

Is There a Difference Between The Organizational Commitment and Organizational Trust Levels of Generation X and Generation Y Nurses?

X Kuşağı ve Y Kuşağı Hemşirelerin Örgütsel Bağlılık ve Örgütsel Güven Düzeyleri Arasında Farklılık Var mı?

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Abstract

Aim: In this study, it was aimed to determine the effects of demographic characteristics of nurses in X and Y generation on organizational commitment and organizational trust.

Method: Descriptive and a cross-sectional research design. This research was carried out with nurses (N=360) from working in all the state hospitals affiliated with the Public Hospitals Union in a district of Istanbul. The study was carried out using research forms ("Form of Socio-Demographic Characteristics", "Organizational Commitment Scale" and "Organizational Trust Inventory"). The questionnaire forms were completed via face-to-face interviews.

Results: There was no difference found between the perceptions of organizational commitment and organizational trust levels in Gen X and Gen Y nurses ($p>.05$). The increase in the level of trust in the organization was determined to increase the levels of affective commitment and normative commitment ($p<.05$). The "Trust in organization" level of the Gen X nurses had a significant positive influence on Affective Commitment ($p=.000$). The working hours in the clinic, where nurses are currently working, are affecting organizational trust and loyalty.

Conclusion: The increase of in the level of Gen X and Gen Y nurses' trust have in the organization also increases affective commitment and normative commitment levels. Differences in the generations of the nurses does not affect their levels of organizational commitment and perceived organizational trust.

Keywords: Organization, trust, nurse manager, leadership

Öz

Amaç: Bu çalışmada, X ve Y kuşağındaki hemşirelerin demografik özelliklerinin örgütsel bağlılık ve örgütsel güven üzerindeki etkilerinin belirlenmesi amaçlanmıştır.

Yöntem: Tanımlayıcı ve kesitsel bir nitelikte tasarlanmış bir araştırmadır. Bu araştırma, İstanbul'da bir ilçenin Kamu Hastaneleri Birliği'ne bağlı tüm devlet hastanelerinde çalışan hemşirelerle (N=360) yapılmıştır. Araştırmada veriler, "Sosyodemografik Özellikler Formu", "Örgütsel Bağlılık Ölçeği" ve "Örgütsel Güven Ölçeği" kullanılarak toplanmıştır. Anket formları yüz yüze görüşülerek tamamlanmıştır.

Bulgular: Araştırma bulgularına göre X ve Y kuşağı hemşirelerin örgütsel bağlılık algıları ile örgütsel güven düzeyleri arasında fark bulunmamıştır ($p>.05$). Hemşirelerin kurumlarına olan güven düzeyindeki artışın, duygusal bağlılık ve normatif bağlılık seviyelerini arttırdığı belirlenmiştir ($p<.05$). X kuşağı hemşirelerin "kuruma güven" düzeyi, duygusal bağlılık düzeyi üzerinde pozitif yönlü anlamlı etkiye sahip bulunmuştur ($p=.000$). Hemşirelerin halen çalıştığı klinikte çalışma saatleri örgütsel güven ve sadakati etkilememektedir.

Sonuç: X ve Y kuşak hemşirelerin organizasyona duyduğu güvenin artması, duygusal bağlılık ve normatif bağlılık seviyelerini de arttırmaktadır. Hemşirelerin kuşak farklılıkları örgütsel bağlılık düzeylerini ve algılanan örgütsel güven düzeylerini etkilememektedir.

Anahtar kelimeler: Organizasyon, güven, hemşire lider, liderlik

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Introduction

“Every person is born into a generational cohort of peers who experience similar life experiences that go on to shape distinct generational characteristics” (Carver and Candela, 2008). Every generation has its own recognizable unique worldviews, anticipations, values, cultural differences, perspectives, and modes of behavior (Palese, Pantali and Saiani, 2006; Palese, Pantali and Saiani et al., 2011; Weingarten, 2009). Technological advances play a key role in shaping a generation (Yeaton, 2008).

