

## Research Article

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## Effect of Nurses' Satisfaction with Performance Appraisal System on Organisational Trust: A Cross-sectional Study

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### Abstract

**Objective:** This study aims to examine the impact of nurses' satisfaction with the performance appraisal system on their organisational trust levels.

**Method:** A cross-sectional and descriptive design was employed, involving 677 nurses who met the study's inclusion criteria. Participants were selected using convenience sampling. Data collection was carried out using a Personal Information Form, the Satisfaction with Performance Appraisal System Scale, and the Organisational Trust Scale. In addition to descriptive statistics, the following tests were used for group comparisons: independent samples t-test, Mann-Whitney U test, one-way ANOVA, and Kruskal-Wallis test. The Spearman correlation test was used for the relationship analysis, and multivariate linear regression analysis was performed to examine the determinants of the dependent variable. The results were interpreted based on a 95% confidence interval and a  $p<0.05$  significance level.

**Results:** The findings revealed that satisfaction with the performance appraisal system was average ( $2.28\pm1.05$ ) and organisational trust was above average ( $4.35\pm0.89$ ). A statistically significant positive correlation was found between satisfaction with the performance appraisal system and organisational trust among nurses ( $p<0.05$ ). In addition, higher satisfaction with the performance appraisal system was associated with increased organisational trust ( $p<0.05$ ).

**Conclusion:** Findings indicate that improving nurses' satisfaction with performance appraisal systems is an essential strategy to enhance organisational trust in healthcare settings

### Keywords

Organisational Trust • Performance Appraisal System • Satisfaction • Nurse



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## INTRODUCTION

The quality of health services largely depends on the motivation and commitment of nurses to the organisation. Currently, nurses' perceptions of and satisfaction with the performance evaluation system significantly impact their sense of trust in the work environment. A fair, transparent, and objective performance appraisal process increases nurses' trust in the organisation; however, defects in the system may damage this trust. In the health sector especially, employees' trust in their organisations is a main factor that directly affects service quality and patient satisfaction (1-4). Therefore, it is important to examine the relationship between satisfaction with the performance appraisal system and organisational trust to understand nurses' attitudes and behaviours in the work environment.

Studies indicate a significant positive correlation between performance appraisal (PA) and employee performance, highlighting its impact on workplace efficiency and effectiveness (5-9). In performance appraisal systems (PAS) implemented within organisations, employee satisfaction constitutes an important component of the overall evaluation process (10). In the literature, the factors affecting satisfaction with the PAS include employees' perception that the current appraisal system is useful, perceived fairness, their ability to understand the appraisal system and their beliefs about whether it is implemented effectively, and perceived leadership style (11-16).

Employees who perceive a satisfying experience in terms of PA will respond with higher motivation to engage in positive behaviour at work (17). Research indicates that satisfaction with performance appraisal is linked to various workplace attitudes and behaviours. It has been associated with job performance (16,18,19,20), increased work effort, and stronger affective organisational commitment (21,22). Additionally, it correlates with organisational commitment (19,20), organisational citizenship behaviour, and job satisfaction (23), as well as work engagement (24) and motivation in the workplace (19,20,25,26). Self-efficacy increases as PAS increases (11). It has been highlighted that satisfaction with performance appraisals is closely linked to career development, with organisations being able to foster creativity at work through an effective appraisal system (27). Additionally, a negative correlation has been observed between appraisal satisfaction and turnover intention—meaning that as employees' satisfaction with PA increases, their likelihood of intending to leave the organisation decreases (12,20,21,26). PA satisfaction with appraisal is negatively related to counterproductive work behaviour, job stress and work-family conflict (15,17,28).

A study conducted among 323 nurses working in Intensive Care and Toxicology Units found that nurses were not satisfied with the performance appraisal process and were less motivated in their work, and that nurses' satisfaction with PA had a highly significant positive effect on nurses' intrinsic motivation and work outcomes. Furthermore, nurses think that managerial and organisational factors may hinder their satisfaction with the PA process (6). In order to increase the performance of employees by ensuring that they stay in the organisation, it is necessary to increase their trust in the organisation (29). Organisational trust is considered in three dimensions: trust in the organisation, trust in the manager and trust in colleagues (30,31). Trust in the organisation is the trust environment created by employees' expectations and beliefs that they will be treated fairly, equitably and ethically within the organisation. Trust in the manager refers to the confidence that employees have in their manager's experience, ability and decision-making competence in relation to their work. It is stated that the performance of employees who trust their managers will be high (30). Trust in colleagues will prevent intergroup or individual conflicts (32).

In a study, the perceptions of managers and employees towards PA were compared, and it was reported that the perceptions of managers were more positive than those of employees and that there were deficiencies in the PA process according to nurses (33). For these reasons, the perceptions of employees should also be examined when it is desired to improve practices and when these practices are desired to have an impact on positive business results.

This study aims to examine the impact of nurses' satisfaction with the performance appraisal system on their organisational trust levels. A review of the literature reveals that while there are several studies exploring the relationship between satisfaction with the PAS, organisational trust and various organisational behaviours among nurses—who make up a significant portion of the healthcare workforce—few studies have specifically focused on these two concepts together. This study was conducted with the idea of contributing to the development of informative and guiding solutions for nurse managers, emphasising the importance of these concepts and raising awareness by drawing attention to organisational trust in order to create positive development, change and performance improvement in hospitals.

## MATERIAL AND METHOD

### Study Design

This study used a descriptive, cross-sectional design. The study complied with the STROBE checklist for cross-sectional studies.

