



# World Scientific News

WSN 57 (2016) 213-227

EISSN 2392-2192

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## **Institutional trust and organisational commitment on the example of a healthcare entity**

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### **ABSTRACT**

Growing requirements on the labour market and competition make commitment a prominent issue. This pertains mostly to healthcare entities, where quality and commitment of medical staff is a crucial determinant of goal attainment in a given entity. One of the factors that affect the level of commitment is trust. Forming a climate of trust has a considerable meaning for the functioning of the healthcare system and its constituents. Trust impacts all operations taken by an organisation and serves as the starting point for the implementation of other management methods and techniques. The study presents results of empirical research, which show a correlation between institutional trust and components of organisational commitment in a healthcare entity.

**Keywords:** organisational commitment, institutional trust, management, healthcare entity, human resources

### **1. INTRODUCTION**

The challenge faced by the present-day human capital management is to develop a committed and enthusiastic approach in an employee who would be focused on his or her work, implementing or exceeding his or her own objectives while acting for the interest of a given company. An interest in this subject becomes apparent also in the healthcare sector.

The healthcare system needs to change. Organisations that operate within this system have no impact on numerous phenomena that occur within. Nevertheless, they have to strive

to build a strong position on the (imperfect) healthcare service market – just as all other organisations on other markets and sectors do. To this end, they need to undergo changes that necessarily pertain not only to infrastructure, since it has significantly improved in recent years, but most of all, to people. In the long run, the dominant position will be held by those who are capable of acquiring and engaging their employees, encourage them to take responsibility for the organisation. They will convince them, that changes are necessary and will create the conditions for them to willingly undertake required tasks [1]. What is most important here is clear communication of strategic goals of a given healthcare entity. Once employees understand the means of their contribution to the overall outcome of their organisation, their commitment daily tasks improve.

The element that strengthens the commitment of employees is trust. Managers should pay particular attention to institutional trust. Communicating employees about the strategies and goals of the organisation, the rules of its functioning, values to be observed, and fair HR processes can improve the credibility of a given organisation [2]. Another element vital for building commitment is also engaging employees in decision-making processes concerned with the company. This solution facilitates motivating subordinates and shows that the future of a given organisations lies in them, too. Seeking solutions together, planning or even building the company strategy – it all contributes to the development of a feeling that employees have an actual impact on the company's success and failure, and thus, the feeling of trust in the institution rises.

Today, healthcare entities have to deal with serious economic problems, complex human difficulties, as well as social and technical problems all by themselves. Only competent and committed employees are able to overcome obstacles, make use of emerging opportunities, and, consequently, implement objectives set by a given healthcare entity [3].

The article discusses the issue of the meaning of institutional trust and organisational commitment in healthcare entities basing on literature data and an analysis of the conducted research.

## **2. THE ESSENCE OF ORGANISATIONAL COMMITMENT AND TRUST**

The meaning of commitment to work is emphasised in literature, defined as the willingness and capability of employees to contribute to a company success, i.e., the scope of effort put into task implementation [4], an individual's commitment to his or her occupation as a strong identification with the profession and organisational commitment. This is due to the belief, that organisations which employ committed employees are more effective, as committed employees identify themselves with the organisational objectives to a greater extent compared to their less committed colleagues and exhibit a stronger attachment to a given organisation [5].

Organisational commitment is regarded by researchers as a construct composed of three components [6]:

1. Affective commitment – that is, the emotional attachment of an employee to his or her workplace, commitment and identification with a given organisation.

2. Continuance commitment – a conscious need of an employee to continue his or her employment at the organisation considering the costs related to him or her leaving the organisation.
3. Normative commitment – specifying the extent to which an individual feels he or she should remain with the organisation. Normative commitment depends on the employee's sense of obligation and loyalty towards the organisation.

The presented forms of commitment are interrelated, overlapping and complementary. The authors of the model stress, that it is more appropriate to consider these aspects as components of commitment than as their types, since the relation between an employee and an organisation can reflect all the three components to a varying degree [7].

Organisational commitment is commonly understood as personal identification with organisational objectives and values, the readiness to make all practicable efforts for a given organisation and the willingness to continue one's participation in the organisation [8].

High-level organisational commitment may exert a noticeable and beneficial effect on the results of actions taken by employees at their workplace, thus promoting teamwork as well [9].

Strong organisational commitment is reflected in employees' traits such as, among others:

- faith in organisational goals and values,
- strong willingness to belong to a given organisation,
- high tendency to make a considerable effort for the benefit of the organisation [10].

One of the commitment-building factors is trust. According to Piotr Sztompka, trust is seen as an element of great significance for the quality of life [11]. Authors involved in this subject stress, that trust and commitment are the key building blocks of relations, while trust is the foundation on which open communication and dialogue are developed, thus promoting cooperation and, consequently, achievement of common objectives [12]. The concept of trust is defined in the context of numerous disciplines, i.e., economics, management organisation theory, sociology, political science, and psychology.

