71 \pm 4.83	0.061	14.5 \pm 4.26	0.026*
Having Children	Yes	23.84 \pm 4.67	470.000a	17.25 \pm 4.57	413.500a	15.78 \pm 3.94	450.500a
	No	23.86 \pm 4.99	0.941	16.21 \pm 4.25	0.439	15.71 \pm 4.43	0.752
Chronic Disease	Yes	23.42 \pm 4.16	644.500a	16.58 \pm 4.42	658.000a	14.46 \pm 3.66	505.500a
	No	24.02 \pm 4.92	0.598	17.28 \pm 4.57	0.697	16.31 \pm 4.04	0.051

SD: standard deviation, M: median, Test^a: Mann–Whitney test value, Test^b: Kruskal–Wallis test value, r: Correlation; SD: standard deviation, M: median, Test^a: Mann–Whitney test value, Test^b: Kruskal–Wallis test value, r: Correlation; * $p < 0.05$: there is a statistically significant difference between the groups

Table 5. Correlation Analysis of the Relationships between Variables

Scores		Trust in Manager	Trust in Organization	Organizational Trust Perception	Emotional Burnout
Trust in Colleagues	r	0.510	0.538	0.836	-0.281
	p	0.001*	0.001*	0.001*	0.010*
Trust in Manager	r		0.541	0.829	-0.338
	p		0.001*	0.001*	0.002*
Trust in Organization	r			0.820	-0.342
	p			0.001*	0.002*
Organizational Trust Perception	r				-0.385
	p				0.001*
Emotional Burnout	r				
	p				

r: Spearman correlation coefficient, * $p < 0.05$: there is a statistically significant relationship between variables

DISCUSSION

In the present study, conducted using a cross-sectional research model, organizational trust, which affects the level of emotional burnout, was defined as an independent variable, and the subdimensions of trust in colleagues, trust in the manager, and trust in the organization were considered dependent variables. When the scale scores and subdimensions

were examined, it was seen that organizational trust perception was high and burnout level was low. Gün and Söyük (2017) and Özgür and Tektaş (2018) obtained results similar to those in the present study^{14,31}. A high level of organizational trust among employees will have a positive impact on motivation, job performance, and job satisfaction. It will help employees experience lower levels of stress and burnout¹⁴. Although burnout can occur in all

professions, it is most common in nurses, whose work involves intense interactions with individuals or groups with constant demands and challenging physical and emotional needs³². According to a systematic review and meta-analysis conducted by Woo et al., the prevalence of burnout symptoms among nurses worldwide is approximately 11.23%³³. In the present study, according to the subdimensions of organizational trust perception, those who trust their colleagues are greater in number than those who trust the manager and the organization, and these results are similar to those of the study conducted by Gün and Söyük (2017)¹⁴. Likewise, in a study conducted by Ahmed Sadek and colleagues among operating room nurses in Egypt, nearly half of the nurses (46.8%) had a high level of organizational trust, nearly half (48.6%) had a high levels of trust in the supervisors, more than half (58.1%) had a high level of trust in their colleagues, and nearly half (31.1%) had a high level of trust in the organizational management³⁴.

The relationship between healthcare professionals is fundamentally based on trust and cooperation³⁵. Considering that the operating room is an isolated environment, the need for flawless work in this area, and the importance of teamwork, the significance of trust in colleagues becomes evident^{2,35,36}. Nurses who feel safe among team members in an environment where interpersonal risk-taking is safe within the team, who do not hesitate to share innovative ideas, give feedback, and talk about problems have a strong personal commitment to patient safety and have high job engagement performance³⁷.

The absence of a significant effect of individual variables such as age, sex, education level, presence of a chronic disease, and having children on the perception of organizational trust may indicate that organizational trust is more shaped by factors such as an individual's work environment experiences, leadership style, and institutional policies. However, the presence of a significant difference in terms of marital status may suggest that married and single individuals perceive organizational trust differently³⁸.