Nowadays, people tend to work longer and continue to work after they retire as a result of prolonged life spans. Considering today’s working life, this is the first time in the history of the world that multiple generations are in the workforce together at the same time (Çetin-Aydın and Başol, 2014; Weingarten, 2009). This can be clearly seen in the nursing profession, where nurses belong to three or four generations (Carver and Candela, 2008; Crampton and Hodge, 2009; Çetin-Aydın and Başol, 2014; Duchscher and Cowin, 2004; Hendricks and Cope, 2013; Keepnews, Brewer, Kovner and Shin, 2010). Broad age differences within healthcare settings can pose challenging problems, in that nurses come from 4 different generations which signify that they can be each other’s grandparents, parents and children and be expected to effectively work together in the same complex under stressful conditions, like those working in emergency rooms. This generational diversity frames not only the attitudes, beliefs, and work habits of individuals but also the roles of nurses and their expectations for day-to-day activities (Hendricks and Cope, 2013).

The current nursing workforce is composed of multigeneration employees, who have come into conflict with the executives (Hahn, 2011). It is argued by both employees and executives that the dynamic of Generation X and Generation Y nurses working side-by-side with different approaches to working life tends to result in disagreements, difficulties, and problems (Becerikli, 2013).

According to a report issued by Turkish Statistical Institute [TUIK] in 2013, 1% of the workforce in Turkey is made up of the Silent Generation, born before 1945, 23% of Baby Boomers, born between 1945 and 1964, and 4% of Generation X, born between 1964 and 1980 and the dominant generation of today’s working life (TUIK, 2013). The report put out by TUIK in 2014 states that Generation Y constitutes around 40% of the population in the workforce and 25% of the business life (Çevik Tekin and Akgemci, 2016), which suggests that the conditions of working life will be restructured according to the strengths and weaknesses, value judgments, and expectations of Generation Y (Çetin-Aydın and Başol, 2014).

The ability of an organization to maintain a strong presence is closely linked to employee commitment to the organization and their retention in the organization. Organizational commitment is a critical factor for the success of an organization, as it is responsible for transforming employees from those who generate problems into those who solve them (İnce and Gül, 2005). The concept of organizational commitment refers to an individual’s involvement and his/her identification with the organization in which they work for. In general, individuals express their commitment to an organization in three different ways, namely, Affective Commitment, Continuance Commitment and Normative Commitment. Affective Commitment refers to the emotional attachment individuals have to an organization; Continuance Commitment refers to the cost incurred if the employee leaves the organization, and Normative Commitment refers to the ethical responsibility motivating an individual to stay in the organization. Organizational commitment is based on the condition that an employee believes the organization treats his/her well, and in return, they feel the responsibility to serve that organization for a certain period of time (Ölçüm Çetin, 2004; Sağlam Arı, 2003; Söyük, 2017).

Organizational trust is the most important element in the formation of organizational commitment and productivity; moreover, it forms the basis of intra-organizational relationships (Halıcı, Söyük and Gün 2015). According to a research reported by Top et al.(2012), organizational trust is significantly determined by organizational commitment. The trust that employees have in their organization, manager or supervisors is of great importance in terms of both revealing the relationship level of the employee and reflecting the trust expressed by the organization, the institution and the managers from the employees’ perspectives (Halıcı et al., 2015).

When healthcare providers have low organizational commitment and organizational trust, this condition negatively affects the quality of the healthcare and the performance of employees. In turn, these consequences may negatively affect organizational performance and administrative processes, and as a result, decrease the quality of healthcare. Therefore, to prevent these consequences from emerging, it is important to measure and evaluate the organizational commitment and trust levels of healthcare professionals (Top, 2012).

In this context, examining the characteristics of generations who are actively engaged in the working life of today will help to facilitate a better understanding of their perspectives on working life, manage executive processes, anticipate administrative problems, and take measurements in advance.

Method

Study Design and Aim: This descriptive research was conducted using a cross-sectional design. In this study, it was aimed to determine the effects of demographic characteristics of nurses in X and Y generations on organizational commitment and organizational trust.

Setting and Sample: The research data were collected between June 2017 and February 2018. The study population was composed of 1656 nurses working in all the state hospitals affiliated with the Public Hospitals Union in a district of Istanbul. The sample size was calculated with the known universe formula. Using the randomized sample selection method, the requisite sample number for a 95.0% confidence level was determined as 312. However, considering the possibility that some participants might withdraw from the research, the number of participants to which the questionnaires were administered was increased by slightly more than 20.0 percent (n=375). Of the completed questionnaires, 15 were not evaluated due to errors or carelessness in filling out the forms (some questions were left blank, some were patterned, and some had the same option marked for all items). Questionnaire forms were also completed by face-to-face interviews by two researchers. As a result, 360 survey forms were analyzed and the research was ended.