As early as in 1979, Niklas Luhmann proved trust to be essential in the life of modern societies due to their growing complexity, non-transparent character and increasingly broader uncertainty- and risk-dominated areas [13]. According to Anna Sankowska, trust is the readiness to become sensitive to actions taken by the other party based on the assessment of his or her credibility in a situation characterised by interdependence and risk [14]. Marek Bugdol defines trust as the foundation of social interactions (as it enables cooperation and implementation of common goals, allows development of social relations and new contacts, business ventures, etc.) [15], whereas Sztompka considers trust to be a bet made in the context of uncertain future actions of other people [16]. The result of an organisation being regarded as credible is organisational trust, which can have an interpersonal and institutional nature [17]. Internal interpersonal trust may pertain to relations between co-workers (the so-called horizontal trust) or between employees and their direct superiors and managers (the so-called vertical trust) [18]. Whereas institutional trust is the employees' trust regarding the manner in which a given company is organised and managed (procedures, technologies, management systems, goals, and visions), competencies, policy, and justice [19].

### 3. STUDY RESULTS ANALYSIS

#### 3. 1. Methodology

The aim of the presented research was to determine the correlation between institutional trust and organisational commitment of a healthcare entity employees and, most of all, to provide an answer to the following research questions:

1. How does institutional trust impact individual components of organisational commitment?

In the study, the diagnostic survey method using a questionnaire as a research tool was employed. The survey applied in the research stage was based on the 5-point Likert scale.

The differences between the two means were submitted to statistical analysis using the Student's t test for independent samples.

The differences between more than two variables were submitted to statistical analysis using one-factor analysis of variance (ANOVA). Since the test indicates solely the occurrence of differences and provides no information concerning significantly different pairs, further *post hoc* testing with the Dunnett's T3 test was applied. A relevant *post hoc* testing was used for heterogeneous variances.

The statistical significance of correlations between quantitative variables was determined using Spearman correlation coefficient.

The level of significance in statistical analyses was set at  $p = 0.05$ .

#### 3. 2. Research group

The survey research was conducted in a provincial hospital with a total of 1292 employees. The trial was carried out on 30% of the total number of staff, i.e., 389 individuals. The majority of the analysed group were females (72%), whereas the percentage of male employees was estimated at 28%.

The average age was 45.5 years with standard deviation of 9.05 years. At least half of the respondents was at least 47 years old. The majority of the respondents were at the age of 50. The distribution of the age variable ranged from 23 to 62 years and was left-skewed (skewness = -0,7).

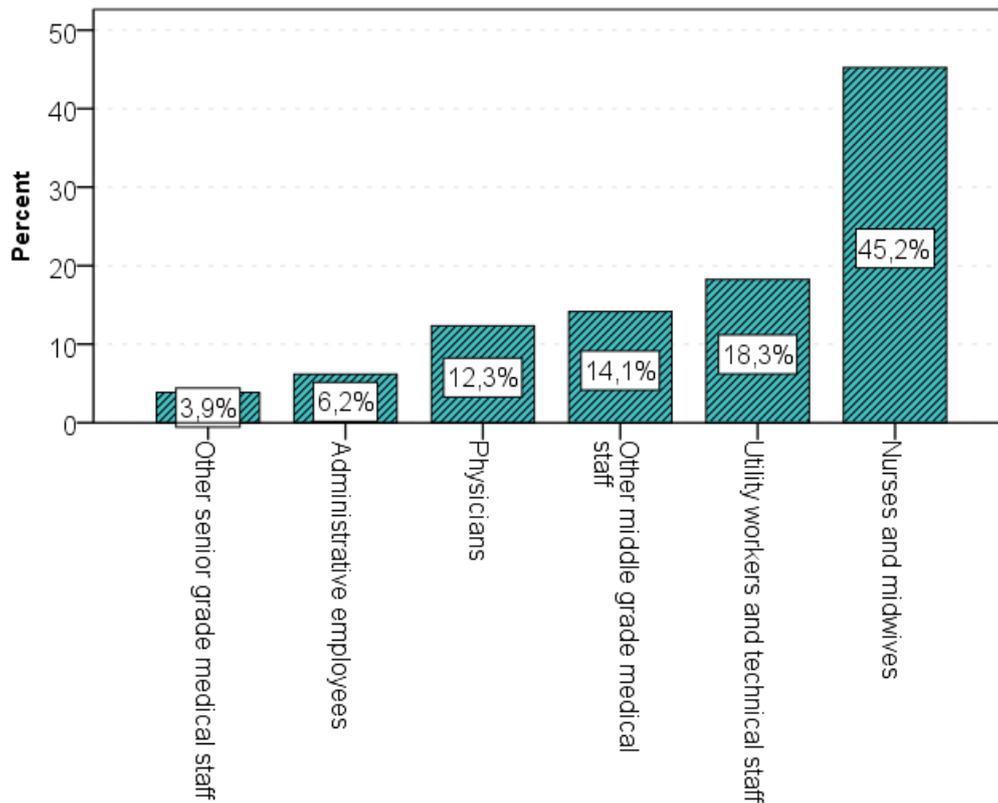
The average seniority was in total 23.5 years. The average hospital seniority was 20.6 years with standard deviation of 10.40 years. At least half of the respondents have been hospital-employed for 24 years. The variable distribution ranged from 1 year to 39 years and was left-skewed (skewness = -0.47), with the group being dominated by individuals with longer seniority.

