

**Deanship of Graduate Studies
Al-Quds University**



**Nurses' Trust Relationship toward Nursing Leaders and
Impact on Job Performance and Organizational
Commitment in Southern West Bank Hospitals- Palestine.**

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M.Sc. Thesis

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Impact on Job Performance and Organizational
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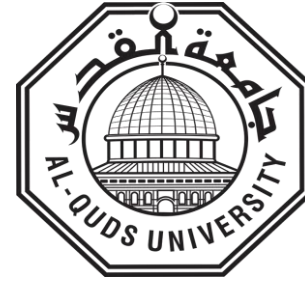
Supervisor: Dr. Kefah Zaben

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**Al-Quds University
Deanship of Graduate Studies
Public Health Program**



Thesis Approval

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on Job Performance and Organizational Commitment in Southern
of the West Bank Hospitals- Palestine.**

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- 2. External Examiner Dr. Farid Ghrayeb Signature .**
- 3. Internal Examiner: Dr. Ibrahim Aqtam Signature .**

Kefah Zaben

Jerusalem – Palestine

1447/2025

Dedication

I dedicate my thesis to all the nurses in Palestine who, despite many obstacles, continue to provide their efforts to care their patients. Your efforts and dedication make a real difference.

This thesis is also dedicated to my mother in appreciation of her continuous encouragement, to my husband for his greatest support in every step and every challenge, to my wonderful daughters , who fill my life with love , and to my sister for her emotional support. Finally, I thank my family, friends, and colleagues for their encouragement throughout degree of Masters journey.

Bayan Mohammad Hussein Mashni

Declaration

I certify that this thesis, submitted for the degree of Masters, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: 

Bayan Mohammad Hussein Mashni

Date: 9/8/2025

Acknowledgment

At the beginning , I am grateful to our god , who has granted me a power to finish this research. I am deeply grateful to every supporter who has shared in the success of this study.

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I am thankful to all the nurses in the hospitals for sharing their experiences, insights and opinions. Your coordination and participation have been vital to the accomplishment of this thesis. I also appreciate the hospital managers who facilitated my journey and provided the required support during data collection.

To my loving husband, my greatest supporter in life-thank you for your love, continuous belief in me , patience and help in every time . To my wonderful daughters, your hugs, and endless love have been my source of strength and motivation.

My deepest appreciation are to my family especially my mother and my sister for support and constant encouragement throughout this educational journey. Lastly, to my colleagues in university or in workplace and to my friends , thanks for your encouragement, collaboration, and support. Your kindness and belief in me have made this journey even more meaningful.

Bayan Mohammad Hussein Mashni

Abstract

Background: Nurses' trust toward their leaders impacts crucially on the job performance and on organizational commitment. In Palestine, particularly in Southern West Bank hospitals, the healthcare teams face numerous challenges that impact nurses' work environment and professional relationships. Understanding the impacts of trust in the nursing leader is very essential for improving the healthcare outcomes and fostering a supportive relationships in workplace. This study investigating the correlation between nurses' trust toward their leaders and its impact on the job performance and the organizational commitment, aiming to provide real facts and insights for hospitals.

Methodology: A cross-sectional, correlative, quantitative study was conducted in four hospitals in the Southern West Bank. Data collection was through a structured questionnaire designed to measure nurses' trust in leaders, job performance, and the organizational commitment. The study sample include 336 registered nurses in various hospital departments. Statistical analysis was performed using SPSS version .27 to examine correlations influencing these relationships.

Results:

The response rate was 96% obtained from the analysis of 336 nurses' responses from the four hospitals in Southern West Bank. The majority of the sample was female (61%), had a bachelor's degree (70.8%), and was mostly in the 20–29 age range (42.9%).

The highest subscale score on the Trust in Leaders Scale was Competence (Mean = 4.54, SD = 1.5), followed by Integrity (M = 4.36), Predictability (M = 4.26), and Benevolence (M = 4.03). The greatest subscale score on organizational commitment was Normative Commitment (M = 4.34, SD = 1.1) had the highest mean, then Continuance Commitment (M = 4.23), and the lowest mean was Affective Commitment (M = 4.07). Nurses' Self-Assessment Scale of Job Performance scores. The greatest mean score was "task performance" (mean = 3.73). Then the contextual performance (M= 3.69).

According to Pearson correlation analysis results, Job performance and trust in leaders are strongly correlated ($r = .565$, $p < 0.01$), the Organizational commitment and leader trust are strongly positively correlated ($r = .787$, $p < 0.01$). There is a moderate relationship between job performance and organizational commitment ($r = .514$, $p < 0.01$).

The relationship between demographic factors and trust, job performance, and organizational commitment was examined, with no significant effects found except for hospital name (specific nursing leader), which showed a significant association with trust (P-value = 0.004). Nurses at BASR Hospital scored higher (mean = 5.06) on the Trust in Leaders subscale compared to other hospitals, while gender and employment status had no significant effect.

Conclusion: The study confirmed the importance of trust in nursing leaders as a critical factor impacting nurses' job performance and organizational commitment. Improving leadership strategies that enhance transparency, support, and open communication can enhance team and leader trust relationship that improve healthcare outcomes. Hospitals should concern on leadership development programs to build strong and reliable nursing managers.

Recommendations: Hospitals should implement leadership training programs to improve trust-building skills among nursing leaders. Policies promoting transparent communication and fair among team should be reinforced. Future research should explore interventions that can further strengthen trust dynamics in nursing relationships.

Keywords: Trust relationship, nursing leadership, Palestinian nurses, Nurse job performance, Organization commitment, Hospitals in West Bank.

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Abbreviations list

Abbreviation	Full Term
LMX	Leader-Member Exchange
OC	Organizational Commitment
AC	Affective Commitment
CC	Continuance Commitment
NC	Normative Commitment
SPSS	Statistical Package for the Social Sciences
ANOVA	Analysis of Variance
SJoP	Self-Assessment Scale of Job Performance
BASR	Bethlehem Arab Society for Rehabilitation
SD	Standard Deviation
M	Mean
N	Sample Size (Number of Participants)
α (alpha)	Cronbach' s Alpha (Measure of Internal Consistency)
r	Pearson Correlation Coefficient
p	Significance Level in Statistical Tests
df	Degrees of Freedom
H ₀	Null Hypothesis
H _a	Alternative Hypothesis

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- Appendix 1: Research questionnaire.
- Appendix 2: Ethical approval paper.
- Appendix 3: Consent Form.
- Appendix 4: Time Plan
- Appendix 5: Hospitals Approval

Chapter One

1.1 Introduction and Background

Trust refers to the people's favorable expectations and members beliefs about the organization about competency, dependability, and benevolence. It also refers to the trust that exists between an organization's leaders and employee (Akkaya, 2020). Trust rooted in ancient civilizations, has shaped legal systems across societies, with early examples found in Japanese and Greek cultures and in the Code of Hammurabi, which established principles for business conduct. Emerging as a product of equity, trust possesses distinct characteristics in common law that have contributed to its widespread acceptance. In modern times, globalization and juridical competition have further enhanced its popularity (Gvelesiani, 2023).

The trust of subordinates with supervisors or leaders has received great attention during the last two decades as a most important issue in human relations inside organizations (Kim & Chen, 2018). In the era of fast-changing and transient relationships, trust became a foundation issue in organizations since, that focus on individual motivation (Hadi-Moghaddam et al., 2021)

The attributes of trust in a leader center on a collaborative relationship, positive expectations of benevolence, social interaction, competence, and managing risk and vulnerability. Trust is foundational to all leader and nurses' interactions, requiring time to develop and being sensitive to damage. Positive expectations of benevolence reflect the belief that a leader's actions are ethical, moral, and not driven by self-interest, aiming for mutual benefit. Social interaction emphasizes reciprocal and constructive communication between leaders and employees. A leader's competence is demonstrated through their ability to guide effectively, create a secure environment, and inspire professionalism. Trust involves a willingness from both parties to embrace vulnerability, relying on the belief that the leader's actions are trustworthy and beyond manipulation (Karikumpu et al., 2024)

Some specific leadership styles can improve relationships with nurses, enhance job performance by nurse leaders' behaviors, such as supportive behavior, trust building , and including nurses in decision-making, positively impact their subordinates . On the other hand, poor leadership can lead to lower performance, affecting overall workplace well-being (Niinihuhta & Häggman - Laitila,2022).

Nursing job performance in healthcare is the nurses' ability to exceed employer expectations and achieve organizational targets (Qtait, 2023). Researchers are concerned about communication and cooperation between healthcare staffs for best nursing job performance to achieve the best outcomes of healthcare organizations (Alsadaan et al., 2023; Hadi-Moghaddam,

Karimollahi, & Aghamohammadi, 2021). Job performance within organizations is affected by many factors like, trust in leaders, and work engagement (Håvold, Håvold& Glavee-Geo, 2021). High levels of trust in nursing leaders may increase motivation and open communication, which are essential for productivity. When nurses trust their nursing leaders, they accept feedback, take initiative, increase job performance and commit to organizational goals. Conversely, low trust leads to disengagement, resistance, and decreased morale and job performance (Sifaki-Pistolla, Melidoniotis., Dey & Chatzea, 2020).

Previous studies have highlighted different results about connection between trust and job performance. Indian study showed that, when asked whether sustained trust between managers and employees would enhance performance, 80% of respondents agreed. These results emphasize the critical role of trust in boosting employee performance and overall organizational success (Botwe, Kenneth & Masih, 2016). On the other hand, finding of a study in Western of Canada include that trust in management found a negative effect on the job performance with values of ($b = -0.26, p < 0.05$), which shows that increased trust in management does not necessarily lead to improved performance, potentially due to other factors or variables not included in the model (Wong & Cummings, 2009).

Another study on hierarchical authority in Malaysia indicates that despite the power distance between higher authorities and employees and the lack of trust, the findings suggest no significant impact of trust on job performance. Instead, the hierarchical culture, characterized by stability and control, limits employee autonomy and feedback, which directly affects job performance rather than trust levels (Lee& Ding, 2023).

Researchers have studied the organizational commitment (OC) over the last twenty years through examining many factors to understand the effect of the leaders on the team organizational commitment, that is known as psychological contract affecting the desire of employees to maintain belonging to the employer organizations. It consists of three dimensions: affective commitment (AC), continuance commitment (CC), and normative commitment (NC) (Akgerman & Sönmez, 2020). The organizational commitment of nurses affects the patient care and satisfaction (El Said Ahmad, Sleem & Abdel-Aleem, 2020).

A Saudi study conducted at King Abdulaziz Medical City, examined the impact of nursing leadership styles on the organizational commitment of nurses. Results showed that nurses' commitment was correlated positively with some leadership style and negatively correlated with the others leadership style. Additionally, commitment was influenced by other factors such as the nurses' nationality and leadership approach, emphasizing the importance of adopting effective leadership role to enhance nurses' organizational commitment (Asiri, Rohrer, Al-Surimi, Da'ar & Ahmed, 2016).

Previous study in teaching hospital in Taiwan demonstrated that nurses are essential in achieving hospital goals through planning and executing organizational objectives. By nurses' organizational commitment which is depends on many factors like, acceptance of the hospital's values, willingness to enhance efficiency, strong connections to the organization and nursing leaders who are serving as a bridge between nurses and hospital organizations (Chen , Chang, Kung, Weng & Lee, 2015).

1.2 Problem Statement

The impact of trust on job performance and the organizational commitment is widely discussed, but its impacts remain subject to variability depending on leadership styles and organizational contexts. Some studies suggested that trust enhances employees motivation, creativity, and task accomplishment (Karikumpu et al., 2024), other research shows trust is not always the main factor that cause high performance. For instance, task-oriented behaviors such as providing clear instructions during crisis management, are often more critical for performance than trust between leaders and staff (Bonini et al., 2024).

In healthcare settings, some studies have shown a positive impact of trust in nursing leaders on organizational commitment, because nurses being more engaged and motivated when trustful relationship with leader is present (Akgerman & Sönmez, 2020; Håvold et al., 2021). But, these findings are not universally applicable, and there are other studies showed that a lack of trust can negatively affect performance and demotivate staff (Saleem et al., 2022). Similarly, in a study in Saudi Arabia study, showed that while trust and commitment among nurses are essential, the impact of trust varies according to the context and organizational environment, suggesting that further explorations are needed in different settings (Asiri et al., 2016).

In the Palestinian context, where healthcare organizations face many unique challenges such as limited resource and high stress levels among nurses, the impacts of nurses trust in nursing leader on job performance and organizational commitment has not been adequately explored. Given mixed findings in existing research, this study aims to examine whether trust in nursing leaders significantly influences job performance and organizational commitment in Palestinian healthcare settings. The results may provide insights into the contextual factors that mediate or moderate this relationship and contribute to the development of future research in Palestine.

1.3. The current study evaluate,

the impact of trust relationship between nurses and nursing leaders on job performance and the organizational commitment. The current study will provide a foundational database and a starting point for new Palestinian studies about the level of nurses' trust toward leader and impact on job performance and organizational commitment. Also it will offer database for nursing leaders to promote new strategies that enhance trusting relationships with their teams and job performance and organizational commitment. Additionally, the study may draw the attention of human resources stakeholders who are interested in strengthening the trust between nursing leaders and their nursing staff through actionable strategies, to enhance job performance and the organizational commitment among all nursing staff.

The current study findings will focus particularly on impacts of trust in Palestinian organizations, aiming to enhance job performance and organizational commitment among nurses, also contributing to the success of overall Palestinian health organizations.

1.4 The Aim of the Study:

The study purpose mainly was to identify the nurses' trust level toward nursing leaders and impact on two dimensions that are the job performance and the organizational commitment in southern West Bank hospitals - Palestine

1.5 The Specific Objectives of the Study:

To assess the trust relationship of nurses toward nursing leaders in Southern West Bank Hospitals

1. To identify the trust relationship level of the nurses' toward nursing leaders and impact on job performance in Southern West Bank Hospitals
2. To identify the trust relationships' level of nurses toward nursing leaders and impact on organizational commitment in Southern West Bank Hospitals.
3. To examine if there are significant differences between demographic variables and level of nurses' trust relationship toward nursing leaders and impact on job performance and organizational commitment in Southern West Bank Hospitals..

1.6The Research Questions

The primary question is whether the level of nurses trust relationship toward nursing leaders impacts job performance and organizational commitment in Southern West Bank Hospitals?

Sub- questions

1. What is trust relationship level of nurses toward nursing leaders in Southern West Bank Hospitals ?
2. What is trust relationship level of nurses toward nursing leaders and impact on job performance in Southern West Bank Hospitals?
3. What is trust relationship level of nurses toward nursing leaders and impact on the organizational commitment in Southern West Bank Hospitals?
4. Are there a significant differences between the demographic variables and the level of nurses trust relationship toward nursing leaders and the impact on the job performance and the organizational commitment in Southern West Bank Hospitals?

1.7 Study Null Hypothesis (H₀)

H₀1: There are no significant level of trust between nurses and nursing leaders in the population studied in Southern West Bank Hospitals.

H₀2: There are no significant differences between the trust relationship of nurses and their leaders toward job performance in Southern West Bank Hospitals at alpha 0.05.

H₀3: There are no significant differences between the trust relationship of nurses and their leaders toward organizational commitment in Southern West Bank Hospitals at alpha 0.05.

H₀4: There are no significant differences between the demographic variables and the level of nurses' trust relationship toward nursing leaders, nor in the impact on job performance and organizational commitment in Southern West Bank Hospitals at alpha 0.05.

1.8Terms Definitions

(operational and conceptual definitions):

1.9. Conceptual Definitions

Trust is conceptually defined as "a psychological state in which there is the willingness to put oneself in a vulnerable position due to optimistic beliefs about another person's intentions or actions. (Håvold et al., 2021). Also, trust is defined as a belief in others' reliability, which includes many dimensions, as societal trust, organizational trust, and interpersonal trust. While

the trust of subordinates toward supervisors, refers to the believe of employees in their supervisors reliability and respect of their preferences and interests in consideration (Hadi-Moghaddam et al., 2021).

Nursing is conceptually defined by the American Nurses Association (ANA) as "the promotion, protection, and optimization of health and patients abilities, prevention of illness and injury or complications , facilitation of healing, reducing of patients suffering through the diagnosis and treatment of their response, and advocacy in the care of patients as individual , families, groups, communities, and all populations (American Nurses Association, 2021).