## Participants

The research was carried out with nurses employed at a university hospital in Istanbul, with a total study population of 853 nurses. The sample size was determined using a known population sampling method, with a minimum of 267 nurses calculated using the formula " $N = \frac{Nt^2p.q}{(d^2(N-1)+t^2p.q)}$ " ( $N$ =Number of individuals in the population=853,  $n$ = Number of individuals to be included in the sampling,  $p$ =Probability of occurrence of the event)=0.5,  $q$ =Frequency of occurrence of the event ( $1-p$ )=0.5,  $t$ =Theoretical value in the t table at a certain degree of independence and the detected margin of error=1.96,  $d$ =Deviation=0.05) (34). Although a sample size of 267 was initially calculated using a known population sampling method, a sampling procedure was not applied because the study aimed to reach the entire accessible population. Data were collected from 677 nurses who met the inclusion criteria and volunteered to participate." Data were collected from 677 nurses who voluntarily participated and were not on leave (e.g., annual leave, maternity leave, unpaid leave, sick leave) during the study period.

## Data Collection

The data collection instrument used in the study was divided into three sections: (a) Personal Information Form, (b) Satisfaction with PAS Scale, and (c) the Organisational Trust Scale. Data were collected between February 1 and 30 April 2018. The researchers explained the purpose of the study to the nurses, and the questionnaire was distributed to those who agreed to participate. The completed questionnaires were collected one week later. The average time to complete the questionnaire was approximately 10 minutes.

**Personal Information Form:** It consists of 12 questions including nurses' personal (age, gender, education level, etc.) and professional information (unit of employment, professional experience, institutional experience, etc.).

**Satisfaction with PAS Scale:** The scale consisting of 4 statements measuring the level of satisfaction that employees perceive from the overall performance appraisal system, was developed by Murphy (1986) (35) and adapted into Turkish by Çakmak and Biçer (2006) (11). In this study, the Cronbach alpha value of the scale was found to be 0.96.

**Organisational Trust Scale (OTS):** The scale developed by Yücel (2006) (36) contains 43 items using a 6-point Likert scale. The validity and reliability of the scale were assessed by Altuntaş and Baykal (2010) (37) with nurses, and a Cronbach's alpha of 0.96 was reported. The scale is composed of three sub-dimensions: trust in the manager, trust in the

organisation and trust in colleagues. In the current study, the Cronbach's alpha values for the scale and its sub-dimensions ranged from 0.95 to 0.968.

## Statistical Analyses

SPSS (Statistical Package for the Social Sciences) version 25.0 (IBM Corp., Armonk, NY, USA) programme was used for statistical analyses. The normality of the scores obtained from each continuous variable was assessed using descriptive, graphical, and statistical methods. The Kolmogorov-Smirnov test was applied to evaluate the normality of the continuous variable scores. Cronbach's alpha coefficients were calculated to assess the reliability of the scales. When analysing the study data, descriptive statistics (such as frequency, percentage, mean, and standard deviation) were used, and comparisons between the two groups for quantitative data were conducted using the Independent Samples t-test (for normally distributed data) and the Mann-Whitney U test (for non-normally distributed data). For comparisons involving more than two groups, One-Way ANOVA or its nonparametric counterpart, the Kruskal-Wallis test, was employed. Post hoc tests (Bonferroni and Tukey) were used to identify the groups contributing to the observed differences. Because the data were not normally distributed, the relationship between the two continuous variables was evaluated using a Spearman's correlation test. Multivariate Linear Regression analysis was conducted to examine the impact of the independent variables on the dependent variable (organisational trust). Results were interpreted with a 95% confidence interval, and statistical significance was considered at  $p < 0.05$ .

## Ethical Approval

Ethics Committee Approval for the research was granted by the Istanbul University Istanbul Faculty of Medicine Clinical Research Ethics Committee (Date: 19.11.2017; Reference Number: 1155). Written permission was also obtained from the hospital management where the study was conducted (Date: 04.01.2018; Reference Number: 5327). Verbal informed consent was obtained from all participants prior to data collection.

## RESULTS

In the study conducted with nurses at a university hospital, an analysis of the participants' personal characteristics revealed that most of the participants were female (91.6%), married (61.7%), and held an undergraduate degree (69.3%) (Table 1).



**Table 1.** Nurses' personal and professional characteristics

Variables		N (%)
Age	≤25 years	73 (10.8)
	26-30 years	171 (25.3)
	31-35 years	107 (15.8)
	36-40 years	122 (18.0)
	≥41 years	204 (30.1)
Gender	Female	620 (91.6)
	Male	57 (8.4)
Educational Status	High school	22 (3.2)
	Associate Degree	80 (11.8)
	Bachelor	469 (69.3)
	Postgraduate	106 (15.7)
Marital status	Married	418 (61.7)
	Single	259 (38.3)
Economic Situation	Very Low	15 (2.2)
	Low	67 (9.9)
	Middle	460 (67.9)
	Good	132 (19.5)
	Quite good	3 (0.4)
Duty	Nurse	610 (90.1)
	Nurse Manager	67 (9.9)
Working Method	Continuous Daytime	297 (43.9)
	Shift work	380 (56.1)
Unit Worked	Inpatient Clinics	300 (44.3)
	Emergency	49 (7.2)
	Intensive care	125 (18.5)
	Operating room	75 (11.1)
	Outpatient services	128 (18.9)
Unit Worked	Surgical Unit	345 (51.0)
	Internal Unit	332 (49.0)
Service Working Time	1-5 years	288 (42.5)
	6-10 years	192 (28.4)
	≥11 years	197 (29.1)
Working Time in the Institution	1-10 years	389 (57.5)
	11-20 years	134 (19.8)
	≥21 years	154 (22.7)
Nursing Duration	1-10 years	325 (48.0)
	11-20 years	174 (25.7)
	≥21 years	178 (26.3)

Most of the nurses were aged 41 years and above (30.1%), and the mean age of all participants was  $36.18 \pm 9.26$  years. The nurses expressed their economic status as moderate (67.9%). When the occupational characteristics in Table 1 were analysed, most participants worked as nurses (90.1%), in shifts (56.1%) and in inpatient clinics (44.3%). The mean professional

experience of the nurses was  $14.07 \pm 9.84$  years, the mean institutional experience was  $12.29 \pm 9.85$  years and the mean clinical experience was  $9.10 \pm 8.69$  years (Table 1).

