

The difference of organizational trust between public and private hospital in Jordan
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Abstract:

This study aims to measure the difference of organizational trust (openness/honesty, Reliability, Concern of employee, Identification) between public and private hospital in Jordan. The population study consist of all the employees who are working in private and public hospital in middle region which consist of four governorates The estimation numbers of these organization is around (40) Hospitals. Simple random sampling technique was used to select respondents from the various Hospitals, (400) respondent was randomly selected from the study population from both private and public hospitals, of which four hundred and sixty two (372) was retrieved shaped .93% of total study population.

Independent sample T-test and One Way Anova Test was used to test the hypothesis of the study.

The result of this study shows that the over all of organizational trust(openness/honesty, Reliability, Concern of employee, Identification) in Private Hospital is better than public hospitals, The study shows also that organizational trust does not affected by work experience and educational level in public hospitals, But in private hospitals organizational trust affected by work experience and educational level.

Introduction:

Trust is critical to organizational excellence in the 21st century; Organizational trust often is linked to improved economic performance and the achievement of Health organizational goals. A broad range of studies, conducted in different contexts, cultures, and disciplines, argue that trust is essential for successful cooperation and effectiveness in Health organizations. We know that both non-profit and for-profit organizations experience more success, if they have high trust profiles. Conversely, distrust comes at a high cost. "We versus them" behaviors occur, and distrust lowers employees' desires to contribute to organizational goals. Even rewards, such as pay raises or promotions, will not easily restore trust. We also know that trust in Health organizations is influenced by the organization's own culture and by the dominant culture in which the organization exists. Indeed, recent studies have examined the relationship and impact of culture on Health organizational trust. The use of best practices for "people management" enhanced employees' work ethic and thereby increased trust in the organizations. This mutual trust has the opportunity to not only occur between management and employees, but also with customers and suppliers. These organizations are also known as high performance organizations. An organizational climate of trust enables employees to surface their ideas and feelings, use each other as resources, and learn together. Without trust people have a tendency to keep to themselves, rather than share their thoughts, which inhibits creativity. Individuals want to work in an environment of trust and respect where they have the ability to make contributions to the organizational goals and objectives. They want to be able to have the opportunity to show management that they can accomplish a task with the creativity obtained from working in teams. High performance organizations offer individuals the opportunity to obtain the level of success they desire.

Statement of the Problem:

This study aims to answer and understand the followings questions:

- 1-Is there any difference between Organizational Trust (Openness/honesty, Reliability, Concern of employees, Identification) in both private and public health organization in Jordan.
- 2- Which is more better in investment Organizational Trust (openness/honesty, Reliability, Concern of employees, Identification) regarding public or private health organization in Jordan.

Important of the study :

No one can deny the important of Organizational Trust in health care organizations, trust between individuals and groups within organizations is a highly important ingredient in the long-term stability of the organization and the well-being of its members, Individuals want to work in an environment of trust and respect where they have the ability to make contributions to the organizational goals and objectives. They want to be able to have the opportunity to show management that they can accomplish a task with the creativity obtained from working in teams, So the result in greater Organizational Trust of health care organizations will enhance employee commitment to high quality and increased customer satisfaction.

Objective of the study:

The Objectives of this study is to determine the extent or the difference of applying Organizational Trust (openness/honesty, Reliability, Concern of employees, Identification) between public and private health organization in Jordan.

Also the objective of this study is to research the level of Organizational Trust in both public and private health organization in Jordan, and to examine to what extent the both public and private health organization understand the concept of Organizational Trust.

Hypothesis of the study :

- 1- There is statistical significant difference between Jordanian public and private hospitals in applying over all Organizational Trust (openness/honesty, Reliability, Concern of employees, Identification), (significant level $\leq 5\%$).
- 2- There are statistical significant effect of work experience and educational level in public hospitals on over all organizational trust (openness/honesty, Reliability, Concern of employees, Identification) in public hospitals, (significant level $\leq 5\%$).
- 3- There are statistical significant effect of work experience and educational level in private hospital on over all organizational trust (openness/honesty, Reliability, Concern of employees, Identification) in private hospitals , (significant level $\leq 5\%$).

Review of Literature

Organizational Trust: “positive expectations individuals have about the intent and behaviors of multiple organizational members based on organizational roles, relationships, experiences, and interdependencies” (Shockley-Zalabak, Ellis and Winograd, 2000).

Employees in all organizations want to work in an environment of trust and respect where they feel they are making a real contribution to organizational goals and objectives. They want to be able to have the opportunity to show management that they can accomplish a task with the creativity obtained from working in teams.