Leadership in nursing the ability to unite a group of staff toward a common mission ,objectives by inspiring the staff members to work in cooperation toward these objectives is the essence of leadership. An assessment of the growth of leadership in the nursing field reveals that it is developing concurrently (Daghan, & Topcu, 2022). . Leadership focuses on guiding healthcare teams and ensuring patient safety through direct care. This needs nurses to develop specific leadership skills to enhance care delivery and teamwork. Moreover, the evolving healthcare landscape confirms the need for nursing education, training, and organizational efforts to enables nurses with leadership capabilities, enabling them to meet modern demands and improve patient outcomes (Al-Dossary, 2017).

Job performance Conceptually it is realized when an individual can successfully achieve the task appointed to him (Bashir, Amir, Jawaad & Hasan, 2020). Job performance is the quality and quantity of work an employee achieves in carrying out duties according to the responsibilities given to him (Ratnasari & Sutjahjo, 2019). That extends to organizational commitment.

Organizational commitment conceptually it is defined as the individual adaptation to the organization's values, and goals that encourage him to complete his responsibilities (El Said Ahmad et al., 2020). Also, it is defined as the employee's belonging to the organization with three dimensions, affective commitment (AC) (desire), continuance commitment (CC) (need), and normative commitment (NC) (obligation) (Akgerman & Sonmez, 2020).

Demographic Factors: are socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, marital status, occupation, religion, birth & death rate, average size of a family, average age at marriage (Business Dictionary, 2015). Sign-in: before induction of anesthesia, while the patient is still conscious (WHO, 2009)

1.10 Operational Definitions

Trust is defined operationally as the feeling of reassurance that someone cares about one's personal interests in the way one prefers or wishes. It reflects the belief in a leader's competence, integrity, benevolence, and predictability. Scale consist of seven likert scale(completely disagree, very much disagree, Somewhat disagree , Neither disagree nor agree ,Somewhat agree, Very much agree, Completely agree) each dimension contains of 5 questions.

Nurses are defined operationally as healthcare professional individuals who are licensed and trained to provide direct patient care, promote health, prevent illness, and assist in the treatment and management of various medical conditions.

A nursing leader is a healthcare professional with managerial and supervisory responsibilities who actively cooperates, directs , and supervise nursing staff to ensure quality patient care. This through fostering collaboration, empowerment, managing resources, implementing policies, and

addressing challenges within the nursing team, while maintaining accountability for achieving organizational goals and enhancing team commitment and job performance.

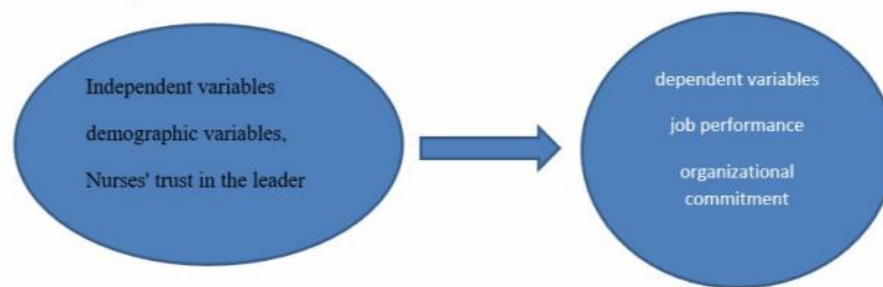
Job performance Job performance is defined operationally as the successful completion of an individual's tasks. It includes Task Performance, which involves effectively carrying out technical duties and adhering to job responsibilities, and Contextual Performance, which reflects the ability to positively influence the work environment, such as team dynamics and cooperation .

Each dimension task and contextual are consist of 5 questions this measured through five likert scale (very low, low, neutral, high, very high).

Organizational commitment is defined operationally as the employee's feeling of belonging and bonding to their employing organization. It encompasses three main dimensions: Affective Commitment (AC), which reflects the employee's emotional attachment and positive feelings toward their work environment; Continuance Commitment (CC), which relates to the perceived costs of leaving the organization, including social, financial, or career-related investments; and Normative Commitment (NC), which stems from a sense of obligation to remain with the organization based on personal values, cultural norms, or a feeling of indebtedness for opportunities received scale consist of seven likert scale(completely disagree, very much disagree ,Somewhat disagree , Neither disagree nor agree ,Somewhat agree, Very much agree, Completely agree) each dimension contains 8 questions.

Demographic data : basic information about respondents, which is essential for segmenting data and analyzing patterns across groups. In this study, demographic variables included age, work experience in the current hospital, gender, marital status, highest educational level, employment status, workplace type, and work shifts. Age and work experience were recorded as continuous years to maintain privacy and enable more precise analysis.

Conceptual Framework:



Conceptual framework

Figure 1.1 Conceptual Framework:

The conceptual framework shows how the trust relationship of nurses toward leader on their leader's impact the Job performance and the organizational commitment. It is consists of the independent variables are (demographic variables, and nurses' trust in the leader), on the second hand the measured dependent variables are (the job performance and the organizational commitment).

Summary:

Trust relationship with leaders is important for self-respect need of individuals as primary stage in Maslow's hierarchy to improve effective job performance which is the backbone of the competitiveness and sustainability of the organization. On the other hand, the organization's success depends on commitment and desire to stay in the organization and belong to its goals and values. At the end we should search to find answers to the study questions and to test the study hypothesis about impact of trust relationship level of nurses toward nursing leaders on the job performance and the organizational commitment as a backbone issue for the organization's success in the hospitals, to improve our organizational behavior to achieve better services quality in our community.

Chapter Two

.Literature Review

1.2 Introduction

The chapter reviewed the literature about nurses' performance, the organizational commitment, and the impact of trust in leaders on these variables. The aim of this review was to define the gaps in the existing research, highlight main variables that have been measured in the previous studies, and establish a conceptual foundation for the current thesis.

The chapter was organized in three main sections. The first section outlines the strategy of searching that has been used to collect relevant literature. The second section provides an analysis of empirical studies that examine the relationships between current study variables (trust in leader, job performance, organizational commitment). Initially, third section summarizes gaps in the existing research.

2.2 Search Strategy

A systematic and comprehensive search was conducted to identify related studies to trust in leader relationship, nurses' job performance, and organizational commitment. This search focused on articles published in journals between 2014 to 2024 to ensure the inclusion of up-to-date and relevant studies to my study. The literature search was conducted by using many academic databases, including ResearchGate, Google Scholar, Sci-Hub, and ScienceDirect. Keywords used in search were "trust in leader" "nurses' performance," "organizational commitment" and "nursing leader" were used in various combinations to retrieve relevant studies.

The search initially identified 100 articles. After reviewing the titles and abstracts, only studies that focused on trust in leadership, nurses' job performance, and organizational commitment were retained. Articles that focused on general leadership styles, or unrelated concepts were excluded. After applying the inclusion criteria and removing duplicate records, 40 relevant studies were selected for analysis.

Each study was critically reviewed to assess its validity, results, and relevance to the thesis topic and research questions. The evaluation of studies depended on the strength of their evidence, their methodology, and applicability to nursing and healthcare settings. By identifying the study's aims, conclusions and recommendations, this review presents a clear understanding of existing knowledge base and highlights areas where further research is needed.

Empirical Literature

2.3 Trust in leaders

A Cross-sectional study conducted in Taiwan medical center with high nurse retention rates that examined how trust strengthen nurses' organizational commitment through 797 valid questionnaires from registered nurses and found that trust is having confidence in the integrity and reliability of a partner . Also, credibility and benevolence are identified as key components of trust, where credibility involves believing in someone's ability to fulfil promises, and benevolence refers to a trustee that acts according to the best interests of trust. In the context of nursing, trust is crucial for cooperation and providing seamless patient care. Also trusting work environment fosters collaboration, and organizational commitment, while a lack of trust can lead to vulnerability and hinder these outcomes, so the study recommended the administrators to enhance trust among nurses to elevate their organizational commitment (Hsu, Chiang, Chang, Huang & Chen, 2015).

A study in conducted Palestinian Relief Organizations in the southern governorates of Palestine. Aimed to explore how trust in leaders affects organizational justice and its subsequent impact on employee performance. The study used a descriptive analytical approach with a stratified random method of sampling for collection data using of 60 relief organizations, through 300 distributed questionnaires . The study found that trust in leadership significantly influences employee performance through its role in promoting fairness and justice in organizational practices. The overall scoring of the organizational justice was 82.2%, with distributive justice scoring 85.94% and procedural justice at 78.02%. The findings showed that leaders who engage employees, and treat them fairly foster build higher levels of trust. This trust, in turn, enhances employee motivation, and overall job performance. The study emphasized the importance of effective leadership in promoting fairness, and strengthening trust to achieve higher organizational performance (Al Najjar, Al Shobaki & El Talla, 2022).

Farmanesh & Zargar (2021) an American manuscript , reported that trust involves depending on others based on expectations intentions, as well as acceptance of vulnerability. Cognitive trust, affective trust, and behavioral trust are the three components of trust, formed through observations of attitudes and behaviors. The study imphasized that leader's behavior should focus on developing trust, not unethical actions. Cognitive trust evaluates trustworthiness, while affective trust emphasizes the role of emotions. The leader's relationship with individuals is important due to emotions, while behavioral trust involves sharing sensitive information or relying on others.

Egyptian deductive study conducted in the educational sector at Mansoura University used questionnaire from 370 employees used to examine the correlation between the trust relationship in leader and the quality of workplace relationships ,which identified that trust toward leaders has been a significant concept within various fields like organizational communication, management, organizational psychology, public administration, and education for the past forty years. Research highlights trust as a crucial aspect of leadership theories, with leaders building trust in their followers. Trust is a vital component of leader-member exchange theory and effective leader behavior theory. Study also demonstrates the importance of trust toward a leader. Additionally, trust is associated with positive work attitudes and organizational relationships (Al-Sayyed, Stohy, Abdelhakeem, &Najim, 2019).

McCabe & Sambrook (2014) conducted a qualitative study in the British National Health Service through 39 semi-structured interviews with nurses and nurse managers. The study aimed to explore the concept of trust among nurses and nurse leader's individual, interpersonal and organizational levels. At the beginning, the study reported that the clinical nurse leaders who demonstrate leadership qualities such as approach ability, flexibility, and availability build trust while enhancing the professional and personal competence of nursing staff. Trustful persons possess characteristics like respect, confidentiality, listening skills, and honesty. Leaders with emotional stability, and conscientiousness are more able to gain trust. Ethical, fair behavior, reliability and loyalty, further trust, causing effective collaboration and improving organizational outcomes. Finally, trust in nursing is shaped by immediate ward dynamics and influenced by line managers. Positive factors include professionalism, while new management styles reduce nurse quality and development opportunities. The study showed that trust in healthcare centers is crucial for enhancing supportive relationships between staff and managers, particularly at the ward level, where it directly impacts patient care quality and safety.

A study with a cross-sectional design was conducted in Saudi Arabia public hospital consist of 116 questionnaire filled by nurses who met the inclusion criteria of the study. The main purpose was to examine the impact of leadership with authentic style on the trust toward managers and on the job performance of subordinate nurses. The study have focused on the trust concept, particularly in the nursing profession, as trust is crucial for organizations and work environments. Trust between nurses and leaders enhances outcomes. Trust in nursing leaders minimizes costs and maximizes nurses' job performance. Effective leaders improve work quality and nurse trust in their leader, ultimately impacting patient outcomes. Finally, the study revealed authentic leadership positively influences trust in managers but does not impact job performance. Authentic leaders enhance work environments by fostering trust with nurses (Alilyyani, 2022).

A systematic review examined trust in healthcare leadership and organizations. The aim of study was to gather and assess empirical evidence on trust in leadership and organization in healthcare. It synthesized 42 studies, focusing on emotional and cognitive components, consisted of 33 quantitative surveys, 3 qualitative interviews studies and 3 case studies. Additionally, a mixed method study, cohort study, and quasi experimental study were included in the data. Key findings suggest that trust enhances commitment, collaboration, and workplace well-being, attracts personnel and improves organizational outcomes. The review emphasizes the necessity of equal access of healthcare, leadership competencies, trust in leadership and organizational culture. It also highlights the need for further analysis in healthcare contexts. The review further assesses trust beyond healthcare, identifying strengths and weaknesses research methodologies (Karikumpu, Häggman-Laitila, Romppanen, Kangasniemi & Terkamo-Moisio, 2024).

A correlation study in Pakistan examined the impact of trust toward leadership on the team employee performance by convenience sampling 350 respondents. The study revealed that trust in leaders plays a crucial role in shaping one's character and the unity of organization, as it consistently enhances organizational power, stability, and growth. The study showed that employees who trust their leaders exhibit greater devotion and retention. Leaders who are reliable, empathetic, and aware of personal goals foster this trust (Zia-ur-Rehman, Butt & Shafique, 2022).

As highlighted in the literature on trust, trust in leaders serve as cornerstone of effective leadership, fostering collaboration, organizational commitment, and improved outcomes in nursing. Key elements such as credibility, benevolence, and emotional stability build trust, while trust also enhances staff performance, and patient care quality.

2.4. The impact of trust relationship of nurses toward leader on organizational commitment

Hsuet et. al (2015) conducted a cross-sectional study in Taiwan medical center focused on organizational commitment as a person's psychological bond to their organization, influencing their willingness to work towards its goals. Higher organizational commitment is linked to increased organizational citizenship behaviors and protects against job stress, and dissatisfaction. In the healthcare context, fostering nurse organizational commitment is crucial, as it encourages dedication to the hospital's objectives. The organizational commitment includes three components: affection toward employer organization, the perceived benefits or cost of leaving the organization, and the feelings of obligation to stay in the organization. Employees with strong commitment are more productive and invested in their jobs.

An Indian systematic literature review on organizational commitment and its influential factors among nurses aimed to explore concept of organizational commitment, summarize existing research on its relationship to job satisfaction, and identify gaps in the literature concerning nurses in healthcare. The study analysed a 78 suitable articles for relevant terminological concepts. The review found that organizational commitment influences the longevity and effectiveness of organizations. It creates a sense of emotional, intellectual, and ethical attachment, and dedication from nurses to their organization. Nurses contribute more efforts to meet the goals of the organization when their commitment increases, which can enhance job performance. Nurses with strong attachment to their leader are more likely to stay close to them. The researchers concluded that Organizational commitment encompasses employees' ethical, cognitive, and emotional bonds to the leader. These bonds influence motivation, job performance, staff retention, and job satisfaction, which are essential for sustainable success (Rashmi & DSouza, 2023).

An Egyptian study on factors affecting organizational commitment and a study in Iran on the impact of nurses' trust in leaders on job performance, reviewed that nurses' organizational commitment is influenced by several factors, including nurse identification, perception of justice, and trust in leaders. Both studies noted that globalization has resulted in significant changes, such as a shift toward hierarchical structures and greater delegation of authority. The researchers suggested that trust is essential for effective organizations functioning. They emphasized that trust plays a vital role in understanding nurses' cooperation within healthcare organizations, especially in rapidly changing environment (El-Said Ahmad et al., 2020; Hadi-Moghaddam et al., 2021).

Gholami, Saki & Hossein Pour (2019) conducted a descriptive cross-sectional study about nurses' perception of the various factors which influence the organizational commitment and factors affects on trust in teaching hospitals of Iran. The study included 160 officially employed nurses who were chosen by stratified random sampling from four teaching hospitals in Khorramabad the study reported that nurses generally exhibit moderate levels of organizational trust, influenced by factors such as insufficient leader support and limited access to information.

Poor trust can lead to lower nurses organizational commitment. Effective nursing leaders plays a main role in achieving trust through open communication and sharing organizational goals with the team. Trust strongly impacts organizational commitment, and aligns staff with organizational goals. When nurses feel involved in professional matters, objectives and challenges, and receive adequate support, their trust and commitment increase, improving overall organizational effectiveness.

While a descriptive correlation study was conducted in Turkish healthcare organizations through a survey of 156 administrative personnel, the research aimed to link organizational commitment and trust in healthcare organizations. It reported that trust is essential for good attitudes and positive behaviors in the workplace, it is also linked to the organizational commitment and job performance. This relationship between trust and organizational commitment is an important element in organizational behavior, success in competitive environments and overall achievement of organizational objectives. The final result of the study reported that trust in the organization positively affects continuance and affective commitment, but not affects the normative commitment. Supervisor trust enhances all commitment types. Leaders should foster trust and commitment to improve worker job performance beyond duties (Akkaya, 2020).

The correlation between nurses' trust toward first-line nurse managers and their organizational commitment (OC) is a critical area of study due to its significant impact on employee job performance and continuous commitment. The study aimed to explore how trust in nurse managers influences OC and identify the key predictors of this relationship. By utilizing a descriptive, correlational, cross-sectional study, the data were collected from 723 nurses who working in four different hospitals located in Istanbul. The study used a nurse questionnaire, consisting of two scales: the first is the trust in manager scale, and the second is the organizational commitment scale, to gather information on demographic variables, trust levels, and commitment levels.