The relationship between the mean PAS satisfaction and organisational trust perception averages are shown in Table 2.

There was a statistically significant positive correlation between nurses' satisfaction level with the PAS and nurses' organisational trust ( $r=0.393$ ), trust in the manager ( $r=0.287$ ), trust in the institution ( $r=0.464$ ) and trust in colleagues ( $r=0.269$ ) ( $p<0.001$ ). An analysis revealed no statistically significant differences in the total score and sub-dimensions of the OTS among the nurses based on their sociodemographic characteristics. The results are presented in Table 3.

A statistically significant difference was found in the scores of nurses in the 'Trust in the Manager' sub-dimension of the OTS based on age ( $0.001$ ,  $p 0.01$ ). The Bonferroni-corrected Mann-Whitney U test, used to identify the differences, showed that nurses aged 41 and older had significantly higher scores in the 'Trust in the Manager' sub-dimension compared to nurses aged 25 and younger, as well as those aged 26-30 ( $p=0.030$ ;  $p=0.001$ ;  $p<0.05$ ). Similarly, nurses aged 36-40 years scored significantly higher than those aged 26-30 years ( $p=0.030$ ;  $p<0.05$ ) Table 3). Nurses working a continuous daytime shift scored significantly higher than those working a shift pattern on the 'Trust in the Manager' sub-dimension score ( $p=0.023$ ;  $p<0.05$ ). A statistically significant difference was observed in the scores of nurses on the 'Trust in the Manager' sub-dimension of the OTS based on their unit of employment ( $p=0.001$ ;  $p<0.01$ ). The Bonferroni-corrected Mann-Whitney U test revealed that nurses working in wards scored significantly higher than those working in the emergency department and operating theatre ( $p=0.001$ ;  $p=0.015$ ;  $p<0.05$ ). However, a statistically significant difference was found between the nurses' scores on the 'Trust in the Manager' sub-dimension of the OTS based on their unit of work ( $p=0.001$ ;  $p<0.01$ ) (Table 4). Nurses working in the internal unit scored significantly higher on the 'Trust in the Manager' sub-dimension of the OTS compared to those working in the surgical unit ( $p=0.025$ ;  $p<0.05$ ). According to Table 3, no statistically significant difference was found in the 'Trust in the Manager' score of nurses according to gender, educational status, marital status, income level or job position ( $p>0.05$ ) (Table 4).

A statistically significant difference was also found in the scores for the 'Trust in the Institution' sub-dimension of the OTS based on age ( $p=0.001$ ;  $p<0.01$ ). The Games-Howell test, conducted to identify the specific differences, revealed that nurses aged 41 and older had significantly higher scores in the 'Trust in the Institution' sub-dimension compared to those

**Table 2.** Mean, Standard Deviation, Cronbach's Alpha Value and Correlation results

No	Variables	Mean ± SD	Median (Min-Max)	α	1	2	3	4
1	PAS Satisfaction	2.28±1.05	2 (1-5)	0.94	NA			
2	OT-Trust in the manager	4.62±1.03	4.82 (1-6)	0.98	0.287 *			
3	OT-Trust in the institution	3.64±1.16	3.82 (1-6)	0.95	0.464 *	0.537*		
4	OT-Trust in colleagues	0.95, 0.89	4.70 (1-6)	0.96	0.269 *	0.580*	0.521*	
5	OT-Total	4.35±.89	4.49 (1-6)	0.98	0.393 *	0.898*	0.796*	0.754*

\*p <0.001, Spearman correlation test, Sd = Standard deviation , α= Cronbach's alpha , NA = Not available

aged 26-30 years and 31-35 years ( $p=0.001$ ;  $p=0.014$ ;  $p<0.05$ ) (Table 3). The scores on the 'Trust in the Institution' sub-dimension were also significantly higher for nurses working a continuous daytime shift compared with those on shift work ( $p=0.001$ ;  $p<0.01$ ) (Table 4). According to Tables 3 and 4, no statistically significant difference was found in the 'Trust in the Institution' score of nurses according to gender, educational status, marital status, income level, or job position, unit of employment, type of work ( $p>0.05$ ) (Table 4).

However, nurses working in the internal unit had significantly higher scores in the 'Trust in Colleagues' sub-

dimension compared with those in the surgical unit ( $p=0.014$ ;  $p<0.05$ ). No statistically significant difference was found in the 'Trust in Colleagues' sub-dimension scores based on age ( $p>0.05$ ). According to Tables 3 and 4, no statistically significant difference was found in the 'Trust in Colleagues' score of nurses according to age, gender, educational status, marital status, income level, job position, working style, unit of employment or ( $p>0.05$ ).