Data Collection Tools: Socio-demographic characteristics: The participants were asked 11 questions to learn their socio-demographic characteristics.

Organizational Commitment Scale (OCS), which was developed by N. Allen and J. Meyer and whose reliability and validity to determine their organizational commitment levels were confirmed in many studies (Halıcı et al., 2015; Costanza, Badger, Fraser, Severt and Gade 2012),. The scale consists of 18 expressions and three subdimensions: "Affective Commitment (AC), Continuance Commitment (CC), and Normative Commitment (NC)". Statements in the scale were answered with a 5-point Likert-type Scale (Strongly Disagree-1, Strongly Agree-5). As the scores approach 5, the level of organizational commitment is considered high.

Organizational Trust Inventory (OTI), used in data collection was adapted to nursing by Altuntas in 2008, and the adapted version was tested for its validity and reliability for nursing (Altuntaş and Baykal, 2010). The overall Cronbach's alpha value was .96. The OTI is a 6-point Likert-type scale (Totally agree-6, Agree-5, Somewhat agree-4, Somewhat disagree-3, Disagree-2, Totally disagree-1) with 43 items and three dimensions (trust in managers, in institution, and in coworkers). The higher the mean score obtained from each dimension of the OTI (≥ 4), the higher the level of trust; the lower the mean score (≤ 3), the lower the level of trust. A mean score between 3 and 4 indicate an average level of trust. In this study, the Cronbach's alpha value of the scale was: CC - .65; AC - .89; NC - .81; Trust in the executives - .97; Trust in the organization - .96; Trust in coworkers - .95; and Organizational trust - .97.

Data Collection: Questions were developed to determine the organizational commitment and organizational trust levels of the Generation X and Generation Y nurses. The study involved three stages. In the first stage, the participants were asked about their socio-demographic characteristics. In the second stage, the nurses were administered the Organizational Commitment Scale (OCS) to determine their organizational commitment levels. In the third stage, the nurses were administered the Organizational Trust Inventory (OTI), to evaluate their organizational trust levels.

The Strengthening and Reporting of Observational Studies (STROBE) statement checklist was used to report the results of our research. Questionnaire forms were also completed by face-to-face interviews.

Data Analysis: The data were analyzed using SPSS 23 software, from which the frequency, percentage and mean scores of the nurses were calculated. Cronbach's alpha coefficient was determined for the reliability analysis of the data set. In order to examine whether the lower levels of the scale were normally distributed, the skewness and kurtosis values were examined. Independent sample t-test and one-way ANOVA analysis were conducted to determine whether the subscale scores obtained by the Gen X and Gen Y nurses on the OCS and OTI showed a significant difference according to demographic variables. Multiple regression analysis was performed to determine the predictive effect of the OTI subscale scores on the subscale scores of the OCS. All analyses were madewithin the 95.0% confidence interval.

Ethical Considerations: The research was approved by the Clinical Researches Ethic Committee of Bakirköy Dr. Sadi Konuk Education and Research Hospital in the Turkey (no: 2017/263), and written permission from the authorities of the hospital to conduct the study was obtained. Written consent to use the measurement instruments applied in this study was received from the researchers who conducted the Turkish validity and reliability study of these instruments. The nurses who agreed to participate in the research were informed about the aim and method

of the research before signing the informed consent forms of the participants. Names of the participants were not specified on questionnaire forms.

Limitation: The most significant limitation of the study is that all the hospitals in Istanbul were not included in the study. Therefore, the results cannot be generalizable for all nurses. Another limitation is that the majority of the participants were young nurses.

The research was conducted by comparing demographic characteristics of the nurses according to their scores on the OTI and OCS. However, variables such as past interactions (which affect the perception of trust and commitment), openness, autonomy, credibility, competence and organizational culture are also important, but the findings from this research were limited in this respect.