The study revealed that trust toward nurse managers is a major factor of nurses' OC, with positive predictors including supportive managerial behaviors, the creation of a positive work environment, being over 40 years old, working a permanent day shift, and being employed in a public institution. These factors were found to enhance nurses' emotional belonging and dedication to the organization, as reflected by the affective commitment subscale, which explained 29.5% of the total variance. Interestingly, the study showed two negative predictors of OC: nurses' intent to change units and self-confidence of nursing managers, because excessive self-confidence of leader may be cause reduced openness to input, leading to lower engagement of nurses. These results underscore the necessity of balanced approach of self-confidence among nurse managers, fostering trust between team and leadership and promoting supportive managerial behaviors. Further researchs are recommended to explore the strategies that enhance nurse-manager trustful relationships and improve organizational commitment (Akgerman & Sönmez, 2020).

So, nurses work toward the goals of their organization with higher organizational commitment that leads to increased job performance and satisfaction, when they feel supported, psychologically attached, and involved in organizational matters. Therefore, trust in leader plays a crucial role in enhancing organizational commitment and achieving organizational goals

through strengthening emotional bonds, fostering support, and improving nurse dedication, especially in healthcare settings.

2.5. The impact of the trust relationship of nurses toward leader on nurses' job performance

A Turkish cross-sectional study aimed to look into the mediating role of trust on job performance of nurses. The study sample consisted of 226 nurses who were working in a university hospital located in Eskisehir. The study showed that nurses align their efforts and performance with the rewards, both material and moral, they anticipate from the organization. When these expectations are met, nurses tend to perform at higher levels. Conversely, a lack of perceived organizational support like a trust relationship can lead to reduced job performance, as nurses may neglect their required and additional tasks. Trust within an organization is rooted in the belief that others will act fairly, morally, and predictably. Organizational trust reflects employees' positive expectations about their leaders' behaviors based on shared roles and experiences. Trust is fostered by reassuring nurses that their needs and efforts are valued, promoting a sense of corporate identity, emotional bonds, and long-term commitment, so trust had a partial mediating effect on job performance (Akkoc, & Yılmaz, 2019).

Akhter et al. (2020) conducted a cross-sectional study in Bangladesh Chittagong Medical College Hospital. The study aimed to correlate the psycho-social environment and performance of nurses using the Copenhagen Psycho-social Questionnaire II and Performance Evaluation Rating Scale through a purposive sample consisting of 210 nurses. The study revealed that trust, organizational commitment; and implementing effective leaders' approaches, leader support, processes, systems, structures, tools, and other interacting factors impacts nurses job performance, either positively or negatively.

A previous study investigated the healthcare professionals perceptions regarding trust and job performance within their team in Greece hospitals. It used Trust Questionnaire distributed to 234 participant including various healthcare professionals working in the surgical and the anesthesiology departments of two hospital. The study mainly concluded that trust and job performance were closely related. There were minor but significant differences between the two hospitals the University Hospital and the General Hospital. Trust level were important indicators of successful job performance. According to the results, strengthening trust in healthcare teams requires enhanced training for professionals from various disciplines to improve job performance and patient outcomes (Sifaki-Pistolla, Melidoniotis, Dey & Chatzea, 2020).

Permatasari & Ratnawati (2021), conducted a conceptual analysis study in Indonesian it aimed to compare findings of primary research on work atmosphere, as the leaders role in creating a favorable work climate and employee performance, in order to ascertain the link between these two variables. The researcher emphasized that the main aspect affecting the hospital's goal achievement and productivity is nurse's performance. Therefore, the observation of nurses' performance is crucial. Leaders need to assess management strategies to inspire employees to improve job performance. The study found a strong and favorable correlation between work environment and employee job performance, particularly in Indonesia, where interpersonal relationships are highly valued. This suggests that to promote employee job performance,

leaders must establish a positive work environment, though this is not the only factor To consider.

A previous study in Saudi Arabia examined whether trust in a supervisor matters and whether it influences job performance. By studying 252 Telecommunication employees, it reported that trust in a leader is essential for employees to view them as competent leaders of organizational resources and operations. A trusted leader can act as a role model and effectively address work-related issues, leading to increased productivity and goal achievement. Trust among different groups also results in benefits such as efficient decision-making and improved job performance. Lastly, the study showed a positive and significant link between trust in the supervisor and job performance (Saleem, Malik, Asif, & Qasim, 2022).

A descriptive study was conducted in Multan, Pakistan, across six public banks and private banks. A convenience sample consist of 200 employees was collected. The study aimed to examine the impact of trust in managers , job satisfaction, and organizational justice on employees job performance. The study results showed that trust toward managers had a positive impact on employee job performance, with a correlation coefficient of 0.682. So, the study concluded that higher trust levels between employees and managers enhance employee job performance, supporting the importance of fostering trust within organizations (Parven & Awan, 2018).

Botwe, Kenneth & Masih, (2016) conducted a study at Shiatis University in India. The aim of the study was to asses the drivers factors of trust within the organization, identify employees practices that contribute to build trust relationship , and examine the effect of trust relationship on the job performance. The research employed a descriptive methodology that combined the quantitative approach with the qualitative approach . The study using a census sampling method due to the small population size. Consisted of 50 participants. The study highlighted that when the level of trust relationship between the employees and the managers was low, it negatively impacted individual and team performance. The study founded that the lack of employee engagement in decision-making and the un-fair performance appraisal led to low trust levels. Additionally the finding of the study indicated that increasing trust among managers and the employees may enhance the overall performance. In fact, 80% of the participants agreed that a high level of trust between managers and employees would lead to better job performance. So according to these results, the study recommended the strengthen trust through effective human resource strategies such as delegating authority, involving the team in decision-making, and fostering cooperation and transparency in the work environment .

A previous correlation study in Pakistan found that trust toward leadership plays a vital role in shaping job performance. Acknowledged in diverse literature and fields , trust in combination with leadership and positive organizational support plays a crucial role in shaping job performance. Trust in leaders has consistently led to expected outcomes and advantages such as enhanced productivity, greater innovation, and the sharing of information. In conclusion, analyzing the relationship between leadership and job performance, achieving good results in job performance relies heavily on employees trusting their leaders (Zia-ur-Rehman et al., 2022). In conclusion, enhancing nurses' job performance depends mainly on trust in leader. When nurses trust their leaders, it increase collaboration, commitment, and productivity, leading to better job outcomes. Conversely, a lack of trust negatively impact job performance and

organizational commitment. Effective leadership that fosters trust is key to improving job satisfaction and patient care, ultimately contributing to organizational success.

2.6. Literature Gap

The existing literature demonstrates the impact of trust in leadership in many settings, emphasizing how it affects employee job performance and organizational commitment. According to studies, trust greatly enhances nurses' organizational commitment and job performance by empowering, enhancing cooperation, emotional bonds, and dedication. The literature shows a significant research gap that focuses on the combined effects of trust on both nurses' organizational commitment and job performance in Middle Eastern healthcare settings, especially in Palestine.

Although separate studies have examined how trust affects job performance or organizational commitment, no study has investigated these factors in combination within the context of the Palestinian nursing. Additionally, most of Middle Eastern research focuses on general organizational leadership or trust in non-nursing leaders. A Saudi study examined the trust importance of trust on job performance, while an Egyptian study explained the effect of trust on the organizational commitment in an educational institution. However, both studies did not address the complex dynamics of trust between nurses and their nursing leaders.

The absence of research that integrates trust, job performance, and organizational commitment among nurses in Palestinian hospitals and healthcare centers highlights a critical gap. This study aimed to address this deficit by investigating how trust in nursing leaders impacts both organizational commitment and job performance among nurses, providing a valuable contribution to the field and establishing a knowledge base for future studies in the region.

Chapter Three

Methodology

1.3. Introduction

The chapter consists of all details about the methodology which has been used in my thesis. Including study design, the target population of study and its location, the criteria for inclusion or exclusion of participants in the study, sample size, pilot study, and the plan for collecting data by explaining the instruments, collection data procedure, ethical consideration, and time plan to reach finally to the data analysis.

This methodology is selected to comprehensively identify the level of nurses' trust relationship toward nursing leaders and its impact on the job performance and the organizational commitment in a manner that ensures reliability and validity.

3.2. Study Design

Choosing a study design depends on many factors, which critically play a role in ensuring the effectiveness and accuracy of the study. These key factors guide the researcher in selecting the most appropriate design to answer the study questions and to achieve the study objectives. The study used a quantitative, descriptive, correlational, cross-sectional design which investigates the level of trust relationship of nurses toward nursing leaders and its impact on the job performance and organizational commitment.

The descriptive research goal is to characterize things, people, or circumstances through seeing them in their natural places. The researcher doesn't change any variables; however, the researcher explains the sample and/or the variables. The only method that can look at one variable in addition to multiple is a descriptive study. Descriptive studies identify problems that impact a group, an organization, or a population by analyzing its characteristics (Siedlecki, 2020).

A descriptive, cross-sectional design is carried out to investigate relationships between variables at a specific point in time, efficient data collection, assessing of relationships, comparisons between groups, and hypothesis testing (Sekaran & Bougie, 2016).

The quantitative, descriptive, correlative- cross-sectional design used in this study offers several notable strengths. One of its primary advantages is that it is relatively quick and cost-effective to implement, making it an efficient method for collecting data within a limited time frame

(Wang & Cheng, 2020). This design is ideal for determining the prevalence of phenomena, such as the level of trust between nurses and leaders, and for examining the associations between multiple exposures, like trust and results, such as the job performance and organizational commitment.

3.3. Study Population

The population of the study is consisted of nursing staff t working in non-governmental and governmental hospitals located in the southern West Bank during the study period , those within the inclusion criteria. This included hospitals in Hebron, such as Al-Ahli Non-governmental Hospital and Hebron Governmental Hospital (Alia Hospital), as well as hospitals in Bethlehem, including the Bethlehem Arab Society for Rehabilitation and Beit Jala Governmental Hospital. The total population size is 1160 nurse.

3.4. Study Sample

The size of study sample of this study was 350 that was determined according to the size of total target population size through the sample size calculator(G-power calculator), employing a median effect size and a significance level (α) equal 0.05, with a 95% of confidence level. With attrition rate 10%. verifies that the sample accurately represents the entire population and adequate statistically for the study's objectives.

The sample size of 350 questionnaires was distributed proportionally among the selected hospitals according to the proportion of employees in each institution relative to the total population (N = 1160). Specifically, Al-Ahli Hospital accounted for 42.24% of the total workforce, resulting in the allocation of 148 questionnaires. Al-Khalil Governmental Hospital represented 29.74% of the workforce and was assigned 104 questionnaires. Beit Jala Hospital, with 18.53% of the total staff, received 65 questionnaires, while the Arab Society for Rehabilitation, representing 9.48%, was allocated 33 questionnaires. This proportional allocation ensured that the sample accurately reflected the proportion of the population distribution across the different hospitals.

3.5. Sampling Method

Numerous factors influence the sampling strategy chosen for a study ,including the research objectives ,time, population accessibility, resource constraints, and the need for data accuracy and generalizability. These factors ensure that the chosen sampling method fit the study's context and goals.

In this study, a convenience sampling method was employed to select the sample of nurses from specified hospitals. This approach was suitable given the accessibility and willingness of participants to share in the research , poor funding , and resource constraints . Although convenience sampling, it provides an efficient approach to collect data from a readily available group of nurses. This allowed us to investigate how nurses' trust in their leaders impacts their job performance and organizational commitment in a more controlled and systematic way.

Convenience sampling includes collecting data from the target population which is easily accessible to the researcher. It differs from probability sampling as it relies on readily available participants, often selected in public locations. This method is typically used when researchers have limited options for selecting diverse populations or sites. While it offers cost-effective data

collection, it is often criticized for selection bias due to the limited representation of the broader target population (Sekaran & Bougie, 2016).

3.6. Study Setting

The current investigation was carried out with nursing staff members employed in non-governmental and governmental hospitals located in the southern region of the West Bank in Palestine. These hospitals include Al-Ahli Non-governmental Hospital and Hebron Governmental Hospital (Alia Hospital) in Hebron, as well as the Bethlehem Arab Society for Rehabilitation and Beit Jala Governmental Hospital in Bethlehem.

3.7. The Inclusion Criteria/ Exclusion criteria

3.7.1. Inclusion Criteria:

All nurses who agreed to participate in the study and had more than 12 months of hospital nursing experience were enrolled.

3.7.2. Exclusion Criteria:

Volunteer nurses, even those with more than 12 months of voluntary service, are excluded as their relationship with the nursing director differs from that of employed nurses. And nursing directors are excluded from the study since they are the leaders being evaluated.

3.8. 1 Data Collection Instruments

The study data were collected using a four-part questionnaire. The first part comprised a checklist for demographic information. The second part incorporated the Trust in Leaders Scale. The third part applied the short version of the Self-Assessment Scale to evaluate nurses' job performance, while the final part utilized Allen and Meyer's Organizational Commitment Scale to measure nurses' commitment.

3.8.1 Demographic data were included in the first part of the questionnaire to gather basic information about respondents. These questions are essential for segmenting data and analyzing patterns across different groups. In this study, demographic data encompassed eight categories. Age and Work experience in the current hospital were recorded using continuous years rather than specific categories to ensure privacy and facilitate analysis. Gender options were inclusive, offering choices of Male and Female. Marital status was include options such as Single, Married, Divorced, and Widowed. Participants was asked about their last level of education completed, with choices ranging from High school, Diploma, Bachelor's level, High-diploma, Master's degree, to Doctorate degree . The employment status was categorized into Full-time, Part-time, and others. Work place was categorized as Governmental or Non-governmental hospital. Lastly, work shifts were categorized into Morning shift, Rotating shifts and others.3.8.1. Trust in Leaders Scale

(Adams & Sartori, 2005) consisted of four dimensions as follows: 1) Competence is the degree to which the individual exhibits a group of abilities, competencies or traits that enable the individual to influence certain domain. 2) Integrity is the degree which the individual is considered a honorable and their actions to their words 3) Benevolence is the degree that individual is seen to show real concern and care 4) Predictability is the degree to which someone behaviors' are consistent. The scale uses of a seven point likert scale that ranging

between Completely Disagree (1) and Completely Agree (7). The reliability of the overall Trust in Leaders scale was very good. The four sub scales had very good reliability, with Cronbach's alphas ranging between .89 for Predictability and .95 for Competence. The overall reliability of the Trust in Leaders scale was very high, with Cronbach's alphas .97 and .62 mean inter-item correlation. This scale's internal consistency may be greater than ideal (Adams, Waldherr & Sartori, 2008).

Although the original developers of the scale did not provide fixed cut-off scores, similar studies and the advice of the study's statistician guided the interpretation of the mean values. Accordingly, the following classification was adopted: a mean between 1.00–2.49 indicates very low trust, 2.50–3.49 as low trust, 3.50–4.00 as neutral or uncertain trust, 4.01–5.49 as moderate to positive trust, and 5.50–7.00 as high trust. Based on this categorization, any subscale or overall score above 4.00 suggests a positive tendency toward trust in leadership

3.8.2. The short version of Self-Assessment Scale of Job Performance (SJoP)

consisted of ten items divided into two sub-scales: Task Performance (5 items) and Contextual Performance (5 items). It uses a 5-point Likert scale ranging between (1) very low and (5) very high questions. The Task Performance dimension has a Cronbach's alpha equals 0.88, that indicating a strong reliability. This dimension focuses on functional aspects of job execution and the technical, assessing somebody ability to apply skills, complete tasks efficiently, and adhere to specific job responsibilities. It highlights the core competencies required to perform the primary duties effectively and ensures that technical proficiency aligns with organizational standards.

The Contextual Performance dimension has a Cronbach's alpha of 0.82, reflecting good reliability. It evaluates attitudes or actions that contribute to the organizational and social environment, such as teamwork, proactivity, and strategic problem-solving. This dimension emphasizes contributions that go beyond assigned tasks, fostering a collaborative and supportive atmosphere that enhances team dynamics and organizational effectiveness (Andrade, Queiroga & Valentini, 2020).

The short version of Self-Assessment Scale of Job Performance does not include predefined cut-off scores, previous literature and statistical interpretation conventions have suggested that the mean score (ranging from 1 to 5), a mean between 1.00 and 2.49 indicates low job performance, 2.50 to 3.49 indicates moderate performance, and 3.50 to 5.00 indicates high job performance.