In general, it is controversial whether there are significant differences in burnout levels between male and female nurses. Some studies suggest that male nurses generally experience higher levels of burnout than female nurses. In the present study, when emotional burnout scores were analyzed by sex, it was found that male nurses working in the operating

room experienced more emotional burnout compared to female nurses. For example, Clari et al. reported that, contrary to the findings of the present study, female nurses experienced higher levels of emotional burnout than their male colleagues, and this was explained by the interpretation that family responsibilities, in addition to professional responsibilities, impose an emotional burden³⁹. According to Purvanova et al. (2010), men working in women's professions do not live with gender perceptions like women and experience emotional burnout because they do not know how to cope with emotional and interpersonal relationships during the socialization process⁴⁰. It can be assumed that the male nurses in the study group experienced emotional burnout due to inability to cope with stress.

The presence of a significant difference between units worked in in the subdimension of trust in the manager of the perception of organizational trust may indicate that there are differences between the units in terms of work environment, management styles of managers, workload, and communication processes. The significant difference between the general operating room and the obstetrics and gynecology operating room, as well as between the obstetrics and gynecology unit and the ophthalmology unit, suggests that employees in these units experience distinct differences in their relationships with their managers.

In the present study, examination of the relationship between organizational trust perception and its subdimensions, and the subdimension of emotional burnout revealed that those who trusted their colleagues also trusted their leaders and institutions, had a positive sense of organizational trust, and had low levels of emotional burnout. In some studies, the experience of working in an unhealthy environment has been shown to be an important reason for the decline in the nursing workforce, and it has been found to negatively affect both nurse and patient outcomes^{41,42}. Organizational commitment is an important management element that determines nurses' job performance, productivity, and intentions to leave their jobs, and it is influenced by job challenges, social interaction opportunities, and feedback⁴³. Organizational trust and organizational commitment are regarded as the most important driving forces of organizational success. The most important factor in the formation of organizational commitment is the trust that employees have in their

organizations⁴⁴. There are many study results in the literature that support our study^{14,31,45}. Cooperation and effective communication can only be achieved by ensuring trust between individuals⁴⁵. A good perception of organizational trust will lead to less burnout and indirectly increase job satisfaction. When the correlation of the relationships between the variables in the current study was examined, it was seen that those who trust the leader also trust the organization and the institution and burnout was similarly lower. Although there is no similar study, the findings from the literature support our results^{1,14,31,45}. Professional employees in high-trust institutions are happier, more productive, more energetic, more collaborative, and more loyal to their organizations compared to those working in institutions with low trust⁴⁶. Positive interactions of employees with their superiors in the organizational environment can reduce emotional burnout by making them feel more trust in the work environment, strengthening the bond between employees, increasing organizational efficiency, and improving their performance^{46,47}. In the present study, trust in the organization was positively related to organizational trust perception and negatively related to emotional burnout level. The results obtained by Dalmış (2021) in a different sample group show similarities with those of our study¹⁶.

If the organizational environment does not inspire trust, employees will experience emotional burnout when they experience conflict with their colleagues and managers²¹. A study conducted by Babbio and colleagues in a public hospital in Italy examined the relationship between intention to stay at the organization and trust in the organization, and it was reported that trust in the organization is a determinant of the intention to leave the job⁴⁸.

The limitations of the present study include the difficulty of establishing causal relationships due to its cross-sectional design, its single-center design, and the fact that the data were based on participants' self-reports. However, the strengths of the study are that the number of participants is representative of the target population, it has a reproducible structure, and it does not require an additional financial burden.

In conclusion, one of the most important factors that ensure nurses' professional motivation and love for their profession is their trust in their organizations and feeling safe at work. It was observed that nurses with high perception of organizational trust had lower levels of emotional burnout. The findings of

the present study are an important step towards understanding the relationship between organizational trust and emotional burnout and are also instructive for future research. In particular, longitudinal studies can be conducted to measure the effect of interventions that increase organizational trust among nurses and other healthcare professionals. In addition, the generalizability of the findings can be tested by conducting similar studies in different institutions and sectors. Studies examining the relationship between organizational trust and other important variables such as job performance, job satisfaction, and employee engagement will also contribute to the literature in this field. In addition, developing programs to increase employees' psychological resilience and evaluating the effectiveness of these programs can be an important step in terms of examining both organizational trust and burnout.

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