Results

Table 1. Distribution of socio-demographic characteristics (N=360)

| | | n | % |
|---|-------------------------------|-----|------|
| Generation | Gen X (1960-1980) | 85 | 23.6 |
| | Gen Y (1981-2000) | 275 | 76.4 |
| Marital status | Married | 168 | 46.7 |
| | Single | 192 | 53.3 |
| Education | High school | 39 | 10.8 |
| | Associate Degree | 39 | 10.8 |
| | License | 226 | 62.9 |
| | MSc / PhD | 56 | 15.5 |
| Work Experience at Job | Less than 1 year | 39 | 10.8 |
| | 1-5 years | 151 | 41.9 |
| | 6-10 years | 75 | 20.8 |
| | 11 years and more | 95 | 26.4 |
| Work Experience at Their Respective Clinics | Less than 1 year | 93 | 25.8 |
| | 1-3 years | 153 | 42.5 |
| | 4-6 years | 52 | 14.4 |
| | 7 years and more | 62 | 17.2 |
| Working Time in The Same Position | Less than 1 year | 64 | 17.8 |
| | 1-5 years | 186 | 51.7 |
| | 6-10 years | 70 | 19.4 |
| | 11 years and more | 40 | 11.1 |
| Working Time in The Same Institution | Less than 1 year | 74 | 20.6 |
| | 1-5 years | 176 | 48.9 |
| | 6-10 years | 65 | 18.0 |
| | 11 years and more | 45 | 12.5 |
| Working Departments | Surgical Departments | 117 | 32.5 |
| | Internal Medicine Departments | 228 | 63.3 |
| | Other Departments | 15 | 4.2 |

In examining the socio-demographic characteristics of the participants, it was found that 76.4% of them belonged to Gen Y, 53.3% were single, 62.9% were graduates of a university and 41.9% had work experience of 1-5 years. It was further found that 42.5% of the nurses had been working in their respective clinics for 1-3 years, and that 63.3% had worked in the departments of internal medicine (Table 1).

Table 2. Validity analyses of the scales and normal distribution of scale level variables (N=360)

| | Cronbach's Alpha | n | Kurtosis Values | Skewness Value |
|--|------------------|----|-----------------|----------------|
| Organizational Commitment Scale | | | | |
| Affective Commitment | 0.899 | 6 | -0.270 | -0.516 |
| Continuance Commitment | 0.656 | 6 | -0.289 | 0.048 |
| Normative Commitment | 0.813 | 6 | -0.009 | -0.356 |
| Organizational Trust Inventory | | | | |
| Trust in the Executives | 0.972 | 22 | -0.863 | 0.810 |
| Trust in the Organization | 0.961 | 11 | 0.203 | -0.762 |
| Trust in Coworkers | 0.951 | 10 | -0.786 | 0.700 |
| Organizational Trust (Totally) | 0.972 | 43 | -0.430 | 0.423 |

Consistency of the scale items was evaluated using Cronbach's alpha coefficient, from which the following results were obtained: CC - .65; AC - .89; NC - .81; Trust in the executives - .97; Trust in the organization - .96; Trust in coworkers - .95; and Organizational trust - .97. Save for CC, which was acceptably reliable, all the others were highly reliable (Table 2).

To examine whether the scale variables were distributed normally, the skewness and kurtosis values of the variables were examined. According to George and Mallery (2010), the data were distributed normally, or they were acceptable, if the skewness and kurtosis values were between -2 and +2. As shown in Table 2, the skewness and kurtosis values in the present study were between -2 and +2 for all variables, and their scale values were normally distributed.

Table 3. Effect of organizational trust levels of generation X nurses on the levels of affective, continuance and normative commitments (N=360)

| | Nonstandard Coefficients | | Standard Coefficients | | |
|---------------------------|--------------------------|---------|-----------------------|-----------|-------|
| | β | SD | Beta | t | p |
| Model 1 (Constant) | 1.713 | 0.25 | | 6.780 | 0,000 |
| Trust in the organization | 0.428 | 0.07 | 0.524 | 5.605 | 0,000 |
| R ² =0.275 | F=31.417 | p=0.000 | DW=2.144 | VIF=1.000 | |
| Model 2 (Constant) | 3.057 | 0.43 | | 7.002 | 0,000 |
| Trust in the executive | 0.061 | 0.12 | 0.077 | 0.503 | 0,616 |
| Trust in the organization | 0.064 | 0.08 | 0.094 | 0.719 | 0,474 |
| Trust in coworkers | -0.104 | 0.11 | -0.124 | -0.875 | 0,384 |
| R ² =0.017 | F=0.453 | p=0.716 | DW=1.670 | VIF=1.000 | |
| Model 3 (Constant) | 1.235 | 0.21 | | 5.655 | 0,000 |
| Trust in the organization | 0.494 | 0.06 | 0.635 | 7.492 | 0,000 |
| R ² =0.403 | F=56.134 | p=0.000 | DW=2.117 | VIF=1.000 | |