3.8.3. Allen and Meyer's scale 1997

, assesses organizational commitment in three dimensions, and is widely used with high reliability and validity. This study aims to evaluate nurses organizational Commitment by comparing it to Allen and Meyer's scale, through using a 7-point likert scale ranging from (1) Completely Disagree to (7) Completely Agree. This scale consists of Affective Commitment (AC): which assesses employee's involvement and emotional bonding or attachment to the organization, related to positive feelings about their work environment. Continuance Commitment (CC), which assesses an employee's perceived cost of quitting the organization, related to social, financial or career-investments that they feel they cannot afford to lose. Normative Commitment (NC) which extends from an employee sense of obligation to remain with the organization, depending on personal values, cultural norms, or a feeling of indebtedness for opportunities received. (Jaros, 2007).

Since Meyer and Allen's (1990) original scale for organizational commitment does not provide specific cut-off scores, a categorization was established in consultation with the study's statistician to guide interpretation. Based on the 7-point Likert scale, the following classification was used: a mean between 1.00–2.49 indicates very low commitment, 2.50–3.49 as low commitment, 3.50–4.00 as neutral or uncertain commitment, 4.01–5.49 as moderate to positive commitment, and 5.50–7.00 as high commitment. According to this framework, any subscale or overall mean score above 4.00 is considered to reflect a positive level of organizational commitment

3.9. Pilot Study:

The pilot study was conducted with a representative small sample equal to 10% of the total sample size. The pilot study was done to evaluate the study design reliability and feasibility, to test research instrument clarity and effectiveness, and to ensure the suitability of the data collection methods and to identify if there any weakness in the instrument. The pilot participants were not included in the main study Cronbach Alpha for the instrument sub-scales were .93 for Trust in Leader Subscales, .90 for Organizational commitment, and .88 for Job Performance sub scale.

3.10. Procedure for Data Collection

Data collection commenced following the receipt of necessary approvals from the ethics committee and the relevant administrative bodies of the selected hospitals. A convenience sampling method was used to recruit nursing staff from both non- governmental and governmental hospitals in the southern West Bank. These included Al-Ahli Hospital and Hebron Governmental Hospital (Alia Hospital) in Hebron, as well as the Bethlehem Arab Society for Rehabilitation and Beit Jala Governmental Hospital in Bethlehem.

Each nurse was approached individually, with the study's purpose, procedures, and confidentiality assurances clearly explained before obtaining informed consent. Participants were then provided with the questionnaire and given sufficient time to complete it during a single visit. Completed questionnaires were reviewed for completeness, organized by hospital and according to inclusion criteria, and securely entered into a computerized database for analysis. Data entry was double-checked to reduce errors and ensure accuracy prior to conducting the statistical analysis.

3.11. Ethical Considerations

Ethical approval was obtained from the faculty of health professions at Al-Quds university's ethics committee. Additionally a permissions from the Palestinian Ministry of Health for governmental hospitals, and from hospital administrators for non- governmental hospitals. Nurses voluntary participate in questionnaire filling. Informed consent was obtained after participant were informed about the aim of the study and importance of their participation. Names were not included in the demographic section to ensure privacy and confidentiality. All data were recorded in a manner that guarantee anonymity. Participant had the right may discontinue sharing at any moment, also ensuring their safety and confidentiality during the research process.

3.12. Data Analysis

According to Sekaran & Bougie (2016), descriptive statistics such as mean, standard deviation, median, and mode were used to examine variance and deviations for interval-scaled and multi-item variables. Correlation analysis was applied to explore the relationship between one or more dependent variables and several measurable independent variables. For example, it helped analyse how job behaviors like, engagement, punctuality, and absence frequency related to performance factors. ANOVA was used to investigate relationships between two non-parametric independent factors and the dependent variable.

In current study, data were reviewed, edited, and entered into a computer, and then analyzed using SPSS version 27. Normality test and t-test were applied. ANOVA has used at a significance level of ($p < 0.05$) used to compare trust in nursing leader with participants demographic data. Descriptive statistics summarize the data on nurses', demographic data, the level of nurses' trust relationship toward nursing leaders, job performance, and organizational commitment, using central tendency measures such as (mean, modes) and the variability measures as (percentages and standard deviation). Additionally Correlation techniques was used. Inferential statistics, such as parametric tests, applied to determine the correlation between different factors and examine the correlation between the main variables including nurses' trust relationship level toward their nursing leaders, their job performance, and their organizational commitment.

Chapter Four

Results

4.1 Introduction

The purpose of this study was to examine the relationship between three key job attitudes—job performance, trust toward nursing leaders, and the organizational commitment—among a diverse group of nurses at hospitals in southern Palestine. The objective was to determine whether a positive correlation between exist these factors. The goal was to support with the aim of helping healthcare leaders develop programs that improve job performance, trust, and commitment among hospital staff, thereby help the attraction and retain of high-quality employees.

Out of 350 potential participants, 336 took part in the study, resulting in a 96% response rate. All participants fully completed the self-administered questionnaire. The survey data were securely stored in a locked safe disk, along with the physical survey copies. Statistical analysis, was conducted using SPSS 27.0 for Windows.

4.2 Descriptive Statistics

The final sample included 336 participants, Table (4.1) presents the socio-demographic data of nurses from the four hospitals across the Southern West Bank, Palestine. The data revealed that more than the half of participants were female (205, 61.0%), while 131 (39.0%) were male. The largest age group was 20 to 29 years, with 144 participants (42.9%), while the smallest group was those aged 50 and above, with only 20 participants (6.0%). In terms of hospital distribution, 97 participants (28.9%) worked at Hebron (Alia) Hospital, 145 (43.2%) at Al-Ahli Hospital, 62 (18.5%) at Beit Jala Hospital, and 32 (9.5%) at BASR Hospital. Regarding work experience, 123 participants (36.6%) had 1 to 5 years, 84 (25.0%) had 6 to 10 years, and 29 (8.6%) had more than 20 years of experience. Most of involved nurses (238, 70.8%) held a bachelor's degree, followed by 71 (21.1%) with a diploma, and 27 (8.0%) with a master's degree. Most participants were full-time employees (310, 92.3%), with 21 (6.3%) worked part-time. In terms of shift type, 233 participants (69.3%) worked rotating shifts, while 103 (30.7%) worked morning shifts. Marital status revealed that 236 participants (70.2%) were married, 94 (28.0%) were single, (2, 0.6%) were divorced and (4, 1.2%) were widowed

Table (4.1) Characteristics of the study sample

Characteristic	Numbers	Percentages (%)
Gender		
Male	131	39.0
Female	205	61.0
Age- group		
20 -29 year	144	42.9
30-39 year	111	33.0
40-49 year	61	18.2
50 year and above	20	6.0
Hospital setting		
Hebron (Alia) hospital	97	28.9
Al-Ahli hospital	145	43.2
Beit Jala hospital	62	18.5
BASR	32	9.5
Experience		
1-5 years	123	36.6
6-10 years	84	25.0
10-15 years	62	18.5
16-20 years	38	11.3
>20 year	29	8.6
Education		
Diploma	71	21.1
Bachelor	238	70.8
Master	27	8.0
Working Shift		
Morning	103	30.7
Rotation	233	69.3
Employment status		
full-time	310	92.3
part-time	21	6.3
others	5	1.5
Marital status		
Single	94	28.0
Married	236	70.2
Widowed	2	.6
Divorced	4	1.2

The summary statistics for the trust subscales provided valuable insights, as indicated by the analysis. As shown in Table 4.2, the highest mean subscale score was for competence, (mean=4.54). Other high-ranking scores included integrity, with (mean = 4.36) , and predictability, with a mean of 4.26. The lowest-ranking mean subscale score was for benevolence, with a (mean= of 4.03).

Within the competence subscale, the statement "I have confidence in the abilities of my team leader" received the highest mean score (mean = 4.79, SD = 1.6), followed by the statements "My team leader is highly skilled" (mean = 4.57, SD = 1.7) and "My team leader performs their job well" (mean = 4.53, SD = 1.7). The statement "My team leader is capable at their job" had the lowest mean score within this subscale (mean = 4.27, SD = 1.9).

For the integrity subscale, the statement "I believe my leader is honest" received the highest mean score (mean = 4.61, SD = 1.5), followed by "I know my leader will keep their word" (mean = 4.39, SD = 1.6) and "I believe my leader is fair" (mean = 4.38, SD = 1.5). The statement "My leader puts their words into action" had the lowest mean score in this subscale (mean = 4.13, SD = 1.5).

Regarding predictability, the statement "I usually know how my leader is going to react" had the highest mean score (mean = 4.66, SD = 1.5), followed by "I can anticipate what my leader will do" (mean = 4.41, SD = 1.5). The lowest mean score for predictability was for the statement "I can rely on my leader to behave predictably" (mean = 3.99, SD = 1.7).

Finally, in the benevolence subscale, the statement "My team leader is likely to protect me" had the highest mean score (mean = 4.28, SD = 1.8), followed by "I have confidence in the motivations of my leader" (mean = 4.20, SD = 1.9). The lowest mean score in this subscale was for the statement "My leader watches my back" (mean = 3.65, SD = 1.8).

Table 4.2.(A) Summary Statistics for Subscales of the Trust in Leader Scale (N=336)

Trust in Leader Subscales	Mean	SD
Benevolence	4.03	1.7
I have confidence in the motivations of my leader	4.20	1.9
My leader watches my back	3.65	1.8
My team leader has my best interests in mind.	3.93	2.0
My leader is genuinely concerned about my wellbeing.	4.09	1.7
My team leader is likely to protect me	4.28	1.8
Integrity	4.36	1.3
I believe my leader is fair	4.38	1.5
I believe my leader is honest	4.61	1.5
I can depend on the fairness of my leader.	4.30	1.6
My leader puts their words into Action	4.13	1.5
I know my leader will keep their word.	4.39	1.6
Predictability	4.26	1.2
I usually know how my leader is going to react	4.66	1.4
I can anticipate what my leader will do	4.41	1.5

Table 4.2:(b) Summary Statistics for Subscales of the Trust in Leader Scale (N=336)

I know exactly what my leader will do in difficult situations.	4.23	1.4
I can rely on my leader to behave predictably	3.99	1.7
My leader behaves in a very consistent manner.	4.00	1.6
Competence	4.54	1.5
My team leader performs their job well.	4.53	1.7
I have confidence in the abilities of my team leader.	4.79	1.6
My team leader is capable at their job.	4.27	1.9
My team leader is highly skilled.	4.57	1.7
My team leader knows what they are doing.	4.52	1.8
Total trust in leader scale	4.29	1.6

Table 4.3 provides the summary statistics for the Organizational Commitment Subscales. The results revealed that the highest mean score was for the Normative Commitment Items, with a (mean = 4.34). The second-highest scores was for the Continuance Commitment Items, with a (mean = 4.23). The lowest mean score was assigned for the Affective Commitment Scale Items, with a (mean = 4.07).

In Normative Commitment subscale, the statement "Jumping from organization to organization does not seem at all unethical to me" had the highest mean score (mean = 4.76, SD = 1.5), followed by "I do not think that being a 'company man' or 'company woman' is sensible anymore" (mean = 4.63, SD = 1.4). The lowest mean was for the statement "I think that people these days move from company to company too often" (mean = 3.99, SD = 1.4), followed by "I do not believe that a person must always be loyal to their organization" (mean = 3.89, SD = 1.5). In the Continuance Commitment subscale, the statement "I feel that I have very few options to consider leaving this organization" had the highest mean score (mean = 4.58, SD = 1.5), followed by "Right now, staying with my organization is a matter of necessity as much as desire" (mean = 4.36, SD = 1.4) and "One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here" (mean = 4.32, SD = 1.9). The lowest mean score in this subscale was for the statement "I am not afraid of what might happen if I quit my job without having another one lined up" (mean = 3.75, SD = 1.7).

Finally, in the Affective Commitment subscale, the statement "This organization has a great deal of personal meaning for me" had the highest mean (mean = 4.16, SD = 1.2), followed by "I do not feel like 'part of the family' at my organization" (mean = 4.15, SD = 1.4). The lowest mean was for the statement "I do not feel a 'strong' sense of belonging to my organization" (mean = 3.93, SD = 1.5).

Table 4.3:(A) Summary Statistics for Subscales of the Organizational Commitment Scale (N=336)

Organizational Commitment Subscales	Mean	SD
Affective Commitment Scale Items	4.07	1.1
I would be very happy to spend the rest of my career with this organization	4.13	1.6
I enjoy discussing about my organization with people outside it	4.14	1.3
I really feel as if this organization's problems are my own	4.00	1.4
I think that I could easily become as attached to another organization as I am to this one	4.04	1.3
I do not feel like 'part of the family' at my organization	4.15	1.4
I do not feel 'emotionally attached' to this organization	4.03	1.4
This organization has a great deal of personal meaning for me	4.16	1.2
I do not feel a 'strong' sense of belonging to my organization	3.93	1.5
Continuance Commitment Scale Items	4.23	1.2
I am not afraid of what might happen if I quit my job without having another one lined up	3.75	1.7
It would be very hard for me to leave my organization right now, even if I wanted to	4.21	1.3
Too much in my life would be disrupted if I decided to leave my organization now	4.24	1.4
It wouldn't be too costly for me to leave my organization now	4.05	1.3
Right now, staying with my organization is a matter of necessity as much as desire	4.36	1.4
I feel that I have very few options to consider leaving this organization	4.58	1.5
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	4.30	1.6
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here	4.32	1.9
Normative Commitment Scale Items	4.34	1.1

Table 4.3:(B) Summary Statistics for Subscales of the Organizational Commitment Scale

(N=336)

If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization	4.38	1.4
I was taught to believe in the value of remaining loyal to one organization.	4.36	1.2

Table 4.4 presents the Self-Assessment Scale of Job Performance scores for nurses. Nurses perceived their overall Job Performance as moderate level (mean = 3.71, SD = 0.82). Two components of Job Performance namely, Task performance and contextual performance, were also at moderate levels (mean = 3.73, SD = 0.81; mean = 3.69, SD = 0.87, respectively). The statement "I work hard to do the tasks designated to me" had the highest mean score among the job performance items (mean = 3.81, SD = 1.1), followed by "I do my job according to what the organization expects from me" and "I try to update my technical knowledge to do my job," both with a mean score of (mean = 3.80, SD = 0.9) and (mean = 3.78, SD = 1.1), respectively. On the other hand, the statement "I seek new solutions for problems that may come up in my job" received the lowest mean score among the job performance items (mean = 3.60, SD = 0.9), followed by "I perform hard tasks properly," which also had a mean score of (mean = 3.60, SD = 0.9).

Table 4.4: Summary Statistics for Subscales of the Self-Assessment Scale of Job Performance (N=336)

Items	Mean	SD
Task Performance	3.73	0.81
I perform hard tasks properly	3.60	0.9
I work hard to do the tasks designated to me	3.81	1.1
I try to update my technical knowledge to do my job	3.78	1.1
I do my job according to what the organization expects from me	3.80	0.9
I plan the execution of my job by defining actions, deadlines and priorities	3.71	1.1
I plan actions according to my tasks and organizational routines	3.76	0.8
Contextual Performance	3.69	0.87
I take initiatives to improve my results at work	3.68	1.1
I seek new solutions for problems that may come up in my job	3.60	0.9
I try to update my technical knowledge to do my job	3.78	1.1
I execute my tasks foreseeing their results	3.68	0.9
I seize opportunities that can improve my results at work	3.69	0.8
Total Self-Assessment Scale of Job Performance	3.71	0.8

4.1 Reliability

Cronbach's alpha was computed to assess the internal consistency reliability of the job performance, organizational trust, and organizational commitment scores. As shown in Table 4.5, the internal consistency reliability for all scales was above 0.70. While there is no universally agreed-upon "acceptable threshold," many researchers consider a value above 0.7 to be acceptable. Therefore, the scales demonstrated satisfactory reliability.

Table 4.5: Measures of Reliability

	N of items	Cronbach Alpha
Trust in Leader Subscales	20	0.97
Benevolence	5	0.93
Integrity	5	0.92
Predictability	5	0.87
Competence	5	0.93
Organizational commitment	24	0.95
Affective	8	0.89
Continuance	8	0.91
Normative	8	0.89
Job Performance	10	0.92
Task performance	5	0.88
Contextual Performance	5	0.92

4.1 Comparison of the means

As presented in Table 4.6, female nurses scored higher than male nurses across all Trust in Leaders subscales. The highest score for female nurses has in the Competence subscales (mean = 4.54). Differences between female and male nurses in their perceptions of Trust in Leaders were consistently in favor of female nurses, but these differences were statistically insignificant, as indicated by the independent t-test results.