There was a statistically significant difference between the total scores of the nurses participating in the study on the OTS according to age ( $p=0.001$ ;  $p<0.01$ ). The results of

**Table 3.** Differences in PAS Satisfaction and Organisational Trust Levels According to Sociodemographic Characteristics

Variables	Mean+SD (median)	n	Satisfaction	Trust the Manager	Trust in the Institution	Trust Your Colleagues	Total
Age							
≤25 Years <sup>1</sup>		73	2.27±.93 (2.25)	4.39±1.05 (4.41)	3.57±1.04 (3.73)	4.62±.89 (4.7)	4.24±.86 (4.23)
26-30 Years <sup>2</sup>		171	2.11±.99 (2)	4.38±1.13 (4.64)	3.40±1.22 (3.45)	4.44±1.07 (4.7)	4.15±.99 (4.19)
31-35 Years <sup>3</sup>		107	2.24±1.05 (2)	4.63±1.15 (4.86)	3.5±1.24 (3.64)	4.51±1.10 (4.6)	4.31±1.01 (4.51)
36-40 Years Old <sup>4</sup>		122	2.25±1.11 (2)	4.76±.99 (4.91)	3.62±1.18 (3.82)	4.58±.77 (4.7)	4.43±.82 (4.51)
≥41 Years <sup>5</sup>		204	2.46±1.09 (2.38)	4.80±.83 (4.91)	3.94±1.02 (4)	4.59±.87 (4.8)	4.53±.74 (4.63)
	Test value		$\chi^2: 10,340$	$\chi^2: 19.409$	F:6,419	$\chi^2: 1.295$	F:5,141
Age	p		<b>0.035* 5&gt;2</b>	<b><sup>a</sup> 0.001** 5&gt;1.2</b>	<b><sup>b</sup> 0.001 ** 5&gt;2.3</b>	<b><sup>a</sup> 0.862</b>	<b>0.001** 5&gt;2</b>
	Female <sup>1</sup>	620	2.30±1.05 (2)	4.63±1.03 (4.82)	3.62±1.15 (3.73)	4.53±.95 (4.7)	4.35±.89 (4.51)
	Male <sup>2</sup>	57	2.01±1.08 (2)	4.46±.97 (4.64)	3.84±1.22 (4)	4.65±.91 (4.8)	4.34±.92 (4.4)
	Test value		Z:-2,102	Z:-1,660	t:-1,401	Z:-1,224	t:0.037
Gender	p		<b>0.036* 1&gt;2</b>	<b><sup>c</sup> 0.097</b>	<b><sup>d</sup> 0.162</b>	<b><sup>c</sup> 0.221</b>	<b><sup>d</sup> 0.971</b>
	High School <sup>1</sup>	22	2.34±1.07 (2.25)	4.71±.72 (4.77)	3.55±1.01 (3.82)	4.67±.62 (4.8)	4.40±.56 (4.5)
	Associate Degree <sup>2</sup>	80	2.38±1.15 (2)	4.74±.84 (4.82)	3.84±1.10 (3.95)	4.59±.75 (4.6)	4.48±.74 (4.6)
	Bachelor <sup>3</sup>	469	2.27±1.05 (2)	4.59±1.06 (4.82)	3.61±1.18 (3.73)	4.53±.99 (4.7)	4.32±.92 (4.44)
	Postgraduate <sup>4</sup>	106	2.21±1 (2)	4.62±1.07 (4.84)	3.61±1.11 (3.73)	4.57±.95 (4.8)	4.35±.90 (4.51)
	Test value		$\chi^2: 0.809$	$\chi^2: 0.827$	F:0.914	$\chi^2: 0.454$	F:0.910
Education	p		<b><sup>a</sup> 0.847</b>	<b><sup>a</sup> 0.843</b>	<b><sup>b</sup> 0.434</b>	<b><sup>a</sup> 0.929</b>	<b><sup>b</sup> 0.439</b>
Marital status							
Married <sup>1</sup>		418	2.31±1.04 (2)	4.68±.97 (4.86)	3.65±1.12 (3.73)	4.56±.90 (4.7)	4.39±.84 (4.51)
Single <sup>2</sup>		259	2.23±1.07 (2)	4.51±1.12 (4.77)	3.61±1.21 (3.82)	4.51±1.03 (4.7)	4.28±.97 (4.44)
	Test value		Z:-1.004	Z:-1,761	t:0.491	Z:-.145	t:1,557
	p		<b><sup>c</sup> 0.315</b>	<b><sup>c</sup> 0.078</b>	<b><sup>d</sup> 0.623</b>	<b><sup>c</sup> 0.885</b>	<b><sup>d</sup> 0.120</b>

<sup>a</sup> Kruskal-Wallis Test <sup>b</sup> OneWay Anova <sup>c</sup> Mann-Whitney U Test <sup>d</sup> Student-t Test \*p<0.05 \*\*p<0.01