Dependent variable for Model 1: Affective commitment Independent Variable: Trust in the organization

Dependent variable for Model 2: Continuance commitment Independent Variable: Trust in the executive, Trust in the organization, Trust in coworkers

Dependent variable for Model 3: Normative commitment Independent Variable: Trust in the organization

Note. SD=standard deviation; DW=Durbin-Watson; VIF=Variance Inflation Factor

The independent sample t-test was conducted to determine whether there was a significant difference between perceived levels of organizational commitment and organizational trust in Gen X and Gen Y nurses according to their scores on the OCS and OTI. Test results did not display any significant difference between the scores of Gen X and Gen Y nurses on AC (p=.668), CC (p=.304) and NC (p=.211). In addition, there was no significant difference between their scores on "Trust in the executive" (p=.339), "Trust in the organization" (p=.499), "Trust in coworkers" (p=.733) and "Organizational trust" (total) (p=.375).

Before performing the regression analysis, the Durbin-Watson (DW) and Variance Inflation Factor (VIF) values for the regression model were calculated. A DW value close to 2 means that there is no autocorrelation, while a VIF value of below 10 means that there is no multi-collinearity problem (George and Mallery, 2010). Forward method and multiple regression analysis were applied to determine the predictive effect of the Gen X nurses' organizational trust levels on AC, CC, and NC (Table 3).

In the analysis conducted without the inclusion of the nonsignificant variables of “Trust in the executive” and “Trust in coworkers” in Model 1. The model was shown to have a significant effect ($p < .001$) and to explain 27.0 % ($R^2 = 0.275$) of the change that occurred on the level of AC. In other words, there was a predictive effect between the independent and dependent variables. The “Trust in organization” level of the Gen X nurses had a significant positive influence on AC ($p < .001$) (Table 3); that is, an increase in the level of “Trust in organization” by Gen X nurses increased their AC.

In Model 2, the levels of “Trust in the executive” ($p = .616$), “Trust in the organization” ($p = .474$) and “Trust in coworkers” ($p = .384$) of the Gen X nurses were not significantly predictive of the CC (Table 3).

To determine the predictive effect of the organizational trust level of Gen X nurses on “NC” level, multiple regression analysis and forward method were used in Model 3. As a result of the analysis performed by leaving the nonsignificant variables of “Trust in the executive” and “Trust in coworkers” out of the model, it was found that the model had a significant effect ($p < .001$) and explained 40.0% ($R^2 = 0.403$) of the change that occurred on the level of NC. There was a predictive relationship between the dependent and independent variables as well. The level of “Trust in the organization” by Gen X nurses had a significant positive influence on NC level ($p < .001$) (Table 3). In other words, the increase in the level of “Trust in the organization” of Gen X nurses increased their NC level.

Table 4. Effect of OTI levels of generation Y nurses on the levels of affective, continuance and normative commitments (N=360)

| | Nonstandard Coefficients | | Standard Coefficients | t | p |
|---------------------------|--------------------------|---------|-----------------------|-----------|-------|
| | β | SD | Beta | | |
| Model A (Constant) | 1.066 | 0.21 | | 4.912 | 0.000 |
| Trust in the organization | 0.282 | 0.04 | 0.375 | 6.360 | 0.000 |
| Trust in the executive | 0.235 | 0.05 | 0.246 | 4.185 | 0.000 |
| $R^2 = 0.294$ | F=56.549 | p=0.000 | DW=1.828 | VIF=1.336 | |
| Model B (Constant) | 2.902 | 0.11 | | 26.158 | 0.000 |
| Trust in the organization | 0.078 | 0.03 | 0.145 | 2.413 | 0.016 |
| $R^2 = 0.021$ | F=5.823 | p=0.016 | DW=2.244 | VIF=1.000 | |
| Model C (Constant) | 1.368 | 0.19 | | 7.008 | 0.000 |
| Trust in the organization | 0.314 | 0.04 | 0.462 | 7.876 | 0.000 |
| Trust in the executive | 0.122 | 0.05 | 0.142 | 2.423 | 0.016 |
| $R^2 = 0.299$ | F=58.136 | p=0.000 | DW=1.714 | VIF=1.336 | |