A similar pattern was observed in Organizational Commitment subscales, with female nurses scoring higher than male nurses across all subscales, This difference in mean scores was not statistically insignificant. Additionally, female nurses reported higher scores in overall Job Performance compared to male nurses. This difference was not statistically insignificant.

Table 4.6: Male and female nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Gender	N	Mean(SD)	t-statistics (df)	P-value
Overall Trust in Leaders Scale		male	131	4.27(1.4)	-.28(334)	0.780
		female	205	4.31(1.3)		
	Sum of Benevolence items	male	131	3.99(1.7)	-.37(334)	0.708
		female	205	4.06(1.6)		
	Sum of Integrity items	male	131	4.33(1.4)	-.39(334)	0.695
		female	205	4.38(1.3)		
	Sum of Predictability items	male	131	4.24(1.3)		
		female	205	4.27(1.2)		
	Sum of Competence items	male	131	4.53(1.7)	-.23(334)	0.816
		female	205	4.54(1.5)		
Total Organizational commitment scale		male	131	4.19(0.9)	-.04(334)	0.972
		female	205	4.23(0.9)		
	Sum of Affective items	male	131	4.01(1.1)	-.30(334)	0.767
		female	205	4.11(1.0)		
	Sum of Continuance items	male	131	4.22(1.2)	-.80(334)	0.426
		female	205	4.23(1.2)		
	Sum of Normative items	male	131	4.34(1.1)	-.03(334)	0.975
		female	205	4.34(1.0)		
Total Job Performance		male	131	3.62(0.7)	-1.73(334)	0.085
		female	205	3.77(0.8)		
	Task performance	male	131	3.64(.87)	-1.754(334)	.080
		female	205	3.79(.77)		
	Contextual performance	male	131	3.61(.82)	-1.344(334)	.180
		female	205	3.73(.89)		

As shown in Table 4.7, nurses in the 20-29 age group had higher scores than nurses in all other age groups across the overall Trust in Leaders subscales. The highest score for nurses in the 20-29 age group was in the Competence items (mean = 4.61). The differences in the perception of Trust in Leaders between nurses in the 20-29 age group and those in other age groups were

consistently higher for the younger group, but these differences were statistically insignificant, as indicated by the One-Way ANOVA.

A similar pattern was observed in the Organizational Commitment subscales, where nurses in the 20-29 age group scored higher across all subscales compared to nurses in other age groups, with statistically insignificant differences in means. Additionally, nurses in the 20-29 age group scored higher in overall Job Performance compared to those in other age groups, though the difference was also statistically insignificant for Job Performance.

Table 4.7:(A) Age-group of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Age-group	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		20-29 years	144	4.35(1.4)	.33(3)	0.804
		30-39 years	111	4.28(1.3)		
		40-49 years	61	4.28(1.4)		
		50 years & above	20	4.05(1.2)		
	Sum of Benevolence items	20-29 years	144	4.08(1.7)	0.18(3)	0.910
		30-39 years	111	3.99(1.6)		
		40-49 years	61	4.06(1.8)		
		50 years & above	20	3.81(1.6)		
	Sum of Integrity items	20-29 years	144	4.38(1.3)	0.12(3)	0.950
		30-39 years	111	4.36(1.3)		
		40-49 years	61	4.32(1.4)		
		50 years & above	20	4.22(1.1)		
	Sum of Predictability items	20-29 years	144	4.34(1.3)	0.51(3)	0.673
		30-39 years	111	4.25(1.2)		
		40-49 years	61	4.16(1.3)		
		50 years & above	20	4.04(1.2)		
Sum of Competence items	20-29 years	144	4.61(1.5)	0.68(3)	0.567	
	30-39 years	111	4.48(1.6)			
	40-49 years	61	4.59(1.6)			
	50 years & above	20	4.11(1.7)			
Total Organizational commitment scale		20-29 years	144	4.28(0.9)	0.53(3)	0.650
		30-39 years	111	4.16(0.9)		
		40-49 years	61	4.21(1.0)		
		50 years & above	20	4.03(1.1)		

Table 4.7:(B) Age-group of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

	Sum of Affective items	20-29 years	144	4.14(0.9)	0.87(3)	0.456
		30-39 years	111	4.10(1.2)		
		40-49 years	61	3.92(1.0)		
		50 years & above	20	3.88(1.2)		
	Sum of Continuance items	20-29 years	144	4.30(1.2)	0.83(3)	0.481
		30-39 years	111	4.12(1.1)		
		40-49 years	61	4.28(1.4)		
		50 years & above	20	4.00(1.3)		
	Sum of Normative items	20-29 years	144	4.40(1.1)	0.40(3)	0.751
		30-39 years	111	4.27(1.1)		
		40-49 years	61	4.37(1.1)		
		50 years & above	20	4.23(1.1)		
Total Job Performance		20-29 years	144	3.73(0.7)	0.33(3)	0.802
		30-39 years	111	3.70(0.8)		
		40-49 years	61	3.71(0.8)		
		50 years & above	20	3.55(0.9)		
	Task performance	20-29 years	144	3.74(.80)	.13(3)	.940
		30-39 years	111	3.74(.82)		
		40-49 years	61	3.73(.85)		
		50 years & above	20	3.62(.83)		
	Contextual performance	20-29 years	144	3.73(.83)	.46(3)	.709
		30-39 years	111	3.72(.88)		
		40-49 years	61	3.67(.90)		
		50 years & above	20	3.73(1.01)		

As shown in Table 4.8, nurses with 11-15 years of experience scored higher than those in all other experience groups across the overall Trust in Leaders subscales. The highest score for nurses with 1-5 years of experience was in the Competence subscale (mean = 4.64). While nurses with 1-5 years of experience had higher scores only on the Competence subscale, nurses with 11-15 years of experience had higher scores across all other Trust in Leaders subscales. However, the differences in overall Trust in Leaders and its subscales were statistically insignificant, as indicated by the One-Way ANOVA.

For Organizational Commitment, nurses with 6-10 years of experience scored higher on the overall Organizational Commitment scale. Specifically, nurses in the 6-10 years of experience category had higher scores in the Affective subscale compared to those in other experience groups. Nurses with 16-20 years of experience scored higher on the Continuance subscale, while

those with 11-15 years of experience had higher scores on the Normative subscale. All differences were statistically insignificant. Additionally, nurses with 11-15 years of experience also scored higher in overall Job Performance compared to those in other experience categories, but the difference was also statistically insignificant.

Table 4.8:(A) years of experience of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Years of Experience	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		1-5 years	123	4.37(1.3)	0.70(4)	0.595
		6-10 years	84	4.22(1.4)		
		11-15 years	62	4.43(1.3)		
		16-20 years	38	4.22(1.4)		
		>20 years	29	4.00(1.2)		
	Sum of Benevolence items	1-5 years	123	4.09(1.7)	0.71(4)	0.588
		6-10 years	84	3.91(1.8)		
		11-15 years	62	4.21(1.7)		
		16-20 years	38	4.08(1.7)		
		>20 years	29	3.66(1.5)		
	Sum of Integrity items	1-5 years	123	4.41(1.4)	0.77(4)	0.544
		6-10 years	84	4.27(1.3)		
		11-15 years	62	4.54(1.3)		
		16-20 years	38	4.33(1.4)		
		>20 years	29	4.07(1.2)		
	Sum of Predictability items	1-5 years	123	4.34(1.2)	0.87(4)	0.484
		6-10 years	84	4.18(1.4)		
		11-15 years	62	4.40(1.3)		
		16-20 years	38	4.16(1.3)		
		>20 years	29	3.96(1.2)		
	Sum of Competence items	1-5 years	123	4.64(1.5)	0.48(4)	0.751
		6-10 years	84	4.54(1.5)		
		11-15 years	62	4.57(1.6)		
		16-20 years	38	4.31(1.7)		
		>20 years	29	4.31(1.6)		
Total Organizational commitment scale		1-5 years	123	4.23(0.9)	0.61(4)	0.656
		6-10 years	84	4.27(1.0)		
		11-15 years	62	4.21(1.1)		
		16-20 years	38	4.22(1.0)		
		>20 years	29	3.95(0.9)		

Table 4.8 (B) years of experience of nurses' perception of Trust in Leaders, Organizational

	Sum of Affective items	1-5 years	123	4.11(0.9)	1.01(4)	0.404
		6-10 years	84	4.21(1.1)		
		11-15 years	62	3.95(1.2)		
		16-20 years	38	3.97(1.1)		
		>20 years	29	3.86(0.9)		
	Sum of Continuance items	1-5 years	123	4.22(1.2)	0.79(4)	0.532
		6-10 years	84	4.28(1.1)		
		11-15 years	62	4.28(1.3)		
		16-20 years	38	4.30(1.3)		
		>20 years	29	3.86(1.2)		
	Sum of Normative items	1-5 years	123	4.36(1.0)	0.31(4)	0.873
		6-10 years	84	4.33(1.2)		
		11-15 years	62	4.39(1.1)		
		16-20 years	38	4.38(1.3)		
		>20 years	29	4.14(1.0)		
Total Job Performance		1-5 years	123	3.73(0.7)	0.64(4)	0.638
		6-10 years	84	3.64(0.8)		
		11-15 years	62	3.80(0.7)		
		16-20 years	38	3.74(0.8)		
		>20 years	29	3.59(0.9)		
	Task performance	1-5 years	123	3.77(.75)	.78(4)	.538
		6-10 years	84	3.65(.87)		
		11-15 years	62	3.85(.81)		
		16-20 years	38	3.6789		
		>20 years	29	3.63(.84)		
	Contextual performance	1-5 years	123	3.69(.83)	.51(4)	.727
		6-10 years	84	3.64(.87)		
		11-15 years	62	3.75(.85)		
		16-20 years	38	3.79(.91)		
		>20 years	29	3.54(1.01)		

commitment and Job Performance

As shown in Table 4.9, nurses in the "others" employment status category scored higher than nurses in other employment status categories across the overall Trust in Leaders subscales. The highest scoring subscale for these nurses was in the Competence subscales (mean = 5.32). The differences in the perception of Trust in Leaders, where nurses in the "others" employment status category consistently scored higher across all Trust in Leaders subscales compared to nurses in other employment statuses, were statistically insignificant, as indicated by the One-Way ANOVA test.

A similar pattern was observed in Organizational Commitment. Nurses in the "others" employment status category scored higher on the overall Organizational Commitment scale and across all its subscales compared to nurses in other employment status categories, but the differences in mean were not statistically significant.. Additionally, nurses in the "others"

employment status category also scored higher in overall Job Performance compared to nurses in other employment statuses. However this difference in Job Performance was also statistically insignificant.

Table 4.9: Employment status of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Employment status	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		full-time	310	4.31(1.3)	3.12(2)	0.045
		part-time	21	3.78(1.6)		
		others	5	5.32(0.9)		
	Sum of Benevolence items	full-time	310	4.05(1.6)	2.85(2)	0.059
		part-time	21	3.43(1.8)		
		others	5	5.28(1.6)		
	Sum of Integrity items	full-time	310	4.38(1.3)	2.56(2)	0.079
		part-time	21	3.88(1.7)		
		others	5	5.24(0.8)		
	Sum of Predictability items	full-time	310	4.27(1.2)	1.80(2)	0.166
		part-time	21	3.92(1.5)		
		others	5	5.08(0.8)		
	Sum of Competence items	full-time	310	4.56(1.6)	3.23(2)	0.041
		part-time	21	3.88(1.8)		
		others	5	5.68(0.6)		
Total Organizational commitment scale		full-time	310	4.21(1.0)	1.14(2)	0.321
		part-time	21	4.06(1.1)		
		others	5	4.79(0.9)		
	Sum of Affective items	full-time	310	4.07(1.1)	1.66(2)	0.191
		part-time	21	3.92(1.2)		
		others	5	4.88(0.7)		
	Sum of Continuance items	full-time	310	4.22(1.2)	.36(2)	0.700
		part-time	21	4.19(1.2)		
		others	5	4.68(1.6)		
	Sum of Normative items	full-time	310	4.35(1.1)	1.26(2)	0.286
		part-time	21	4.06(1.3)		
		others	5	4.83(0.6)		
Total Job Performance		full-time	310	3.73(0.7)	2.85(2)	0.059
		part-time	21	3.38(0.9)		
		others	5	4.10(0.3)		
	Task performance	full-time	310	3.75(.05)	2.32(2)	.100
		part-time	21	3.42(1.01)		
		others	5	4.16(.43)		
	Contextual performance	full-time	310	3.71(.85)	2.26(2)	.106
		part-time	21	3.33(1.09)		
		others	5	4.04(.26)		

As shown in Table 4.10, nurses working at BASR hospital scored higher (mean = 5.06) than nurses at other hospitals across the overall Trust in Leaders subscales. The highest mean was in the Competence subscales (mean = 5.41). Nurses at BASR hospital consistently had higher scores in their perception of all Trust in Leaders subscales compared to those at other hospitals, and these differences were statistically significant, as indicated by the One-Way ANOVA test. A similar pattern was observed for Organizational Commitment: nurses at BASR hospital scored higher on the overall Organizational Commitment scale and across all subscales compared to nurses at other hospitals, although these differences were statistically insignificant. However, nurses at Al-Ahli hospital scored higher in overall mean of Job Performance compared to those at other hospitals, with the difference being statistically insignificant for Job Performance.

Table 4.10: (A) Hospital name of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Hospital name	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		Alia	97	4.24(1.4)	5.10(3)	0.002
		Al-Ahli	145	4.10(1.4)		
		Beit jala	62	4.45(1.3)		
		BASR	32	5.06(0.8)		
	Sum of Benevolence items	Alia	97	3.97(1.7)	3.22(3)	0.023
		Al-Ahli	145	3.83(1.7)		
		Beit jala	62	4.19(1.6)		
		BASR	32	4.79(1.1)		
	Sum of Integrity items	Alia	97	4.34(1.4)	4.10(3)	0.002
		Al-Ahli	145	4.14(1.4)		
		Beit jala	62	4.53(1.3)		
		BASR	32	5.08(0.8)		
	Sum of Predictability items	Alia	97	4.22(1.3)	4.64(3)	0.003
		Al-Ahli	145	4.08(1.3)		
		Beit jala	62	4.39(1.3)		
		BASR	32	4.96(0.7)		
Sum of Competence items	Alia	97	4.44(1.6)	4.61(3)	0.004	
	Al-Ahli	145	4.33(1.6)			
	Beit jala	62	4.71(1.5)			
	BASR	32	5.41(0.7)			
Total Organizational commitment scale		Alia	97	4.16(1.0)	1.11(3)	0.334
		Al-Ahli	145	4.18(1.1)		
		Beit jala	62	4.24(0.9)		
		BASR	32	4.50(0.5)		

Table 4.10: (B) Hospital name of nurses’ perception of Trust in Leaders, Organizational

	Sum of Affective items	Alia	97	4.10(1.1)	1.17(3)	0.321			
		Al-Ahli	145	3.98(1.1)					
		Beit jala	62	4.09(1.1)					
		BASR	32	4.36(0.7)					
		Sum of Continuance items	Alia	97			4.17(1.2)	0.51(3)	0.677
			Al-Ahli	145			4.21(1.3)		
	Beit jala		62	4.23(1.2)					
	Sum of Normative items	BASR	32	4.47(0.5)	1.70(3)	0.166			
		Alia	97	4.20(1.1)					
		Al-Ahli	145	4.34(1.2)					
		Beit jala	62	4.41(1.0)					
	Total Job Performance		BASR	32	4.68(0.5)	0.84(3)	0.471		
			Alia	97	3.71(0.8)				
			Al-Ahli	145	3.76(0.8)				
Beit jala			62	3.70(0.7)					
	Task performance	BASR	32	3.53(0.5)	2.02(3)	.111			
		Alia	97	3.75(.86)					
		Al-Ahli	145	3.81(.82)					
		Beit jala	62	3.69(.82)					
	Contextual performance	BASR	32	3.43(.50)	.11(3)	.954			
		Alia	97	3.67(.96)					
		Al-Ahli	145	3.71(.89)					
		Beit jala	62	3.71(.83)					
		BASR	32	3.63(.57)					

commitment and Job Performance

As shown in Table 4.11, nurses on the morning shift scored higher than nurses on the rotation shift across the overall Trust in Leaders subscales. The highest subscale score for nurses on the morning shift was in Competence (mean = 4.55). Nurses on the morning shift consistently scored higher in three of the Trust in Leaders subscales—Integrity, Predictability, and Competence, compared to those on the rotation shift. On the other hand, nurses on the rotation shift scored higher in the Benevolence subscale only, with all differences being statistically insignificant, as indicated by the One-Way ANOVA .