**Table 4.** Differences in PAS Satisfaction and Organisational Trust Levels According to Professional Characteristics

<b>Mean+SD ( median )</b>		<b>n</b>	<b>Satisfaction</b>	<b>Trust the Manager</b>	<b>Trust in the Institution</b>	<b>Trust Your Colleagues</b>	<b>Scale Total Score</b>
<b>Position held</b>	Nurse <sup>1</sup>	610	2.27±1.05 (2)	4.61±1.04 (4.82)	3.63±1.16 (3.73)	4.55±.96 (4.7)	4.34±.90 (4.49)
	Nurse Manager <sup>2</sup>	67	2.33±1.13 (2.25)	4.66±.95 (4.82)	3.73±1.15 (3.91)	4.53±.88 (4.6)	4.39±.85 (4.51)
	<i>Test value</i>	610	Z:-0.220	Z:-0.136	t:-.715	Z:-0.477	t:-.409
	<i>p</i>	67	<sup>a</sup> 0.826	<sup>a</sup> 0.892	<sup>a</sup> 0.475	<sup>a</sup> 0.633	<sup>a</sup> 0.682
<b>Working Method</b>	Continuous Day <sup>1</sup>	297	2.36±1.09 (2)	4.77±.83 (4.86)	3.80±1.06 (3.91)	4.59±.84 (4.7)	4.48±.74 (4.56)
	Shift <sup>2</sup>	380	2.22±1.02 (2)	4.50±1.15 (4.77)	3.51±1.21 (3.64)	4.51±1.03 (4.7)	4.25±.99 (4.36)
	<i>Test value</i>		Z:-1,520	Z:-2,275	t:3,300	Z:-0.326	Z:-2,780
	<i>p</i>		0.128	<sup>c</sup> 0.023* 1>2	<sup>a</sup> 0.001 ** 1 > 2	<sup>e</sup> 0.744	<sup>c</sup> 0.005 ** 1>2
<b>Unit Worked</b>	Inpatient Clinics <sup>1</sup>	300	2.39±1.08 (2.25)	4.77±1.00 (4.95)	3.76±1.16 (3.91)	4.62±.95 (4.8)	4.48±.86 (4.63)
	Emergency <sup>2</sup>	49	2.11±1.04 (2)	4.23±1.00 (4.27)	3.32±1.05 (3.45)	4.58±.91 (4.8)	4.08±.81 (4.26)
	Intensive Care <sup>3</sup>	125	2.16±.98 (2)	4.58±1.08 (4.73)	3.51±1.22 (3.45)	4.45±.96 (4.6)	4.27±.96 (4.3)
	Operating room <sup>4</sup>	75	2.20±1.03 (2)	4.31±1.21 (4.59)	3.55±1.19 (3.64)	4.35±1.08 (4.7)	4.12±1.03 (4.26)
	Polyclinic <sup>5</sup>	51	2.32±1.13 (2)	4.66±1.00 (4.82)	3.80±1.14(4)	4.60±.97 (4.6)	4.42±.92 (4.53)
	Diagnosis and Treatment Centre <sup>6</sup>	77	2.17±1.02 (2)	4.59±.80 (4.73)	3.54±1.02 (3.73)	4.53±.78 (4.6)	4.31±.67 (4.4)
	<i>Test value</i>		$\chi^2$ : 7.431	$\chi^2$ : 23.703	F:2,165	$\chi^2$ : 8.713	F:3,407
	<i>p</i>		<sup>a</sup> 0.191	<sup>a</sup> 0.001** 1 > 2.4	<sup>a</sup> 0.056	<sup>c</sup> 0.121	<sup>b</sup> 0.006 ** 1 > 2
<b>Unit Worked</b>	Surgical Unit <sup>1</sup>	345	2.23±1.04 (2)	4.52±1.09 (4.77)	3.58±1.19 (3.73)	4.45±.98 (4.6)	4.26±.94 (4.35)
	Internal Unit <sup>2</sup>	332	2.33±1.07 (2.25)	4.72±.95 (4.86)	3.7±1.12 (3.86)	4.64±.91 (4.8)	4.44±.83 (4.56)
	<i>Test value</i>		Z:-1,132	Z:-2,235	t:-1.303	Z:-2,451	t:-2,581
	<i>p</i>		<sup>e</sup> 0.258	<sup>c</sup> 0.025* 2>1	<sup>a</sup> 0.193	<sup>c</sup> 0.014 * 2>1	<sup>a</sup> 0.010 * 2>1
<b>Income status</b>	Very Low <sup>1</sup>	15		1.83±1.12 (1.5)	4.78±1.36 (4.91)	3.77±1.66 (3.82)	4.69±.94 (4.8)
	Low <sup>2</sup>	67		2.18±1.17 (2)	4.30±1.23 (4.55)	3.41±1.22 (3.55)	4.46±.86 (4.7)
	Medium <sup>3</sup>	460		2.32±1.02 (2.25)	4.64±.99 (4.82)	3.62±1.13 (3.82)	4.55±.95 (4.7)
	Good <sup>4</sup>	135		2.24±1.08 (2)	4.68±1.00 (4.86)	3.78±1.15 (3.91)	4.57±1.01 (4.6)
	<i>Test value</i>		$\chi^2$ : 6.142	$\chi^2$ : 5.581	F: 1,453	$\chi^2$ : 0.636	
<i>p</i>			<sup>a</sup> 0.105	<sup>a</sup> 0.134	<sup>b</sup> 0.237	<sup>c</sup> 0.888	

<sup>a</sup> Kruskal–Wallis Test <sup>b</sup> Oneway Anova <sup>c</sup> Mann–Whitney U Test <sup>d</sup> Student –t Test \*p<0.05 \*\*p<0.01

the Games-Howell test, conducted to identify the differences, showed that nurses aged 41 years and older had significantly higher total scores compared to those aged 26-30 years ( $p=0.001$ ;  $p<0.01$ ). Nurses working a continuous daytime shift scored significantly higher than those working a shift pattern on the total OTS score ( $p=0.005$ ;  $p<0.01$ ). The results of the Games-Howell test indicated that the total OTS scores of nurses working in wards were significantly higher than those of nurses working in the emergency unit ( $p=0.027$ ;  $p<0.05$ ). Additionally, the total OTS scores for nurses in the internal unit were significantly higher than those of nurses in the surgical unit ( $p=0.010$ ;  $p<0.05$ ) (Table 3). As with the sub-dimensions of the Organisational Trust Scale, no statistically significant differences were found in the total OTS score according to the nurses' gender, educational status, marital status, income level, or working position ( $p>.05$ ) (Table 3,4).