Dependent variable for Model A: Affective commitment Independent Variable: Trust in the organization, Trust in the executive

Dependent variable for Model B: Continuance commitment Independent Variable: Trust in the organization

Dependent variable for Model C: Normative commitment Independent Variable: Trust in the organization, Trust in the executive

Note. SD=standard deviation; DW=Durbin-Watson; VIF=Variance Inflation Factor

In the analysis conducted by leaving the nonsignificant variable of “Trust in coworkers” out in Model A, it was found that the model had a significant effect ($p < .001$) and explained 29.0% ($R^2 = 0.294$) of the change that occurred on the level of AC (Table 4). There was also a predictive relationship between the dependent and independent variables. The levels of “Trust in the organization” and “Trust in the executive” of Gen Y nurses had a significant positive effect on AC ($p < .001$) (Table 4). In other words, the increase in the levels of “Trust in the organization” and the “Trust in the executive” increased the level of AC.

In the analysis performed by leaving out the nonsignificant variables of “Trust in the executive” and “Trust in coworkers” in Model B, the model was shown to have a significant effect ($p < .05$) and explained 2.0% ($R^2 = 0.021$) of the change that occurred on the level of “CC”(Table 4). There was also a predictive relationship between the dependent and independent variables. The level of “Trust in the organization” of the Gen Y nurses had a significant positive influence on CC ($p = .05$); that is, an increase in the level of “Trust in the organization” increased the level of CC.

In the analysis conducted by leaving out the nonsignificant variable of “Trust in coworkers” in Model C, the model was found to have a significant effect ($p < .001$) and explained 29.0% ($R^2 = 0.299$) of the change that occurred on the level of NC (Table 4). A predictive relationship was also found between the dependent and independent variables. The levels of “Trust in the organization” and “Trust in the executive” of the Gen Y nurses had a significant positive effect on the level of NC ($p < .001$ and $p < .05$) (Table 4); that is, an increase in the levels of “Trust in the organization” and “Trust in the executive” increased the level of NC.

There was no significant difference in the Gen Y nurses’ scores on the subscales of the OCS according to their professional seniority.

Table 5. Comparison of the low-level scores on OTI of generation Y nurses according to their professional seniority and work duration in the departments they currently worked* (N=360)

| | | f | \bar{X} | SD | p | | | f | |
|------------------------|--------------------------------|-------------------|-----------|------|------|-------|--------------------------------|------------------|----|
| Professional Seniority | Trust in the executive | Less than 1 year | 39 | 4.61 | .73 | 0.194 | Trust in the executive | Less than 1 year | 86 |
| | | 1-5 years | 150 | 4.31 | 1.03 | | | 137 | |
| | | 6-10 years | 68 | 4.29 | 1.07 | | | 35 | |
| | | 11 years and more | 18 | 4.03 | 1.10 | | | 17 | |
| | Trust in the organization | Less than 1 year | 39 | 3.96 | 1.02 | 0.001 | Trust in the organization | Less than 1 year | 86 |
| | | 1-5 years | 150 | 3.16 | 1.32 | | | 137 | |
| | | 6-10 years | 68 | 2.95 | 1.21 | | | 35 | |
| | | 11 years and more | 18 | 2.92 | 1.26 | | | 17 | |
| | Trust in coworkers | Less than 1 year | 39 | 4.66 | .63 | 0.054 | Trust in coworkers | Less than 1 year | 86 |
| | | 1-5 years | 150 | 4.30 | 1.09 | | | 137 | |
| | | 6-10 years | 68 | 4.46 | .84 | | | 35 | |
| | | 11 years and more | 18 | 3.97 | 1.10 | | | 17 | |
| | Organizational Trust (Totally) | Less than 1 year | 39 | 4.45 | .65 | 0.012 | Organizational Trust (Totally) | Less than 1 year | 86 |
| | | 1-5 years | 150 | 4.02 | .94 | | | 137 | |
| | | 6-10 years | 68 | 3.98 | .83 | | | 35 | |
| | | 11 years and more | 18 | 3.73 | 1.03 | | | 17 | |