A similar trend was observed for Organizational Commitment. Nurses on the morning shift scored higher across the overall Organizational Commitment scale and all three subscales compared to nurses on the rotation shift, though the differences were statistically insignificant. However, nurses on the rotation shift scored higher in overall Job Performance compared to those on the morning shift, all difference were statistically insignificant.

Table 4.11: Type of shift of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Type of shift	N	Mean(SD)	F-statistics (df)	P-value
Total Trust in Leaders Scale		Morning	103	4.30(1.4)	0.12(1)	0.982
		Rotation	233	4.28(1.3)		
	Sum of Benevolence items	Morning	103	3.94(1.7)	0.48(1)	0.489
		Rotation	233	4.07(1.6)		
	Sum of Integrity items	Morning	103	4.41(1.4)	0.22(1)	0.640
		Rotation	233	4.34(1.3)		
	Sum of Predictability items	Morning	103	4.30(1.4)	0.17(1)	0.682
		Rotation	233	4.24(1.2)		
	Sum of Competence items	Morning	103	4.55(1.6)	0.01(1)	0.936
		Rotation	233	4.53(1.6)		
Total Organizational commitment scale		Morning	103	4.26(1.0)	0.31(1)	0.576
		Rotation	233	4.19(0.9)		
	Sum of Affective items	Morning	103	4.17(1.1)	1.41(1)	0.235
		Rotation	233	4.03(1.2)		
	Sum of Continuance items	Morning	103	4.25(1.2)	0.07(1)	0.798
		Rotation	233	4.21(1.2)		
	Sum of Normative items	Morning	103	4.35(1.1)	0.01(1)	0.941
		Rotation	233	4.34(1.0)		
Total Job Performance		Morning	103	3.64(0.8)	1.42(1)	0.234
		Rotation	233	3.74(0.7)		
	Task performance	Morning	103	3.65(.88)	-1.28(334)	.200
		Rotation	233	3.77(.78)		
	Contextual performance	Morning	103	3.63(.91)	-.86(334)	.389
		Rotation	233	3.72(.85)		

As shown in Table 4.12, single nurses scored higher than nurses in other marital status categories across the overall Trust in Leaders subscales. The highest scoring subscale for single nurses was the Competence items (mean = 4.61). Single nurses consistently had higher scores in three of the Trust in Leaders subscales—Benevolence, Predictability, and Competence—compared to nurses in other marital status categories. In contrast, married nurses scored higher in the Integrity subscale compared to single nurses, with all differences being statistically insignificant, as indicated by the One-Way ANOVA test.

Regarding Organizational Commitment, single nurses scored higher on the overall Organizational Commitment scale and across all its subscales compared to nurses in other marital status categories, though the differences were statistically insignificant. Additionally, single nurses also scored higher in overall Job Performance compared to nurses in other marital status categories, but the difference in Job Performance was statistically insignificant.

Table 4.12: (A) Marital Status of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Marital Status	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		Single	94	4.35(1.3)	0.32(3)	0.812
		Married	236	4.29(1.3)		
		Widowed	2	3.88(0.6)		
		Divorced	4	3.78(2.2)		
	Sum of Benevolence items	Single	94	4.08(1.7)	0.30(3)	0.828
		Married	236	4.02(1.6)		
		Widowed	2	3.00(0.3)		
		Divorced	4	3.85(2.2)		
	Sum of Integrity items	Single	94	4.34(1.2)	0.06(3)	0.980
		Married	236	4.37(1.3)		
		Widowed	2	4.00(0.9)		
		Divorced	4	4.35(2.3)		
	Sum of Predictability items	Single	94	4.37(1.2)	0.91(3)	0.436
		Married	236	4.23(1.3)		
		Widowed	2	4.00(0.2)		
		Divorced	4	3.40(1.6)		
Sum of Competence items	Single	94	4.61(1.5)	0.64(3)	0.588	
	Married	236	4.52(1.6)			
	Widowed	2	4.50(1.6)			
	Divorced	4	3.50(2.3)			
Total Organizational commitment scale		Single	94	4.27(0.9)	0.84(3)	0.471
		Married	236	4.21(1.0)		
		Widowed	2	3.50(0.3)		
		Divorced	4	3.69(1.6)		
	Sum of Affective items	Single	94	4.16(0.9)	0.69(3)	0.556
		Married	236	4.05(1.1)		
		Widowed	2	3.44(0.5)		
		Divorced	4	3.69(1.0)		
	Sum of Continuance items	Single	94	4.28(1.2)	0.72(3)	0.541
		Married	236	4.22(1.2)		
		Widowed	2	3.19(0.6)		
		Divorced	4	3.81(1.1)		
	Sum of Normative items	Single	94	4.36(1.0)	0.85(3)	0.469
		Married	236	4.35(1.1)		
		Widowed	2	3.88(0.5)		
		Divorced	4	3.56(1.6)		
Total Job Performance		Single	94	3.76(0.7)	0.88(3)	0.451
		Married	236	3.70(0.8)		
		Widowed	2	3.35(0.9)		
		Divorced	4	3.22(0.9)		

Table 4.12(B): Marital Status of nurses’ perception of Trust in Leaders, Organizational commitment and Job Performance

	Task performance	Single	94	3.81(.78)	1.36(3)	.254
		Married	236	3.72(.81)		
		Widowed	2	3.40(.85)	.32(3)	.811
		Divorced	4	3.05(1.45)		
	Contextual performance	Single	94	3.72(.86)		
		Married	236	3.68(.87)		
		Widowed	2	3.30(.99)		
		Divorced	4	3.40(.95)		

As shown in Table 4.13, nurses with educational level of master's degree scored higher (mean = 4.42) than nurses with other degrees across the overall Trust in Leaders subscales. The highest scoring subscale for nurses with a master's level was the Competence items (mean = 4.71). Nurses with educational level of a master's degree consistently scored higher in their perception of all Trust in Leaders subscales compared to nurses with other degrees, and these were statistically insignificant differences, as indicated by the One-Way ANOVA test.

A similar pattern was observed for Organizational Commitment: nurses with a master's degree scored higher on the overall Organizational Commitment scale and across all its subscales compared to these with lower educational levels. However these differences were not statistically significant. In contrast , nurses with a diploma degree scored higher in overall Job Performance compared to nurses with other degrees,although this difference in Job Performance being statistically insignificant.

Table 4.13: Level of Education of nurses' perception of Trust in Leaders, Organizational commitment and Job Performance

Subscales		Education	N	Mean(SD)	F statistics (df)	P-value
Total Trust in Leaders Scale		Diploma	71	4.26(1.3)	0.14(2)	0.866
		Bachelor	238	4.29(1.4)		
		Master	27	4.42(1.2)		
	Sum of Benevolence items	Diploma	71	4.14(1.7)	0.25(2)	0.776
		Bachelor	238	3.99(1.7)		
		Master	27	4.11(1.6)		
	Sum of Integrity items	Diploma	71	4.31(1.2)	0.53(2)	0.592
		Bachelor	238	4.35(1.4)		
		Master	27	4.61(1.1)		
	Sum of Predictability items	Diploma	71	4.20(1.3)	0.09(2)	0.917
		Bachelor	238	4.27(1.3)		
		Master	27	4.27(1.2)		
	Sum of Competence items	Diploma	71	4.41(1.6)	0.42(2)	0.657
		Bachelor	238	4.55(1.6)		
		Master	27	4.71(1.4)		
Total Organizational commitment scale		Diploma	71	4.23(0.9)	0.67(2)	0.515
		Bachelor	238	4.19(1.0)		
		Master	27	4.41(0.9)		
	Sum of Affective items	Diploma	71	4.09(0.9)	0.80(2)	0.449
		Bachelor	238	4.04(1.1)		
		Master	27	4.31(0.8)		
	Sum of Continuance items	Diploma	71	4.26(1.3)	0.42(2)	0.655
		Bachelor	238	4.19(1.2)		
		Master	27	4.41(1.2)		
	Sum of Normative items	Diploma	71	4.33(1.0)	0.41(2)	0.661
		Bachelor	238	4.33(1.1)		
		Master	27	4.52(0.9)		
Total Job Performance		Diploma	71	3.72(0.8)	0.02(2)	0.985
		Bachelor	238	3.71(0.7)		
		Master	27	3.71(0.7)		
	Task performance	Diploma	71	3.75(.79)	.14(2)	.871
		Bachelor	238	3.72(.83)		
		Master	27	3.80(.72)		
	Contextual performance	Diploma	71	3.70(.95)	.09(2)	.917
		Bachelor	238	3.69(.85)		
		Master	27	3.62(.82)		

4.1. Correlation

The frequency distribution for gender was as follows: females comprised 205 participants (61.0%) of the total population, while males accounted for 131 participants (39.0%) of the total sample (N=336). This aligns with the general trend in nursing, a profession traditionally dominated by females. Correlation coefficients were calculated for total Trust in Leaders, the total Organizational Commitment, and the total Job Performance scores in relation to gender. Table 4.14 presents the correlation coefficient scores for each gender. The relationship between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores was found to be insignificant, with values of ($r = 0.015$, $P = 0.780$), ($r = 0.016$, $P = 0.767$), and ($r = 0.094$, $P = 0.085$), respectively. These results indicate that there is little correlation between the total Trust in Leaders, total Organizational Commitment, and total Job Performance scores, and the gender of the participants.

Table 4.14: Pearson Correlation between Gender and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations					
		1	2	3	4
1- Gender	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	.015	1		
	Sig. (2-tailed)	.780			
3- Organizational commitment	Pearson Correlation	.016	.787**	1	
	Sig. (2-tailed)	.767	.000		
4- Job Performance	Pearson Correlation	.094	.565**	.514**	1
	Sig. (2-tailed)	.085	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on age groups. Table 4.15 presents the correlation coefficient scores for age groups. The relationship between age and the total Trust in Leaders, total Organizational Commitment, and total Job Performance scores were found to statistically insignificant, with values of ($r = -0.046$, $P = 0.396$), ($r = -0.058$, $P = 0.291$), and ($r = -0.032$, $P = 0.554$), respectively. These results suggest that there is little correlation between participants age and their perceptions of Trust in Leaders, Organizational Commitment, or Job Performance.

Table 4.15: Pearson Correlation between Age and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations					
		1	2	3	4
1- Age	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	-.046	1		
	Sig. (2-tailed)	.396			
3- Organizational commitment	Pearson Correlation	-.058	.787**	1	
	Sig. (2-tailed)	.291	.000		
4- Job Performance	Pearson Correlation	-.032	.565**	.514**	1
	Sig. (2-tailed)	.554	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on years of experience as a registered nurse. Table 4.16 presents the correlation coefficient scores for years of experience. The relationship between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores were found to be insignificant, with values of ($r = -0.056$, $p = 0.304$), ($r = -0.059$, $p = 0.282$), and ($r = -0.016$, $p = 0.769$), respectively. These results indicate that there is little correlation between the total Trust in Leaders, total Organizational Commitment, and total Job Performance scores measured in the survey and the number of years participant have been employed as a registered nurse.

Table 4.16: Pearson Correlation between Years of Experience and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations					
		1	2	3	4
1- Years of experience	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	-.056	1		
	Sig. (2-tailed)	.304			
3- Organizational commitment	Pearson Correlation	-.059	.787**	1	
	Sig. (2-tailed)	.282	.000		
4- Job Performance	Pearson Correlation	-.016	.565**	.514**	1
	Sig. (2-tailed)	.769	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on employment category. Table 4.17 presents the correlation coefficient scores for employment categories. The relationship between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores and employment category were found to be insignificant, with values of ($r = -0.005$, $p = 0.934$), ($r = 0.023$, $p = 0.679$), and ($r = -0.037$, $p = 0.502$), respectively. These results suggest that there is little correlation between the total job satisfaction, as measured by total Trust in Leaders, total Organizational Commitment, and total Job Performance scores, and the participants' employment category.

Table 4.17: Pearson Correlation between Employment status and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations					
1- Employment status	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	-.005	1		
	Sig. (2-tailed)	.934			
3- Organizational commitment	Pearson Correlation	.023	.787**	1	
	Sig. (2-tailed)	.679	.000		
4- Job Performance	Pearson Correlation	-.037	.565**	.514**	1
	Sig. (2-tailed)	.502	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).					

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on work place category. Table 4.18 presents the correlation coefficient scores for workplace categories. The relationship between total Trust in Leaders score was found to be statistically significant ($r = 0.155$, $p = 0.004$), indicating a correlation between total Trust in Leaders score, as measured in the survey, and the participants' workplace. In contrast, the relationship between workplace and both total Organizational Commitment and total Job Performance scores was statistically insignificant, with values of ($r = 0.085$, $p = 0.121$) and ($r = -0.055$, $p = 0.317$), respectively. This suggests there is little correlation between the total Trust in Leaders score, as measured in the survey, and the participants' workplace.

Table 4.18: Pearson Correlation between Employment Place and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations		1	2	3	4
1- Hospital	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	.155**	1		
	Sig. (2-tailed)	.004			
3- Organizational commitment	Pearson Correlation	.085	.787**	1	
	Sig. (2-tailed)	.121	.000		
4- Job Performance	Pearson Correlation	-.055	.565**	.514**	1
	Sig. (2-tailed)	.317	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on the shift type .. Table 4.19 presents the correlation coefficient scores for different shift type. The relationships between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores were found to be statistically insignificant with shift type, with values of ($r = -0.001$, $p = 0.982$), ($r = -0.031$, $p = 0.576$), and ($r = 0.065$, $p = 0.234$), respectively. This indicates there is little correlation between shift type and the level of Trust in Leaders, Organizational Commitment, or Job Performance as measured in the survey .

Table 4.19: Pearson Correlation between Type of Shift and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations		1	2	3	4
1- Type of Shift	Pearson Correlation	1	-.001	-.031	.065
	Sig. (2-tailed)		.982	.576	.234
2- Trust in Leaders	Pearson Correlation	-.001	1	.787**	.565**
	Sig. (2-tailed)	.982		.000	.000
3- Organizational commitment	Pearson Correlation	-.031	.787**	1	.514**
	Sig. (2-tailed)	.576	.000		.000
4- Job Performance	Pearson Correlation	.065	.565**	.514**	1
	Sig. (2-tailed)	.234	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on marital status. Table 4.20 shows the correlation coefficient scores for marital status. The relationships between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores were found to be insignificant, with values of ($r = -0.043$, $p = 0.437$), ($r = -0.063$, $p = 0.247$), and ($r = -0.073$, $p = 0.180$), respectively. This suggests there is little correlation between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores from the survey and the participants' marital status.

Table 4.20: Pearson Correlation between Marital Status and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations					
		1	2	3	4
1- Marital status	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	-.043	1		
	Sig. (2-tailed)	.437			
3- Organizational commitment	Pearson Correlation	-.063	.787**	1	
	Sig. (2-tailed)	.247	.000		
4- Job Performance	Pearson Correlation	-.073	.565**	.514**	1
	Sig. (2-tailed)	.180	.000	.000	
** . Correlation is significant at the 0.01 level (2-tailed).					

Correlation coefficients were calculated for total Trust in Leaders, total Organizational Commitment, and total Job Performance scores based on participants' level of education. Table 4.21 presents the correlation coefficient scores for education level. The relationships between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores with educational level were all found to be insignificant, with values of ($r = 0.024$, $p = 0.659$), ($r = 0.025$, $p = 0.647$), and ($r = -0.007$, $p = 0.896$), respectively. This indicates that there is minimal

correlation between total Trust in Leaders, total Organizational Commitment, and total Job Performance scores from the survey and the participants' level of education.

Table 4.21: Pearson Correlation between Level of Education and Overall Trust in Leaders, Total Organizational Commitment and Total Job Performance score

Correlations		1	2	3	4
1- Education	Pearson Correlation	1			
	Sig. (2-tailed)				
2- Trust in Leaders	Pearson Correlation	.024	1		
	Sig. (2-tailed)	.659			
3- Organizational commitment	Pearson Correlation	.025	.787**		
	Sig. (2-tailed)	.647	.000		
4- Job Performance	Pearson Correlation	-.007	.565**	.514**	
	Sig. (2-tailed)	.896	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.22 provides a summary of the Pearson correlations between overall Trust in Leaders and each its subscales with Job Performance. The Pearson correlation analysis revealed statistically significant, moderate positive correlations between Job Performance and Trust in Leaders. A moderately strong positive correlation was found between Job Performance and all the Trust in Leaders subscales, including Benevolence, Integrity, Predictability, and Competence. These findings suggest that higher level of perceived trust in leadership across all dimensions are associated with better job performance.