Nurses working in the internal unit scored significantly higher on the 'Trust in the Manager' sub-dimension of the OTS compared to those working in the surgical unit ( $p=0.025$ ;  $p<0.05$ ). No statistically significant difference was found in the 'Trust in the Institution' sub-dimension scores based on the type of work ( $p>.05$ ). However, nurses working in the internal unit had significantly higher scores in the 'Trust in Colleagues' sub-dimension compared to those in the surgical unit ( $p=0.014$ ;  $p<0.05$ ). Additionally, the total OTS scores for nurses in the internal unit were significantly higher than those of nurses in the surgical unit ( $p=0.010$ ;  $p<0.05$ ) (Table 3).

## Multiple Linear Regression Model Analysis Results

In the univariate analysis, a multiple linear regression model was applied using the full model method to identify the independent variables linked to nurses' sense of



organisational trust. This analysis included variables that were statistically significant ( $p<0.05$ ) or near significant ( $p<0.1$ ). To assess multicollinearity, variance inflation factors (VIF) were calculated for the independent variables, and the Durbin-Watson (DW) test was used to check for autocorrelation. The VIF values for organisational trust and its sub-dimensions were all below 10, with the average VIF value under 5. Furthermore, the DW test results ranged from 1.5 to 2.5, confirming the absence of both multicollinearity and autocorrelation in the model (Table 4).

The independent variables that were found to increase nurses' sense of trust in the manager include continuous daytime work [ $B=.188$ ;  $pr^2=.08$ ;  $p=0.042$ ], working in a ward setting [ $B=.254$ ;  $pr^2=.13$ ;  $p=0.001$ ], employment in internal units [ $B=.161$  (95% CI=.014; .308);  $pr^2=.08$ ;  $p=0.032$ ], and satisfaction with the PAS [ $B=.258$ ;  $pr^2=.27$ ;  $p<0.001$ ]. The regression model explaining trust in managers was significant ( $R^2 = .13$ ,  $F(8, 668) = 12.42$ ,  $p < .001$ ), and the model's Durbin-Watson coefficient was calculated to be 2.05. The only factor identified as increasing nurses' trust in the institution was their level of satisfaction with the PAS [ $B=.491$ ;  $pr^2=.45$ ;  $p<0.001$ ]. The regression model explaining trust in the institution was significant ( $R^2 = .25$ ,  $F(7, 669) = 31.10$ ,  $p < .001$ ), and the model's Durbin-Watson coefficient was 1.93. The independent variables that enhanced nurses' trust in their colleagues included working in internal units [ $B=.161$ ;  $pr^2=.09$ ;  $p=0.021$ ] and satisfaction with the PAS [ $B=.251$ ;  $pr^2=.28$ ;  $p<0.001$ ]. The regression model explaining trust in colleagues was significant ( $R^2 = .10$ ,  $F(2, 674) = 32.41$ ,  $p < .001$ ), and the model's Durbin-Watson coefficient was calculated to be 1.65. Finally, the factors that contributed to an increased sense of organisational trust among nurses were ward nursing [ $B=.187$ ;  $pr^2=.11$ ;  $p=0.004$ ], working in internal units [ $B=.130$ ;  $pr^2=.08$ ;  $p=0.037$ ], and satisfaction with the PAS [ $B=.315$ ;  $pr^2=.38$ ;  $p<0.001$ ]. The regression model explaining total organisational trust was significant ( $R^2 = .20$ ,  $F(8, 668) = 20.39$ ,  $p < .001$ ), and the model's Durbin-Watson coefficient was 1.95 (Table 4).

## DISCUSSION

The findings indicated that nurses' satisfaction with the PAS had a significant impact on their perceptions of trust in the manager, trust in the institution, trust in colleagues, and overall organisational trust. Regression analysis revealed that working a continuous day shift enhanced nurses' perception of trust in both their manager and colleagues. Nurses working on continuous day shifts may have stronger trust in their managers due to increased opportunities for communication and closer interactions. Additionally, the analysis showed that working in 'wards' positively influenced nurses' perception of

trust in the manager, and while working in wards had an effect, it was primarily observed in the trust in organisation model. Furthermore, the results of the regression analysis revealed that working in internal units contributed to an increased perception of trust in both the manager and colleagues. The main reason for the differences in the results of the variables in different departments may be the differences in specific departmental factors, such as working conditions, workload, team structure, and management style.

According to the study's findings, the level of trust in management differed among nurses aged 41 years and over, nurses working continuously during the day, nurses working in the ward (compared to the emergency room and operating room), and nurses working in the internal medicine department. The literature reports that the "trust in management" sub-dimension score of nurses aged 30 years and younger is significantly lower than that of nurses aged 31 years and older (38), although Baş & Öztürk (2024) (1) found no difference according to age. Similar to the current study, Polat and Ay (2020) (38) found that continuous daytime employees trusted their managers more and that there was no difference according to the work unit or department. The present study found that trust in the organisation was higher among those aged 41 years and older (compared to those aged 26-35) and among continuous daytime employees. One study reported that the Trust in the Organisation sub-dimension scores were significantly higher in nurses aged 41 years and older than in nurses aged 40 years and younger and higher in continuous daytime workers (38). However, Baş and Öztürk (2024) (1) reported that there was no difference according to age. This study found that the level of trust in coworkers differed only according to the department of employment among individual and professional characteristics. However, in the studies of Polat and Ay (2020) (38) and Baş and Öztürk (2024) (1), no difference was reported according to the department of employment. The study found higher levels of total organisational trust in nurses aged 41 years and older, those who worked continuously during the day, and those in the wards compared with those in the casualty. However, the literature reports that there is no difference in the total organisational trust level according to age (1,39). Day shift workers and older employees may have higher levels of organisational commitment because they have closer relationships with the institution, managers, and colleagues, and they are more familiar with the system. However, differences in organisational perceptions may exist due to variations in institutions, countries, and cultures.