*Following the ANOVA analysis, the Dunnett T3 test, one of the post hoc tests, was used for paired comparisons because the variations conducted for determination of the reasons behind the differences were not equal.
Note. SD = standard deviation

The "Trust in organization" level of the Gen Y nurses whose work experience was less than 1 year (=3.96) was found to be higher than that of the nurses whose work experience was between 1-5 years (=3.16), 6-10 years (=2.95), and 11 years and more (=2.92) (Table 5). In addition, the "Organizational trust" level of the nurses whose work experience was less than 1 year (=4.45) was higher than that of the nurses whose work experience was between 1-5 years (=4.02) and 6-10 years (=3.98) (Table 5).

The "Organizational commitment" level and "Organizational trust" level of Gen X and Gen Y nurses were compared according to the department they worked in and their work duration in these departments. Any significant differences were not found in the scores obtained by the Gen X nurses on the basis of the departments they worked in or their work duration in these departments.

However, there was a significant difference observed in the level of "Trust in the executive" ($p < .05$) according to the nurses' working time in the department they currently worked. The level of "Trust in the executive" of the nurses who had been working in the department they currently worked in for less than 1 year (=4.54) was higher than that of the nurses who had been working in the departments they currently worked between 4-6 years (=3.99; $p < .05$) (Table 5).

There was a significant difference between the "Trust in the organization" level ($p < .001$) of Gen Y nurses according to the departments they currently worked. The "Trust in the organization" level of the Gen Y nurses who had been working in the current department for less than 1 year (=3.68) was higher than that of those who had been working in their current units between 1- 3 years (=3.01; $p = .001$) and 4-6 years (=2.97; $p < .05$) (Table 5).

It was further found that there was a significant difference between the "Organizational trust" level ($p = .004$) of Gen Y nurses according to their work duration in the units they currently worked. The "Organizational trust" level of the nurses who had been working in their current department for less than 1 year was higher than that of those who had been working in their current department between 1- 3 years (=3.98; $p < .05$) and 4-6 years (=3.78; $p < .05$) (Table 5).

Discussion

In this study, which was carried out to determine the effects of individual characteristics of the nurses belonging to different generations on trust in the organization and commitment to the organization, 76.39% of the participants were Gen Y nurses. Therefore, a majority of the participants' work experience and work duration in their current units ranged from 1 to 5 years. In a recent research, it has been shown that 28% of the nurses have recently graduated

from universities, they were 25 years of age and younger, while 18.4% of them were over 40 (Keepnews et al., 2010). It is predicted that 60% of the workforce in developing countries like Turkey will be composed of Gen Y nurses by 2025 (Akdemir et al., 2013). This indicates that the characteristics of Gen Y nurses will prevail in work places.

It has been reported in the literature that there are significant differences among generations in perceptions of occupational satisfaction, institutional commitment, work motivation and management support according to certain demographic characteristics (Keepnews et al., 2010). However, in contrast to these reported findings, in the present study any significant difference between the perceived organizational commitment and organizational trust levels of Gen X and Gen Y nurses was not observed. In other words, it was observed that the ages (generations) of the nurses did not affect their organizational commitment and organizational trust levels.

Past interaction, openness, autonomy, credibility, competence, and organizational culture have been reported in the literature to be the main factors that have a major influence on organizational trust (Demircan and Ceylan, 2003). However, some sources have stated that organizational trust is affected by age, gender, education level, and job satisfaction (Erdoğan and Yıldırım, 2017; Gün and Söyük, 2017; Şengün and Söyük, 2016; Vagharseyyedin, 2016; Velickovic et al., 2014). Basit and Duygulu (2018), however contrarily in their study they couldn't find any significant difference in the nurses' scores on the OTI based on their ages. The present study has determined that generation gap is not an influential factor on organizational trust, as there was no difference between their scores on perceived organizational trust.