Table 4.22: Pearson Correlations to Job Performance and Trust in Leaders

Correlations		1	2	3	4	5	6
1- Job Performance	Pearson Correlation	1					
	Sig. (2-tailed)						
2- Benevolence items	Pearson Correlation	.536**	1				
	Sig. (2-tailed)	.000					
3- Integrity items	Pearson Correlation	.533**	.840**	1			
	Sig. (2-tailed)	.000	.000				
4- Predictability items	Pearson Correlation	.439**	.777**	.893**	1		
	Sig. (2-tailed)	.000	.000	.000			
5- Competence items	Pearson Correlation	.548**	.686**	.797**	.770**	1	
	Sig. (2-tailed)	.000	.000	.000	.000		
6- Trust in Leaders	Pearson Correlation	.565**	.906**	.956**	.927**	.888**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.23 summarizes the Pearson correlations between Job Performance and both the overall Organizational Commitment scores and the all Organizational Commitment subscales. The Pearson correlation analysis revealed statistically significant, moderate positive correlations between Job Performance and Organizational Commitment. Specifically moderately positive correlation were found between Job Performance and each of Organizational Commitment subscales, including Affective, Continuance, and Normative commitment. These results suggest that high level of organizational commitment a cross all dimensions are associated with improved job performance.

Table 4.23: Pearson Correlations to Job Performance and Organizational commitment

Correlations		1	2	3	4	5
1- Job Performance	Pearson Correlation	1				
	Sig. (2-tailed)					
2- Affective items	Pearson Correlation	.367**	1			
	Sig. (2-tailed)	.000				
3- Continuance items	Pearson Correlation	.426**	.602**	1		
	Sig. (2-tailed)	.000	.000			
4- Normative items	Pearson Correlation	.564**	.641**	.734**	1	
	Sig. (2-tailed)	.000	.000	.000		
5-Organizational commitment	Pearson Correlation	.514**	.842**	.896**	.898**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).						

The Pearson's Coefficient correlation measure was used to analyze the relationship between nurses' overall trust in nursing leaders and all trust subscales, and overall organizational commitment along with its subscales. Table 4.24 presents the correlation between trust in nursing leaders, as measured in the survey, and organizational commitment, based on participants responses. The results of this analysis show a statistically significant, strong positive correlation between overall trust in nursing leaders and all trust subscales with overall organizational commitment and its subscales, with a correlation coefficient of $r(336) = 0.787$, $p < .001$. These results suggest that higher levels of trust in nursing leadership are strongly associated with higher levels of organizational commitment.

Table 4.24:(A) Pearson Correlations to Trust in Leaders and Organizational commitment

		1	2	3	4	5	6	7	8	9
1-Trust in Leaders	Pearson Correlation	1								
	Sig. (2-tailed)									
2- Benevolence items	Pearson Correlation	.906*	1							
	Sig. (2-tailed)	.000								
3- Integrity items	Pearson Correlation	.956*	.840*	1						
	Sig. (2-tailed)	.000	.000							
4- Predictability items	Pearson Correlation	.927*	.777*	.893*	1					
	Sig. (2-tailed)	.000	.000	.000						
5- Competence items	Pearson Correlation	.888*	.686*	.797*	.770*	1				
	Sig. (2-tailed)	.000	.000	.000	.000					
6- Total Organizational commitment	Pearson Correlation	.787*	.705*	.710*	.683*	.778*	1			
	Sig. (2-tailed)	.000	.000	.000	.000	.000				
7- Affective items	Pearson Correlation	.598*	.477*	.556*	.523*	.636*	.842**	1		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000			
8- Continuance items	Pearson Correlation	.691*	.728*	.598*	.579*	.610*	.896**	.602*	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000		
9- Normative items	Pearson Correlation	.786*	.641*	.724*	.702*	.818*	.898**	.641*	.734*	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	

The relationship between nurses' overall trust in nursing leaders, including all trust subscales, and their overall organizational commitment, organizational commitment subscales, and job performance was analyzed using Pearson's Coefficient correlation measure. Table 4.25 shows the correlation between trust in nursing leaders, as outlined in the survey, and organizational commitment and job performance, based on participants' responses. The analysis revealed a statistically significant moderate positive correlation between overall trust in nursing leaders and all trust subscales with overall organizational commitment and its subscales, with a correlation coefficient of $r(336) = 0.514, p < .001$.

Additionally, the correlation between trust in nursing leaders and all trust subscales with job performance were also a statistically significant moderate positive correlation ($r(336) = 0.565, p < .001$), indicating a positive relationship between job performance and both overall trust in nursing leaders and all trust subscales. These findings suggest that higher levels of trust in nursing leaders are associated with greater organizational commitment and improve job performance among nurses.

Table 4.25 (A) Pearson Correlations to Trust in Leaders against Organizational commitment and job performance

Correlations		1	2	3	4	5	6	7	8	9	10
1- Job Performance	Pearson Correlation	1									
	Sig. (2-tailed)										
2- Trust in Leaders	Pearson Correlation	.565**	1								
	Sig. (2-tailed)	.000									
3- Benevolence items	Pearson Correlation	.536**	.906**	1							
	Sig. (2-tailed)	.000	.000								
4- Integrity items	Pearson Correlation	.533**	.956**	.840**	1						
	Sig. (2-tailed)	.000	.000	.000							
5- Predictability items	Pearson Correlation	.439**	.927**	.777**	.893**	1					
	Sig. (2-tailed)	.000	.000	.000	.000						
6- Competence items	Pearson Correlation	.548**	.888**	.686**	.797**	.770**	1				
	Sig. (2-tailed)	.000	.000	.000	.000	.000					

Table 4.25 (B) Pearson Correlations to Trust in Leaders against Organizational commitment and job performance

7- Organizational commitment	Pearson	.514	.787	.705	.71	.68	.778	1			
	Correlation Sig. (2-tailed)	**	**	**	0**	3**	**				
8- Affective items	Pearson	.367	.598	.477	.55	.52	.636	.84	1		
	Correlation Sig. (2-tailed)	**	**	**	6**	3**	**	2**			
9- Continuance items	Pearson	.426	.691	.728	.59	.57	.610	.89	.60	1	
	Correlation Sig. (2-tailed)	**	**	**	8**	9**	**	6**	2**		
10- Normative items	Pearson	.564	.786	.641	.72	.70	.818	.89	.64	.734	1
	Correlation Sig. (2-tailed)	**	**	**	4**	2**	**	8**	1**	**	
		.000	.000	.000	.00	.00	.000	.00	.00	.000	.000
		0	0	0	0	0	0	0	0	0	0

** . Correlation is significant at the 0.01 level (2-tailed).

Chapter Five

Discussion

According to Table 4.5, all survey scales showed sufficient reliability ($\alpha > 0.70$). All research hypotheses showed moderate to strong positive correlations with the majority of the scales, rejecting the null hypothesis. The results revealed several statistically significant findings, suggesting that the observed relationships were real and not due to random fluctuations in the data. Specifically, the study provides robust evidence that (1) nurses with higher level of trust in nursing leader tend to exhibit better job performance, (2) nurses with higher affective commitment tend to show improved job performance, (3) nurses with higher normative commitment tend to have better job performance, (4) nurses with higher affective commitment have greater trust in nursing leader, and (5) nurses with higher normative commitment tend to have higher level of trust in nursing leader (hypothesis 3c). Interestingly, no evidence was found to suggest that continuance commitment is correlated with either job performance or trust in nursing leadership, suggesting that nurses who stay mainly out of obligation do not necessarily perform better or trust their leader more.

A total of 205 participants (61.0%) were women, and 236 participants (70.2%) were married. Most of the nurses worked on a rotational shift schedule (69.3%). The aim of this study was to assess nurses' trust in nursing leader and its impacts on the nurses' organizational commitment and the job performance. The findings indicated that nurses had a high level of trust in nursing leaders or managers. Many studies have reported varying levels of nurses' trust toward their organizations. For example, Ghanbari and Shemshadi (2016) observed a similarly high level of organizational trust among nursing staff at training centers in Hamedan. In contrast, SeyedJavadin (2014) and Farhang et al. (2014) reported average levels of organizational trust, while Kafashpour et al. (2012) found a low level of organizational trust.

In a separate study conducted by Basit et al. (2017) in three public hospitals in Antalya, Turkey, a low level of organizational trust in the workplace was observed, while interpersonal trust among nurses was high (Basit & Duygulu, 2017). These varying results may be attributed to changes in sampling methods (convenience sampling), tools used, and cultural differences within the populations of the study. It is crucial to note that when employees trust their managers, they are more likely to follow their instructions willingly and focus more on executing tasks that help achieve organizational goals (Montazeri, Fathizadeh & Sadeghi, 2017). Leaders and managers can foster a culture of trust within an organization by demonstrating honesty, encouraging employees to do the same, and showcasing their competencies and belief in the necessity of competence. This approach can enhance the trust level between staff and the organization. Keeping promises and commitments will also help leaders gain the credibility necessary to earn employees' trust. Moreover, transparency in daily operations, conduct

managers, and clear communication of organization's goals and programs all contribute to fostering a trusting environment within the organization (Khannifar et al., 2009).

The results of this study indicated a significant correlation between nurses' job performance and their trust in the leader. Farajian's (2013) study also found a significant link between employees' perceived trust in managers and their performance (Farajian, 2013). It appears that the leaders or the managers who build and maintain trustful relationship with their employees tend to achieve greater success compared to those who have not. Trust in the manager influences factors such as organizational citizenship behaviors and job performance (Gibson & Petrosk, 2014). Additionally, workers' belief in their manager's sense of integrity, responsibility and competency can foster cognition-based trust. Which encourages employees to invest more efforts and resources in valuable work, ultimately enhancing overall organizational performance (Karayel et al., 2018).

The results of this study indicated that trust in leader has a direct impact on organizational commitment. Specifically, when trust relationship between employees and the top-level managers is lower, there is greater fear of voicing their opinions and a lack of clear direction in achieving of organizational goals. Additionally, the relationships between the sub-dimensions of the organizational commitment and nurses level of trust toward nursing manger were examined to gain a deeper understanding of this connection.

Several hypotheses were investigated in this context, and the findings show that participants' perceptions of trust in the organization had a considerable impact on their affective and continuance organizational commitment. Employee satisfaction with their jobs and the organization they work for tends to rise with increased trust in the organization, which in turn enhances both affective and continuance commitment. Similarly, participants' perceptions of trust in the organization have a considerable impact on their normative organizational commitment. On the other hand, participants' perceptions of supervisor trust also have a considerable impact on their affective, continuation, and normative organizational commitment. These three forms of commitment are influenced by trust in supervisors. Trust between the administrative personnel, managers, and supervisors plays a crucial role in fostering organizational commitment. Trustworthy managers can inspire various types of trust, knowledge, and perspectives by fulfilling their commitments, thereby overcoming negative outcomes. Additionally, they can offer information or build trust through positive, supportive interactions with employees. This trust building approach positively impacts organizational productivity, employee motivation, and ultimately increases their commitment toward employer organization, their work, their colleagues, and even toward their managers.

The results statistically indicated a significant relationship between trust in leader and the organizational commitment. Canning et al. (2020) support these findings, as their research showed that trust in the organization was linked to higher organizational commitment, and trust in supervisors was positively correlated with innovative behavior and satisfaction with supervisors. These findings are further supported by studies conducted by Bastug et al. (2016) and Sheik-Mohamed et al. (2012). Bastug et al. (2016) found a significant relationship between trust in directors, and both emotional and continuance commitment, while they found no significant relationship between organizational trust sub-dimensions and normative commitment. Sheik-Mohamed et al. (2012) reported a significant relationship between organizational commitment, job satisfaction, and organizational trust. Thus, understanding of organizational commitment and organizational trust can be beneficial for managers or leaders ,enabliing them more effectively manage, develop, and empower their employees.

Furthermore, it is crucial for managers or leaders to focus on creating a work place environment that fosters trust and commitment, encouraging employees to exceed their formal duties, and contribute more fully to organizational goals.

Chapter Six:

Conclusions & Implications

6.1 Conclusions

Trust in leadership, organizational commitment, and job performance are highly desirable yet often difficult-to-achieve attitudes within several organizational environments. Previous studies indicate that employees that cultivate successfully these attitudes tend to have a more positive impact on their organizations, including reduced absenteeism, lower turnover rates, and higher productivity.

These attitudes and actions help shape the quality of an employee's relationship with the employer organization, one that extends beyond monetary compensation and is grounded in the belief that the organization or the employer will act base in the best interests of the employees when making job decisions. Consequently, it is beneficial for hospital leaders to shape the culture of the organization around the idea that fostering organizational commitment by achieving trust and satisfaction of employees is a top priority.

In an environment where there is a mutual trust exist, built on previous practices, both of employees and leaders should feel confident that decisions making within the organizational are made without any hidden agendas that could harm either party. This study explored the factors that contribute to the development, or lack thereof, these behaviors related to job performance, organizational trust, and organizational commitment, and examined how these three attitudes may be interconnected.

Moreover, the survival success of an organization depend on a strong relationship between managers, employees, and the organization itself. A key factor in this dynamic relationship is the managers' role. When manager are able to foster trust and share their experiences openly, it can improve the organization's performance. As previously mentioned, sharing experiences and organizational rules plays a significant role in enhancing overall organizational performance (Cecez-Kecmanovic, Janson & Zupancic, 2010).

6.2. Suggestions for Further Study

A comparable study should be carried out across different types of healthcare organizations in various regions of the country to validate the findings of this research. Future research should utilize the same research tool to assess whether the results of the original study can be applied

to the healthcare organizations across the industry. In addition . This study could serve as starting point for an action research project in addition to additional quantitative research.

6.3. Recommendations for Hospital Leadership

During industry-wide transformation period , when organizational leaders face new financial and growth challenges, it is crucial for leadership to remain focus on the long-term advantages of having open , transpaent and effective communication with subordinates. This includes clearly conveying that hospital values each employee both as an individual and a team member, and that their contributions to the organization's success are highly appreciated.

Over the past three decades, job performance, organizational trust, and organizational commitment have remained central topics in organizative research. Some researchers argue that organizational leaders aiming to enhance overall productivity and ensure long term sustainability should prioritize and consistently address these factors.

The findings of this study in the targeted hospitals demonstrate that these factors are not only crucial for organizational success but also they are closely interconnected. Additionally, the researcher believes that the results are likely applicable to similar hospitals nationwide, given the commonalities across various aspects of healthcare organizations, provided that employees consistently have a positive level of trust in their leadership.

Hospital leaders are encouraged to enhance or optimize job performance, build trust in leader relationship, and organizational commitment by implementing strategies that boost employees' sense of belonging, and their ability to fulfill other important organizational needs. Additionally, It is could be possible to pinpoint the factors that can impact positively these concepts, such as better job design, an improved environment of work , effective management and supervision, training of job skills, and performance-based incentive programs.

6.4. Limitation of the study

It is important to take into account the many limitations of this study. First off, it is more difficult to make causal connections between job performance, organizational commitment, and trust in leadership when a cross-sectional design is used. Potential changes or trends over time are not captured by the data, which only represents a single point in time related to limited time of masters degree and related to poor funding of research. Second,, the study was limited to the southern West Bank region of Palestine, which may have limited the findings' applicability to other areas or situations.

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Appendix 1: Self-administration questionnaire

جامعة القدس - أبو ديس

كلية المهن الصحية

برنامج ماجستير إدارة التمريض

استبيان بحثي حول علاقة الثقة بين الممرضين وقائد التمريض وتأثيرها على الاداء الوظيفي والالتزام التنظيمي للممرضين
عزيزتي /عزيزي الممرض(ة)

تحية طيبة وبعد،

في إطار استكمال متطلبات درجة الماجستير في إدارة التمريض بجامعة القدس -أبو ديس، أقوم بإجراء دراسة تهدف إلى تقييم مستوى الثقة بالقائد وتأثيرها على الالتزام التنظيمي والاداء الوظيفي لدى الممرضين في مستشفيات جنوب الضفة الغربية.

هدف الاستبيان:

يهدف هذا الاستبيان إلى جمع البيانات اللازمة لفهم العلاقة بين ثقة الممرضين بقادتهم (مدراء التمريض) ومدى التزامهم التنظيمي وأدائهم الوظيفي، مما يساهم في تحسين بيئة العمل في المؤسسات الصحية.

أجزاء الاستبيان:

يتكون الاستبيان من أربعة أجزاء رئيسية:

1. المعلومات الديموغرافية.

2. قياس الثقة بالقائد.

3. تقييم الالتزام الوظيفي.

4. تقييم الاداء الوظيفي.