There is a consensus in the literature reviewed that trust and job satisfaction are essential elements to an organizations success. Cook and Wall (1980) conclude that “trust between individuals and groups within organizations are a highly important ingredient in the long-term stability of the organization and the well-being of its members.

Organizational trust was measured by four dimensions (openness/honesty, reliability, concern for employees and identification). Four organizations agreed to participate in the study, This mutual trust has the opportunity to not only occur between management and employees, but also with

customers and suppliers. These organizations are also known as high performance organizations (Phillips, 1997).

An organizational climate of trust enables employees to surface their ideas and feelings, use each other as resources, and learn together. Without trust people have a tendency to keep to themselves, rather than share their thoughts, which inhibits creativity (Jordan, 1999).

Dalton (2000) reported that high performance organizations are designed to bring out the best in people and create an exceptional capability to deliver high-end results.

Theorists such as McGregor (1967), Argyris (1973) and Likert (1967)

have all supported the idea of trust importance in their work. Just as organizational theorists have noted the importance of trust in organizations, so have management consultants.

Argyris (1973) believes that organizations should take on the belief that human growth is important. He claims that when mistrust in organizations rises, individuals will look out for themselves, rather than working together. The result is decreased productivity due to the lack of information flow, conformity, and ineffective decision-making.

Argyris (1973) proposes that organizations of the future should “seek to enrich work, minimize unilateral dependence, and increase openness, trust, risk-taking, and expression of feelings. The significance of trust within organizations has also been voiced by organization consultants and practicing managers who subscribe to a management strategy based on commitment rather than control” (McCauley and Kuhnert, 1992).

According to Culbert and McDonough (1985), “we’ve long contended that the trusting relationship is the most effective management tool ever invented.

McCauley and Kuhnert (1992) notes Ron Capelle (1994) as another individual who understands the importance of organizational trust. He claims that individuals within

Organizations tend to enter into commitments or agreements with other co-workers so to finish a task. Trust will develop within an organization when the commitments are successfully fulfilled.

Gordon Shea (1984) proclaims that companies with less trust will ultimately be less productive. The low levels of productivity will create an environment that does not support trust, therefore not allowing trust to arise between individuals.

According to the Mishra Model for Organizational Trust (1996), there are four dimensions of organizational trust. They are competence, openness and honesty, concern for employees, and reliability. The first dimension is competence. According to Shockley-Zalabak, et.al (1999), “competence is a generalized perception that assumes the effectiveness not only of the leadership, but also of the organization’s ability to survive in the marketplace. At an organizational level, competence connects with the extent to which employees see the organization as effective: whether it will survive and be able to compete

The second dimension is openness and honesty. This is the dimension that is most frequently referred to when speaking in respect to organizational trust (Shockley, et.al, 2000). This dimension involves the amount and accuracy of information shared, as well as the way in which it was communicated (Shockley-Zalabak, et. al 1999).

The third dimension is concern for employees. This dimension pertains to the efforts by others to understand the feelings of caring, empathy, tolerance, and safety when in business activities.

The fourth dimension is reliability. This dimension deals with the question; can you count on your co-worker, team, supplier, or organization to do what they say? Do they act consistently and dependably?

The final dimension is identification. This dimension “measures the extent to which we hold in common goals, norms, values, and beliefs associated with our organization’s culture. This

dimension indicates how connected we feel to management and to our co-workers” (Shockley-Zalabak, et.al, 1999). Unlike what many may think, people cannot demand the trust of another. Trust must be earned and developed over time (Fairholm, 1994).

This type of behavior may lead to an environment of distrust, rather than mutual trust (Fairholm, 1994). Strickland (1958) suggests that low trust will lead to a greater amount of surveillance or monitoring of work progress. An organizational climate of trust allows employees to surface their ideas and feelings and learn together. Without trust, people may take on unfavorable positions that can inhibit learning (Costigan, et. al, 1998).