The study found that the working method, unit, department, and working time in the institution, as well as

PAS, affected the trust in management sub-dimension of organisational trust. In a study by Belsito and Reutzel (2020) (40), it was found that perceiving PA as useful and fair increases satisfaction with PA, and employees' satisfaction with PA increases trust in supervisors. In Mulvaney's (2019) (41) study, it was shown that employees who had a higher level of trust in their supervisors were more satisfied with the evaluation system and the evaluation interview. Trustworthy leaders tend to foster greater acceptance of PA outcomes, whereas employees may lose trust in their supervisors if they perceive that individual performance is not assessed accurately or reliably (42). Cho and Lee (2012) (43) found in their study that higher job performance is associated with greater trust in supervisors. A study investigating the role of trust as a mediator in the relationship between ethical leadership and satisfaction with performance appraisal revealed that ethical leadership and trust positively influence PA satisfaction, with trust acting as an intermediary (44). Other research has similarly demonstrated that trust in supervisors enhances satisfaction with the PAS (39). No statistically significant differences were found in the total score or subdimensions of the Organisational Trust Scale according to nurses' gender, educational status, marital status, income level, or working position. Employees who are satisfied with the performance appraisal process perceive the system and their managers as fair and transparent. This increases their trust in the managers. Fair appraisals and regular feedback make employees feel valued and trust their managers. However, if trust is lacking, it may diminish.

According to the current study's findings, only PAS has a positive effect on trust in the organisation, which is a sub-dimension of organisational trust. A study of the banking sector in Nepal found that satisfaction with the performance appraisal system increased organisational commitment. It was also concluded that employees' trust and commitment to the organisation increased when they perceived performance appraisal practices as fair and transparent. Similarly, the effectiveness of the performance appraisal system and employees' positive perceptions of it are related to job satisfaction and trust in organisations (45-47). Conversely, a study conducted in Canada revealed that increased satisfaction with the performance appraisal system fosters trust in direct managers and the organisation as a whole (48). Consistent with this, the literature emphasises that there is a significant and positive relationship between satisfaction with the performance appraisal system and trust in the organisation (46,48). Satisfied employees show more trust and loyalty to the organisation. A fair and transparent appraisal process enables employees to believe that the organisation is

reliable and objective. This, in turn, positively reflects on the organisation's success.

According to the current study's findings, the department and PAS positively affect trust in colleagues. The performance appraisal system helps clarify expectations and goals within the team. Team members know what to expect from each other and strive to meet these expectations. This strengthens trust by preventing disappointment and misunderstandings. An accurate and fair performance appraisal system may positively affect trust among colleagues by fostering an environment of transparency, fairness, open communication, and mutual support. In units that provide comprehensive nursing care services, close relationships and strong communication among team members increase trust in colleagues. Studies have found that nurses working in these units have high levels of mutual trust and organisational closeness, which positively affects job satisfaction and team performance (49). The dynamics of the department and satisfaction with the performance evaluation system are both important factors that increase nurses' trust in their colleagues.

According to the current study's findings, the unit and department of employment, as well as PAS, positively affect total organisational trust. Abdullah et al. (2015) (50) identified a positive correlation between organisational trust and satisfaction with PA. Their regression analysis also showed that trust in leadership had a positive impact on PA satisfaction. Because there are few studies related to the variables of the current study in the literature, studies that support or contradict the study's findings could not be found.

### Limitations of the Study

The study has several limitations. First, it used a cross-sectional design and focused on a single work setting. Second, it lacked a mixed methods approach that combined qualitative data. Third, it used a self-reported questionnaire method. Additionally, the data cannot be generalised because it was obtained from a single institution. The generalizability of this study's findings is limited because data were collected only from nurses at one public hospital in Turkey. Further studies with larger, more diverse samples from different regions, hospitals, cultural contexts, and occupational groups may increase the results' external validity. Additionally, the cross-sectional design makes it difficult to establish causal relationships based on the findings. The study's reliance on self-reported data may lead to response biases, such as the tendency to provide socially desirable responses or an inability to accurately recall past experiences. These biases may limit the accuracy and reliability of the findings.