سرية المعلومات:

جميع البيانات التي سيتم جمعها س تُعامل بسرية تامة ولن تُستخدم إلا لأغراض البحث العلمي فقط. لن يتم الكشف عن أي معلومات شخصية، والمشاركة في الاستبيان اختيارية بالكامل.

مدة تعبئة

Demographic data							
Age	() years						
Work experience	() years						
Gender	1) Male	2) Female					
Employment status	1) Full-time	2) Part-time	3) Others				
Work place	1) Governmental hospital	2) Non-governmental hospital	3) Others				
Work shifts	Morning shift (A)	Rotating shifts (A, B, C)	Others				
Marital status	1) Single	1) Married	2) Widowed	3) Divorced			
Level of education	1) High school	2) Diploma	3) Bachelor's degree	High diploma	Master's degree	6 Doctorate	Others

الاستبيان:

يتطلب الاستبيان ما يقارب 10-15 دقيقة من وقتكم الثمين.

مشاركتكم تساهم في تطوير بيئة عمل أفضل وتحسين جودة الرعاية الصحية المقدمة للمرضى.

لأي استفسارات أو توضيحات، يرجى التواصل معي:

الباحثة: بيان محمد مشني هاتف: 0595888691

بإشراف: الدكتور كفاح زين

جامعة القدس - أبو ديس

شكراً لتعاونكم ودعمكم لهذا البحث

يرجى التكرم بقراءة الأسئلة والإجابة عنها بكل موضوعية ودقة.

Trust in Leaders Scale							
Item	1 Completely disagree	2 Very much disagree	3 Somewhat disagree	4 Neither disagree nor agree	Some what agree	6 Very much agree	Completely agree
Benevolence							
1. I have confidence in the motivations of my leader.							
2. My leader watches my back.							
3. My team leader has my best interests in mind.							
4. My leader is genuinely concerned about my well being.							
5. My team leader is likely to protect me.							
Integrity							
1. I believe my leader is fair.							

2. I believe my leader is honest							
3. I can depend on the fairness of my leader.							
4. My leader puts their words into Action							
5. I know my leader will keep their word.							
Predictability							
1. I usually know how my leader is going to react.							
2. I can anticipate what my leader will do.							
3. I know exactly what my leader will do in difficult situations.							
4. I can rely on my leader to behave predictably.							
5. My leader behaves in a very consistent manner.							
Competence							
1. My team leader performs their job well.							
2. I have confidence in the abilities of my team leader.							
3. My team leader is capable at their job.							
4. My team leader is highly skilled.							

5. My team leader knows what they are doing.							
Organizational commitment scale							
	1 Completely disagree	2 Very much disagree	3 Somewhat disagree	4 Neither disagree nor agree	Some what agree	6 Very much agree	Completely agree
Affective Commitment Scale Items							
1. I would be very happy to spend the rest of my career with this organization.							
2. I enjoy discussing about my organization with people outside it.							
3. I really feel as if this organization's problems are my own.							
4. I think that I could easily become as attached to another organization as I am to this one.							
5. I do not feel like 'part of the family' at my organization.							
6. I do not feel 'emotionally attached' to this organization.							
7. This organization has a great deal of personal meaning for me.							

8. I do not feel a 'strong' sense of belonging to my organization.							
Continuance Commitment Scale Items							
1. I am not afraid of what might happen if I quit my job without having another one lined up							
2. It would be very hard for me to leave my organization right now, even if I wanted To							
3. Too much in my life would be disrupted if I decided to leave my organization now.							
4. It wouldn't be too costly for me to leave my organization now.							
5. Right now, staying with my organization is a matter of necessity as much as desire.							
6. I feel that I have very few options to consider leaving this organization.							

7. One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.							
8. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here.							
Normative Commitment Scale Items							
1. I think that people these days move from company to company too often.							
2. I do not believe that a person must always be loyal to his or her organization.							
3. Jumping from organization to organization does not seem at all unethical to me.							

4. One of the major reasons I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain.							
5. If I got another offer for a better job elsewhere I would not feel it was right to leave my organization.							
6. I was taught to believe in the value of remaining loyal to one organization.							
7. Things were better in the days when people stayed in one organization for most of their careers.							
8. I do not think that to be a 'company man' or 'company woman' is sensible anymore.							
Self-Assessment Scale of Job Performance (SJoP).							
	1 very low	2 low	neutra 1	4 high	5 very high		
1. I perform hard tasks properly.							

2. I try to update my technical knowledge to do my job.					
3. I do my job according to what the organization expects from me.					
4. I plan the execution of my job by defining actions, deadlines and priorities.					
5. I plan actions according to my tasks and organizational routines.					
6. I take initiatives to improve my results at work.					
7. I seek new solutions for problems that may come up in my job.					
8. I work hard to do the tasks designated to me					
9. I execute my tasks foreseeing their results					
10. I seize opportunities that can improve my results at work.					

Appendix 2: Ethical approval paper

Al Quds University
Faculty of Health Professions
Jerusalem – Abu Dis



جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

Feb. 18, 2025
Ref. No.: RESC/2025-21

Dear Applicants, (Dr. Kefah Zaben, Ms. Bayan Mashni)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**Nurses' Trust Relationship toward Nursing Leaders and Impact on Job Performance and Organizational Commitment in Southern of the West Bank Hospitals- Palestine**) submitted by (Dr. Kefah Zaben). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

Tel. Fax: 02 2791243 Email: dean@hpro.alquds.edu

تلفاكس: 02 2791243

Appendix 3: Consent Form.

عزيزتي
تحية طيبة وبعد،

أنا الطالبة بيان محمد حسين مشني ماجستير ادارة تمريض جامعة القدس أقوم بإجراء دراسة مقطعية كمتطلب
: Nurses' Trust Relationship toward Nursing Leaders and Impact on Job
Performance and Organizational Commitment in Southern of the West Bank Hospitals-
Palestine.

تستهدف هذه الدراسة لتحديد مستوى علاقة ثقة التمريض في قادة التمريض وتأثير هذه العلاقة على الاداء
الوظيفي و الالتزام التنظيمي للممرضين في مستشفيات جنوب الضفة الغربية في فلسطين والغرض منها ايجاد قاعدة
بيانات للابحاث الفلسطينية حول علاقة الثقة بين التمريض وقادتهم وتأثيرها على اداءهم وعلى الالتزامهم الوظيفي
كما ان الغرض الاخر من هذه الدراسة تسليط الضوء ولفت نظر اصحاب القرار لاهمية هذه العلاقة وتأثيرها على نجاح
المؤسسات الفلسطينية ككل .

عزيزي المشارك/ه

مشاركتك في هذه الدراسة تطوعية تماماً وبإمكانك الانسحاب منالمشاركة في هذه الدراسة البحثية في اي دقيقة
وهذه المشاركة لن يكون لها اي تأثير على حياتك الوظيفيه او الشخصية حيث ستبقى جميع ردودك غير معروفى الهوية
وستحفظ بسرية عالية حيث لن يتطلع اي شخص على الاجابات الفردية في هذا الاستبيان سوا الباحثين . سوف يتم حفظ
البيانات الواردة في مكان امن ومغلق ز فاذا كنت توافقين المشاركة في هذه الدراسة البحثية فارجو تعبئة الاستبيان والذي
قد يستغرق 15 دقيقة من وقتك الثمين.

إذا كان هناك أي استفسار حول هذا الموضوع أو فيما يتعلق بالدراسة أو حول حقوقك كمشارك/ة في الدراسة
فلا تتردد بالسؤال عبر البريد الإلكتروني bayanmashniii@gmail.com أو من خلال رقم الهاتف. 0595888691

الدكتور المشرف : د.كفاح الزين

Appendix 4: Time Plan

Time plan	
Steps	Duration
Research Proposal Development	
Define research objectives and questions	1 week
Review relevant literature	2 weeks
Develop research methodology and questionnaire	2 weeks
Finalize research proposal within	1 week
Ethical approval and permissions	
Submit research proposal for ethical review	1 week
Obtain ethical approval	2 weeks
Questionnaire pretesting and revision	2 days
Pretest questionnaire with a small sample of nurses	1 week
Revise questionnaire based on pretest feedback	1 week
Data collection	
Distribute questionnaires to target sample of nurses	2 weeks
Continue follow up for questionnaire completion according to sample size	1 week
Data Analysis	
Data entry and cleaning	1 week
Quantitative data analysis using statistical software	2 weeks
Results interpretation and discussion of quantitative results	2 weeks
Discuss findings in the context of literature in relation to my research results	10 days
Finalizing	
Designing and write research report including introduction, methodology, results, discussion, and conclusion	2 weeks
Finalize research report based on feedback	1 week
Submit final research report and prepare for presentation	1 week



Ref.:
Date:.....

الرقم: ٢٨٨ / ٢٠٢٠
التاريخ: ٢٠٢٠ / ٠٥ / ٠٥

الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،،
تعبئة واعتناء...

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: بيان محمد مشني- ماجستير ادارة التمريض/ جامعة القدس،
ويشرف د. كفاح زين، في عمل بحث بعنوان:

*** Nurses' Trust Relationship toward Nursing Leaders and Impact on
Job Performance and Organizational Commitment in Southern of
the West Bank Hospitals- Palestine. ***

من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل كادر
التمريض بعد اخذ موافقتهم، وذلك في:

- مستشفى عاليه - مستشفى بيت جالا

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمرضى.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعمد بعدم النشر لحين الحصول على موافقة
الوزارة على نتائج البحث.

مع الاعتناء...

د. عيد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي



نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

حضرة د. سلام الخطيب المحترمة

منسقة برنامج الماجستير

دائرة التمريض - جامعة القدس

تحية طيبة وبعد،

بالإشارة إلى طلبكم بخصوص تسهيل مهمة طالبة الماجستير بيان محمد مشني (الرقم الجامعي: 22312624) في جمع البيانات لغرض البحث العلمي من خلال توزيع استبيان على طاقم التمريض في مستشفى الأهلي، فإنه يسعدنا أن نبلغكم موافقتنا لجمع البيانات من مرضي المستشفى، مع التأكيد على الالتزام بجميع الإجراءات المتبعة في المستشفى، وضمان سرية وخصوصية المعلومات والالتزام بأخلاقيات البحث العلمي.

نرحب دائماً بالتعاون في سبيل دعم البحث العلمي. ونتمنى للطالبة لتوفيق وتنطبع الى أن تشاركونا نتائج وتوصيات دراستكم

نأمل أن يساهم هذا البحث في إثراء المعرفة الأكاديمية وتحقيق فوائد علمية تخدم القطاع الصحي.

0599552871

ملاحظة: على الطلبة احضار هذه الموافقة ورقياً والتنسيق المسبق مع مدير التمريض السيد باسم السعافين على رقم الهاتف للتنسيق مع الأقسام المعنية.

مع خالص التقدير

Show c

11 val



تحية طيبة وبعد ،،،،

يرجى من حضرتكم تسهيل مهمة طالبة الماجستير " بيان محمد مشني " ورقمها الجامعي (22312624) ،



بيان -الجمعية.pdf



11:45 ص Salam Khatib

إلى أنا



الترجمة إلى الإنجليزية



----- Forwarded message -----

From: **Ahmad Abo Sharekh** <nda@basr.org>

Date: Tue, Feb 25, 2025, 11:32

Subject: Re: تسهيل مهمة جمع المعلومات لطالبة ماجستير

To: Salam Khatib <salam.khatib@staff.alquds.edu>

حضرة الدكتورة سلام الخطيب المحترمة

يسعدني مراسلتكم معلمتي العزيزة

لا مانع من اتمام المهمة

وشكرا



علاقة ثقة الممرضات بالقادة التمريضيين وتأثيرها على الأداء الوظيفي والالتزام التنظيمي في مستشفيات جنوب الضفة الغربية - فلسطين.

اعداد: بيان محمد حسين مشني

اشراف: د. كفاح زين

الملخص

الخلفية: ثقة الممرضات في قادتهن تؤثر بشكل حاسم على أداء العمل والالتزام التنظيمي. في فلسطين، وخاصة في مستشفيات جنوب الضفة الغربية، تواجه فرق الرعاية الصحية العديد من التحديات التي تؤثر على بيئة عمل الممرضات والعلاقات المهنية. فهم تأثيرات الثقة في قائد التمريض أمر ضروري لتحسين نتائج الرعاية الصحية وتعزيز العلاقات الداعمة في مكان العمل. تدرس هذه الدراسة العلاقة بين ثقة الممرضين في قادتهن وتأثيرها على أداء العمل والالتزام التنظيمي، بهدف تقديم حقائق ورؤى حقيقية للمستشفيات.

المنهجية: تم إجراء دراسة كمية مقطعية في عدة مستشفيات بجنوب الضفة الغربية. تم جمع البيانات من خلال استبيان مُهيكل مصمم لقياس ثقة الممرضات في القيادة، والأداء الوظيفي، والالتزام التنظيمي. شملت عينة الدراسة الممرضات المسجلات العاملات في مختلف أقسام المستشفيات. تم إجراء التحليل الإحصائي باستخدام برنامج **SPSS** لدراسة العلاقات بين المتغيرات وتحديد العوامل المؤثرة المحتملة.

النتائج: كانت نسبة الاستجابة 96% تم الحصول عليها من تحليل ردود 336 ممرضة من المستشفيات الأربعة في جنوب الضفة الغربية. كان معظم العينة من الإناث (61%)، وحصلن على درجة البكالوريوس (70.8%)، وكان معظمهن في الفئة العمرية من 20 إلى 29 عامًا (42.9%).

أعلى درجة فرعية في مقياس الثقة في القادة كانت الكفاءة (المتوسط = 4.54، الانحراف المعياري = 1.5)، تليها النزاهة (المتوسط = 4.36)، التنبؤ (المتوسط = 4.26)، والإحسان (المتوسط = 4.03). كان أعلى معدل فرعي في الالتزام التنظيمي هو الالتزام المعياري (م = 4.34، انحراف معياري = 1.1) الذي كان له أعلى متوسط، يليه الالتزام الاستمراري (م = 4.23)، وأدنى متوسط كان الالتزام العاطفي (م = 4.07). درجات مقياس التقييم الذاتي لأداء العمل للممرضين. كان أعلى متوسط للدرجات هو "اداء المهام" (المتوسط = 3.73). الاداء السياقي (المتوسط = 3.69). وفقاً لنتيجة تحليل الارتباط لبيرسون، فإن الأداء الوظيفي والثقة في القادة مرتبطان ارتباطاً قوياً حيث ان معامل الارتباط = 0.565 حيث ان قيمة p اقل من 0.01. كما أن الالتزام التنظيمي وثقة القادة مرتبطان ارتباطاً قوياً إيجابياً حيث ان معامل الارتباط بينهما يساوي 0.787 و هناك علاقة متوسطة بين الأداء الوظيفي والالتزام التنظيمي حيث معانل الارتباط يساوي

تمت دراسة العلاقة بين العوامل الديموغرافية وكل من الثقة، الأداء الوظيفي، والالتزام التنظيمي، ولم يظهر أي تأثير أو دلالة إحصائية باستثناء اسم المستشفى (القائد التمريضي المحدد) الذي أظهر ارتباطاً معنوياً مع مستوى الثقة ($P\text{-value} = 0.004$)، حيث حقق الممرضون في مستشفى BASR متوسطاً أعلى (5.06) في بُعد الثقة بالقائد مقارنة بالمستشفيات الأخرى، بينما لم يكن للجنس أو حالة التوظيف تأثير معنوي

الاستنتاج: تؤكد الدراسة على أهمية الثقة في قادة التمريض كعامل حاسم يؤثر على أداء الممرضين والتزامهم بالمنظمة. تحسين استراتيجيات القيادة التي تعزز الشفافية والدعم والتواصل المفتوح يمكن أن يعزز علاقة الثقة بين الفريق والقائد مما يحسن نتائج الرعاية الصحية. يجب على المستشفيات التركيز على برامج تطوير القيادة لبناء مديري تمريض أقوى وموثوقين.

التوصيات: يجب على المستشفيات تنفيذ برامج تدريبية للقيادة لتحسين مهارات بناء الثقة بين قادة التمريض. يجب تعزيز السياسات التي تشجع على التواصل الشفاف والعدالة بين الفريق. يجب على الأبحاث المستقبلية استكشاف التدخلات التي يمكن أن تعزز ديناميكيات الثقة في علاقات التمريض بشكل أكبر.

الكلمات المفتاحية :

العلاقة المبنية على الثقة، القيادة التمريضية، الممرضون الفلسطينيون، أداء الممرضين الوظيفي، الالتزام التنظيمي، مستشفيات الضفة الغربية.