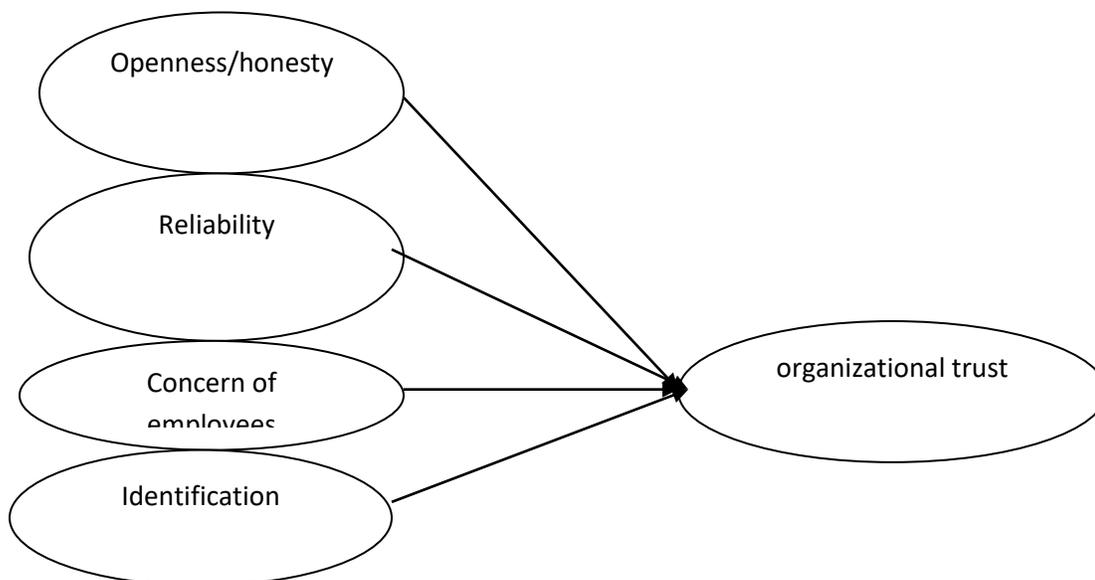
Bjornskov (2007) found that post-communist countries are less trusting than comparable countries. Bjornskov attributes the lower trust, in part, to disruptions caused by the dismantling of important institutions, organizations, Barton and Barton (2011) state that for Russian organizations to compete successfully, appropriate forms of leadership are necessary, and trust is key to such leadership. In order for leaders to empower their managers to achieve organizational goals, the managers must first trust their leaders. In another study of managers in Polish companies, Paliszkievicz (2011), found that the culture, working atmosphere, and relationships were characterized by a high level of trust. Accordingly, Paliszkievicz used the study’s results to provide three recommendations for promoting interpersonal trust in Polish organizations. The emphasis on quality of relationships in the interviews is consistent with other work on trust in post-communist countries (Growiec & Growiec, 2013).

Methodology of the study:

The methodology of this study consist of the followings :

A- Study Model:

The study model was built according to literatures and previous studies, The model consist of organizational trust dimensions which include (Openness/honesty, Reliability, Concern of employees, Empathy, Tangibles) and it is effect on quality of health services according to the following model :



B- Population of study :

The population study consist of all the employees who are working in private and public hospital in the middle region of Jordan which consist of four governorates, The estimation numbers of these organization is around (40) Hospitals.

C-Sample of the study :

The simple random sampling technique was used to select respondents from the various Hospitals , (400) respondent was randomly selected from the study population from both private and public hospital .

The total number of population that the questionnaires were administered was four hundred, of which four hundred and sixty two (372) was retrieved shaped .93% of total study population, Table (1) below overview of respondents characteristics.

Table (1) below overview of respondent's characteristics.

Detail	Frequency	Percentage (%)
Gender		
Male	223	60%
Female	149	40%
Total	372	100%
Age		
18 - 28	31	8%
29 - 39	122	33%
40 - 45	143	39%
50 - 69	76	20%
Total	372	100%
Educational Background:		
Secondary school	74	20%
Diploma	96	26%
Higher education	137	37%
Other	65	17%
Total	372	100%
Work Experience		
Below 5 Years	69	18%
5 – 10 Years	123	33%
11 – 15 Years	141	38%
15 and Above	39	11%
Total	372	100%

D-Study instrument :

Questionnaire was designed to collect data for this study, it contain personal characteristics of the respondent and group of Questions related to the hypothesis, Likert measurement was used to evaluate the respondent Questionnaire.

E-Validity and Reliability of study:

F-Validity : There is positive respondent from concerned qualified persons regarding the Questionnaire components.

G-Reliability: Reliability was tested through cronbach test alpha, the value test was 71%.

H-Data analysis :

(SPSS) was used to analyze data and test the four mentioned hypothesis.

I-Test Hypothesis:

1- There are statistical significant difference between Jordanian public and private hospitals in applying over all Organizational Trust (openness/honesty, Reliability, Concern of employyes, Identification) , (significant level $\leq 5\%$).