Great differences between the ages of employees who work in the same workplace has been shown to reduce the organizational commitment of employees because of the negative impact it has on the social environment (Cihangiroğlu, 2011; Duygulu and Abaan, 2007; Gider, Şimşek, Ocak and Top 2011). AC tends to take shape on the first days of work (Söyük, 2017). Some studies, however, have revealed that there is a positive relationship between age and organizational commitment (Cihangiroğlu, 2011; Duygulu and Abaan, 2007; Duygulu and Korkmaz, 2008). A meta-analysis conducted by Meyer et al. (2002) reported a weak but significant difference in all the subscales of organizational commitment based on age (Meyer, Stanley, Herscovitch and Topolnytsky 2002). Studies conducted on commitment have shown that although the chronological age difference appears to be closely related to institutional commitment, it has not proven to be a very strong factor (Costanza et al., 2012). Work experience is one of the most important factors related to organizational commitment (Chughtai and Zafar, 2006). In the present study, there was no difference between the perceived organizational commitment levels of Gen X and Gen Y nurses. Additionally, there was no difference in the OCS subscale scores of Gen Y nurses based on their professional seniority (experience). Although the factors affecting the work life of Gen X and Gen Y nurses are variable, work commitment has been shown to be the factor that mostly affects Gen Y (impact rate 40%) (Shacklock and Brunetto, 2011). Gen X, on the other hand, is mainly influenced by not only commitment to work but also by the superior-subordinate relationship (Shacklock and Brunetto, 2011). It is well established that Gen Y generally has no commitment to any organization (Weingarten, 2009). Similarly, it has been known that Gen Y nurses have no strong commitment to their hospitals (Shacklock and Brunetto, 2011).

An increase in the organizational trust levels of Gen X and Gen Y nurses was also shown to increase their AC and NC levels (Tables 3 and 4). Employees' trust in the leaders and organizations has been reported to be related to their AC, the effect of which reduces their desire to leave their organizations (Özdevecioğlu, 2003).

"Trust in the executive," "Trust in the organization" and "Organizational trust" levels of Gen Y nurses in the present study were significantly higher in the nurses who had been working in their current departments for less than one year (Table 5). Some study findings reported in the literature have shown that there is no significant relationship between nurses' work experience and organizational trust levels (Basit and Duygulu, 2018; Gider, 2010). For example, the study by Basit and Duygulu (2018) reported that the work experience of nurses did not affect their organizational trust levels. However, in one study, the "Trust in the executive" subscale score of nurses with 1-9 years of work experience was found to be relatively higher, although not statistically significant (Basit and Duygulu, 2018). Şengün and Söyük (2016) reported that healthcare workers who had 1-5 years of work experience had the highest mean score of trust in the organization. Furthermore, it was noted in another study that as the work duration increased, the mean score of organizational trust decreased (Gün and Söyük, 2017). In the present study, the organizational trust level of Gen Y nurses who had work experience of less than one year was higher than that of those who had 1-5 and 6-10 years of work experience (Table 5). Trust in the executive is a particularly important factor in terms of the nurses' commitment levels and their retention in the organization (Basit and Duygulu, 2018; Gibson and Petrosko, 2014). Although work duration has been shown not to have an influence on nurses' organizational trust levels, it can nonetheless be said that Gen X nurses who are in leadership positions play an important role in retaining Gen Y nurses in the organization.

Conclusion

It is important that nurse leaders understand the difference between generations in order to promote corporate loyalty and trust in the institution. With the increase in the diversity of the workforce in recent years, managers have had to consider the different characteristics of employees in gender, ethnicity and age. In our study, it was determined that generational difference is not a factor affecting organizational commitment and organizational trust. There is no difference between the organizational commitment and organizational trust levels perceived by the X and Y generation nurses. Nevertheless, it is certain that there are differences in the characteristics of generations, thus, more research is needed to better understand how these differences impact the dynamics of the workforce.

In our study, it has been shown that generational differences of nurses do not affect the perception of trust. However, increasing the “trust in the institution” level of the X and Y generation nurses increases the level of “emotional commitment” and “normative commitment”. The difference between them is that the “trust in the institution” level of Y generation nurses increases the level of continuity commitment.

According to the results of the present study, the duration of work in one’s current department does not affect their scores on the subscales of OTI. The present study has found that while the work duration of Gen Y nurses in their current department had an influence on “Trust in the executive” and “Organizational trust”, there was no significant difference in the scores of Gen X nurses on the basis of the units they currently worked or their work duration in these units.

New generations have always been criticized by older generations, and it seems that this trend will continue in the future. It is therefore quite important for leader nurses to understand the unique generational characteristics of the nurses, who come from different generations but are part of the same teamwork and work side-by-side, and its effects on organizational trust and organizational commitment.

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