**Table 5.** Organisational Trust Related Variables

Organisational Trust-Trust in the Manager							
Variables	B #	SE	95% CI for B	t	p	pr <sup>2</sup>	VIF
Constant	3,318	0.207	2,912 - 3,724	16,047	<0.001		
Age	0.000	0.007	-0.014 - 0.015	0.038	0.970	0.001	3.278
Working method (0=shift;1=continuous daytime)	0.188	0.093	0.007 - 0.370	2,035	0.042*	0.079	1,528
Unit worked (0=other; 1=service)	0.254	0.077	0.103 - 0.405	3,297	0.001*	0.127	1,060
Unit worked (0=surgical;1= internal )	0.161	0.075	0.014 - 0.308	2,148	0.032*	0.083	1,014
Unit working time (0=<5; 1=>5)	-0.005	0.085	-0.172 - 0.163	-0.058	0.954	-0.002	1,289
Duration of work in the institution (0=<10; 1=>10)	-0.068	0.140	-0.343 - 0.206	-0.487	0.626	-0.019	3,465
Nursing duration (0=<10; 1=>10)	0.243	0.141	-0.034 - 0.520	1,721	0.086	0.066	3,600
PAS Satisfaction	0.258	0.036	0.188 - 0.328	7,227	<0.001*	0.269	1,030
Model Summary	$R^2 = .13, F_{(8-668)} = 12.42, p < 0.001, DW = 2.05$						
Organisational Trust-Trust in the Institution							
Variables	B #	SE	95% CI for B	t	p	pr <sup>2</sup>	VIF
Constant	1,992	0.188	1,623 - 2,360	10,614	<0.001		
Age	0.013	0.008	-0.002 - 0.028	1,743	0.082	0.067	3,276
Working method (0=shift;1=continuous daytime)	0.099	0.097	-0.090 - 0.289	1,029	0.304	0.040	1,524
Unit worked (0=other; 1=service)	0.135	0.080	-0.023 - 0.293	1,681	0.093	0.065	1,060
Unit working time (0=<5; 1=>5)	-0.102	0.089	-0.277 - 0.073	-1.147	0.252	-0.044	1,282
Duration of work in the institution (0=<10; 1=>10)	0.062	0.146	-0.225 - 0.349	0.423	0.672	0.016	3,464
Nursing duration (0=<10; 1=>10)	0.008	0.147	-0.281 - 0.298	0.058	0.954	0.002	3,596
PAS Satisfaction	0.491	0.037	0.418 - 0.564	13,193	<0.001*	0.454	1,029
Model Summary	$R^2 = .25, F_{(7-669)} = 31.10, p < 0.001, DW = 1.93$						
Organisational Trust-Trust in Colleagues							
Variables	B #	SE	95% CI for B	t	p	pr <sup>2</sup>	VIF
Constant	3,730	0.131	3,474 - 3,987	28,566	<0.001		
Unit worked (0=surgical;1= internal )	0.161	0.070	0.024 - 0.299	2,311	0.021*	0.089	1,002
PAS Satisfaction	0.251	0.033	0.186 - 0.316	7,602	<0.001*	0.281	1,002
Model Summary	$R^2 = .10, F_{(2-674)} = 32.41, p < 0.001, DW = 1.65$						
Organisational Trust							
Variables	B #	SE	95% CI for B	t	p	pr <sup>2</sup>	VIF
Constant	3,066	0.172	2,728 - 3,403	17,824	<0.001		
Age	0.002	0.006	-0.010 - 0.014	0.308	0.758	0.012	3.278
Working method (0=shift;1=continuous daytime)	0.137	0.077	-0.014 - 0.288	1,775	0.076	0.069	1,528
Unit worked (0=other; 1=service)	0.187	0.064	0.062 - 0.313	2,929	0.004*	0.113	1,060
Unit worked (0=surgical;1= internal )	0.130	0.062	0.008 - 0.252	2,090	0.037*	0.081	1,014
Unit working time (0=<5; 1=>5)	-0.038	0.071	-0.177 - 0.101	-0.533	0.594	-0.021	1,289
Duration of work in the institution (0=<10; 1=>10)	-0.026	0.116	-0.254 - 0.202	-0.224	0.823	-0.009	3,465
Nursing duration (0=<10; 1=>10)	0.169	0.117	-0.062 - 0.399	1,437	0.151	0.056	3,600
PAS Satisfaction	0.315	0.030	0.256 - 0.373	10,616	<0.001*	0.380	1,030
Model Summary	$R^2 = .20, F_{(8-668)} = 20.39, p < 0.001, DW = 1.95$						

\*p<0.05 ; Multivariate Linear Regression Analysis( full method ), # : Unstandardised coefficients , CI: Confidence interval , SE =Standard error , pr<sup>2</sup> = Partial Correlations Square , VIF: Variance Inflation Factor , DW : Durbin-Watson test

In the future, incorporating methods such as qualitative interviews alongside self-reported data could contribute

to a deeper and more comprehensive understanding of participants' experiences. In short, the findings of this study

are limited to the hospital and nurse sample from which the data were collected. Similar studies with more diverse and comprehensive samples would increase the generalizability.

## CONCLUSION

This study reveals a positive relationship between satisfaction with performance appraisal systems and organisational trust in human resource management. It also emphasises the importance of addressing these two elements together. The study found a significant and positive relationship between nurses' satisfaction with the performance evaluation system and organisational trust. Therefore, the most important recommendation for managers and organisations is to conduct performance evaluations in a fair, transparent, and participatory manner. Clearly defining the evaluation criteria, ensuring the active participation of employees in the process, and providing regular, constructive feedback will increase satisfaction with the system. Additionally, sharing evaluation results in a clear manner and valuing employees' opinions will strengthen the perception of fairness and transparency.

Furthermore, managers should adopt a consistent, supportive, and reliable management style to increase organisational trust. Regularly reviewing the effectiveness of the performance appraisal system and employees' expectations and making continuous improvements based on feedback will increase satisfaction and organisational trust. These approaches positively affect employee engagement, motivation, and the overall performance of organisations.

Future research should examine this relationship in different sectors, occupational groups, and cultural contexts. It should also investigate the role of mediating variables, such as job satisfaction, and moderating variables, such as leadership style. Additionally, the effects of innovative practices, such as 360-degree appraisals, should be tested through an in-depth analysis of employee experiences using qualitative methods. This study contributes to the theoretical literature on human resources and guides practitioners to adopt a holistic management approach.



**Ethics Committee Approval** This study was approved by the ethics committee of Istanbul University Istanbul Faculty of Medicine (Date 19.10.2017; Number 1155). Permission was also obtained from the hospital administration where the study was conducted (Date 04.01.2018; Number 5327).

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