Table (1) means and standard deviations for Organizational Trust

Dimension	Means (private Hospital)	standard deviations (private Hospital)	Means (Public Hospital)	standard deviations (Public Hospital)	T- Test (Significant level $\leq 5\%$)
Openness/honesty	3.96	.51	2.88	.72	.001
Reliability	4.23	.43	2.96	.64	.000
Concern of employees	4.39	.35	2.82	.76	.000
Identification	4.47	.41	2.86	.58	.000
Total dimensions	4.26	.41	2.88	.64	.001

Table (1) describes the means and standard deviation and the independent T-test for the five dimensions of the Organizational Trust in both private and public hospitals.

For that Independent Sample T- test was used to test the significant of the above Organizational Trust dimensions in both private and public hospitals. .

The result of the first dimension Openness/honesty refers that there is significant differences between reliability in private hospital and public hospital at significant level ($\leq .05\%$), The independent T- test value was(.001),These differences for the benefit of private hospital comparing with public hospital. The Openness/honesty mean for private hospitals was (3.96 out of 5) comparing with the reliability mean of public hospitals which was (2.88) out of 5) according to likert scale.

The result of the second dimension Reliability refers that there is significant differences between Responsiveness in private hospital and public hospital at significant level ($\leq .05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Responsiveness mean for private hospitals was (4.23out of 5) comparing with the Reliability mean of public hospitals which was (2.96 out of 5) according to likert scale.

The result of the third dimension Concern of employees refers that there is significant differences between Assurance in private hospital and public hospital at significant level ($\leq .05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Concern of employees mean for private hospitals was (4.39 out of 5) comparing with the Assurance mean of public hospitals which was (2.82 out of 5) according to likert scale.

The result of the fourth dimension Identification refers that there is significant differences between Empathy in private hospital and public hospital at significant level ($\leq .05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Identification mean for private hospitals was (4.47 out of 5) comparing with the Empathy mean of public hospitals which was (2.86 out of 5) according to likert scale.

The result of the overall Organizational Trust (openness/honesty, Reliability, Concern of employyes, Identification) refers that there is significant differences between private hospital and public hospital at significant level ($\leq .05\%$), the independent T- test value was (.001), these differences for the benefit of private hospital comparing with public hospital. The private hospital mean for over all Organizational Trust (openness/honesty, Reliability, Concern of employyes, Identification) was (4.26 out of 5) comparing with the mean of public hospital over all Organizational Trust (openness/honesty, Reliability, Concern of employyes, Identification), (2.88 out of 5) according to likert scale.

2- There are statistical significant effect of work experience in public hospitals and educational level on over all organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in public hospitals , (significant level $\leq 5\%$).

Table (2): The model analysis of ANOVA (one way analysis)

Dimension	F	(Significant level $\leq 5\%$)
Work experience	7.123	.007
Educational level	6.423	.009

The model analysis of ANOVA (one way analysis) table (2) shows the followings :

A- There is no significant effect of the Work experience in public hospital, the significant level is (.007) on the level of overall organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in public hospitals (significant level $\leq 5\%$).

B- There is no significant effect of the Educational level in public hospital, the significant level is (.009) on the level of overall organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in public hospitals , (significant level $\leq 5\%$).

3- There are statistical significant effect of work experience and educational level in private hospital on over all organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in private hospitals , (significant level $\leq 5\%$).

Table (3) : The model analysis of ANOVA (one way analysis)

Dimension	F	(Significant level $\leq 5\%$)
Work experience	4.83	.000
Educational level	5.31	.000

The model analysis of ANOVA (one way analysis) table (3) shows the followings:

A- There is significant effect of the Work experience in private hospital, the significant level is (.000) on the level of overall organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in private hospitals (significant level $\leq 5\%$).

B- There is significant effect of the Educational level in private hospitals, the significant level is (.000) on the level of overall organizational trust (openness/honesty, Reliability, Concern of employyes, Identification) in private hospitals , (significant level $\leq 5\%$).

Concussion:

This study shows that the overall organizational trust in private hospitals (openness/honesty, Reliability, Concern of employees, Identification) is better than the overall organizational trust in public hospitals, I think that because the private hospitals is more interest and emphasize on quality and performance of employees to achieve patient satisfaction, That is less comparing with public hospitals.

Also the study shows that work experience and level of education affect the overall organizational trust in private hospitals (openness/honesty, Reliability, Concern of employees, Identification) , while the overall organizational trust in public hospitals (openness/honesty, Reliability, Concern of employees, Identification) not affected by work experience and level of education, This of course return to the culture of public hospitals which is does not emphasize and concentrate on the organizational trust concept.

Recommendations:

Strongly recommended The public hospital to emphasize and concentrate on the organizational trust concept (openness/honesty, Reliability, Concern of employees, Identification) to increase the performance of the public hospitals.

References

- 1- Shockley-Zalabak, P., Ellis, K. and Winograd, G. (2000). Organizational trust: What it means and why it matters. *Organizational Development Journal*, 18(4), 35-48.
- 2- Phillips, C.J. (1997). Do you trust me? *Executive Excellence*, 14, 7-10.
- 3- Jordan, S.A. (1999). Innovative cultures + empowered employees = high performance organizations. *Public Productivity and Management Review*, 23, 109-115.
- 4- Dalton, D. (2000). Understanding high performance organizations. *Security*, 37, 69-73.
- 5- McGregor, D. (1967). *The professional manager*. New York: McGraw-Hill.
- 6- Argyris, C. (1973). *On organizations of the future*. Beverly Hills: Sage.
- 7- McCauley, D.P. and Kuhnert, K.W. (1992). A theoretical review and empirical investigation of employee trust in management. *Public Administration Quarterly*, 16(2), 265-285.
- 8- Culbert, S.A and McDonough, J.J. (1985). *Radical management: Power, politics and the pursuit of trust*. New York: Free Press.
- 9- Shea, G. (1984). *Building trust in the workplace*. New York: McGraw-Hill.
- 10- Mishra, A.K. (1996). Organizational responses to crisis: The centrality of trust. In R.M. Kramer & T.R. Tyler (Eds.), *Trust in organizations: Frontiers of theory and research*: 261-287. Thousand Oaks, CA: Sage.
- 11- Shockley-Zalabak, P., Ellis, K. and Cesaria, R. (1999). *Measuring organizational trust: Trust and distrust across cultures*. Paper funded by IABC Research Foundation.
- 12- Fairholm, G.W. (1994). *Leadership and the culture of trust*. Westport, CT: Praeger.
- 13- Costigan, R.D., Ilter, S.S., & Berman, J.J. (1998). A multi-dimensional study of trust in organizations. *Journal of Managerial Issues*, 10 (3), 303-317.
- 14- Bjornskov, Christian. (2007). Determinants of generalized trust: A cross-country Comparison. *Public Choice*, 130(1/2), 1-21.
- 15- Barton, Harry & Barton, Lisa C. (2011). Trust and psychological empowerment in the Russian work context. *Human Resource Management Review*, 21, 201-208.
- 16- Paliszkiwicz, Joanna. (2011). Inter-organizational trust: Conceptualization and measurement. *International Journal of Performance Measurement*, 1, 15-28.

- 17- Growiec, Katarzyna & Growiec, Jakub. (2013). trusting only whom you know, knowing only whom you trust: The joint impact of social capital and trust on happiness in CEE countries. Department of Psychology of Personality, University of Social Sciences and Humanities, Warsaw, Poland. Institute of Econometrics, Warsaw School of Economics, Warsaw, Poland. doi: 10.1007/s10902-013-9461-8.
- 18- Handy, Charles. (1995, May/June). Trust and the virtual organization. *Harvard Business Review*, 40-50.
- 19- Pucetaite, Raminta & Lamsa, Anna-Maija. (2008). Developing organizational trust through advancement of employees' work ethic in a post-socialist context. *Journal of Business Ethics*, 82, 32-337.
- 20- Stickle, Andrew; Ferlander, Sara; Jukkala, Tanya; Carlson, Per; Kislitsyna, Olga & Makinen, Ilkka, H. (2009). Institutional trust in contemporary Moscow. *Europe-Asia Studies*, 61(5), 779-796.
- 21- Covey, Stephen, M. R. & Merrill, Rebecca. (2008). *The speed of trust: The one thing that changes everything*. New York: Free Press: Covey, M. (2008).
- 22- Hofstede, Geert. (1980). *Culture's consequences: International differences in work-related value..* Beverly Hills: Sage.Hofstede Center. (n.d.) Retrieved March 10, 2014 from <http://geert-hofstede.com/national-culture.html>.
- 23- House, Robert J.; Hanges, Paul J.; Javidan, Mansour; Dorfman, Peter W. & Gupta, Vipin (eds.). (2004). *Culture, leadership, and organizations: The GLOBE study of 62 societies*. Thousand Oaks, CA: Sage.
- 24- Kubbe, Ina. (2013). *Corruption and trust: A model design*. Institute for Political Science, Leuphana University, Luneburg, Germany. doi: 10.1007/s12286-013-0159-4NVivo 10 [Computer software]. (2012). [Australia]: QSR International Pty Ltd.
- 25- Tourish, Dennis J.; Paulsen, Neil, Hobman; Elizabeth V. & Brodia, Prashant. (2004) Communication processes and information needs in the aftermath of a workforce reduction strategy. *Management Communication Quarterly*, 17, 485-516.