Most participants of the study have a higher education degree (40%), while a considerable percentage of respondents received secondary education (32%) and post-secondary education (20%), followed by individuals who received vocational education (9%) and basic education (1%).

The majority of respondents had an employment contract signed for a specified time (81%), 13% respondents were employed for a limited time, whereas the remaining part of the study group comprised respondents who had a replacement employment contract (3%), a

contract of mandate (2%), a healthcare service procurement contract (0.3%), employment contract for a specified task (0.3%) or a probation contract (0.3%).

The most common positions among the study participants were nurses and midwives (45%), followed by utility workers and technical staff (18%), other middle grade medical staff (14%), physicians (12%), administrative employees (6%) and other senior grade medical staff (4%) (Fig. 1).



**Figure 1.** The size of the analyzed professional groups.

### 3. 3. Organisational commitment

Organisational commitment was measured using 24 questions. A high score indicated strong organisational commitment of a given study participant, strong sense of belonging and a willingness to take measures to support implementation of the goals and values of a given company. In the course of organisational commitment analysis, 3 components were distinguished:

1. Affective commitment - 8 questions with score ranging from 8 to 40. A high score indicated strong attachment of an employee to a given organisation and strong identification with the organisation.
2. Continuance commitment - 8 questions with score ranging from 8 to 40. A high score indicated strong continuance commitment related to an employee's reluctance to incur costs related to the possibility of leaving the organisation.

3. Normative commitment - 8 questions with score ranging from 8 to 40. A high score indicated strong sense of moral obligation to remain with the organisation.

Each of the above components contained statements the respondents had to address individually by rating their opinion on a 5-point scale with 5 for “completely agree” and 1 for “completely disagree”. Examples of the statements are presented in the table below (Table 1).

**Table 1.** Example of statements.

<b>Organisational commitment</b>	<b>Statement no. in the survey questionnaire</b>	<b>Statement</b>
Affective commitment	54	My organization is a great place to work.
Continuance commitment	56	Giving up my job at the organisation would affect too many aspects of my life.
Normative commitment	64	I strongly believe, that one has to be loyal to his or her organisation at all times.

In order to create uniform measures of organisational commitment, the scores for individual components were added together.

The average score obtained by respondents for affective commitment was 25.5 (deviation = 5.87). At least half of the respondents scored 26, while the most common score was 38. The distribution of the variable ranged from 10 to 40 and was similar to normal distribution (skewness = -0.17) (Table 2).

The average score obtained by respondents for continuance commitment was 28.8 (deviation = 6.08). At least half of the respondents scored 29, while the most common score was 33. The distribution of the variable ranged from 11 to 40 and was slightly left-skewed (skewness = -0.40) (Table 2).

The average score obtained by respondents for normative commitment was 31,5 (deviation = 5.29). At least half of the respondents scored 32 while the most common score was also 32. The distribution of the variable ranged from 8 to 40 and was slightly left-skewed (skewness = -0.72) (Table 2).

**Table 2.** Measures of central tendency and dispersion. Total score for affective commitment, continuance commitment, and normative commitment.

<b>Commitment:</b>	<b>Affective</b>	<b>Continuance</b>	<b>Normative</b>
Mean	25,5	28,8	31,5
Standard deviation	5,87	6,08	5,29

Median	26,0	29,0	32,0
Dominant	28,0	33,0	32,0
Skewness of a distribution	-0,17	-0,40	-0,72
Minimum	10,0	11,0	8,0
Maximum	40,0	40,0	40,0

No statistically significant differences between female and male employees were found regarding their average scores for affective commitment ( $p = 0.885$ ), continuance commitment ( $p = 0.534$ ), and normative commitment ( $p = 0.133$ ) (Table 3).

**Table 3.** Organisational commitment by sex.

	Group				Student's t test	
	Women		Men		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Affective commitment	25,5	5,85	25,6	5,97	-0,14	0,885
Continuance commitment	28,9	6,09	28,5	6,09	0,62	0,534
Normative commitment	31,8	5,23	30,9	5,42	1,51	0,133

*M* – mean, *SD* – standard deviation, *t* – Student's t test, *p* – statistical significance

Statistically significant correlations were observed between continuance commitment and age ( $p = 0.042$ ), total seniority ( $p = 0.042$ ), hospital seniority ( $p = 0.015$ ), education ( $p < 0.001$ ). Elderly people with longer seniority and lower education obtained higher scores for continuance commitment. Statistically significant correlations between normative commitment and age ( $p = 0.028$ ), hospital seniority ( $p = 0,001$ ), and education ( $p = 0,004$ ) were found. Elderly respondents with longer seniority and lower education obtained higher scores for normative commitment (Table 4).

**Table 4.** Correlation between age, seniority, education, and organisational commitment. Spearman's rank correlation coefficient values.

		Affective commitment	Continuance commitment	Normative commitment
Age	Correlation coefficient	0,021	0,103	0,111
	Significance (two-way)	0,676	0,042	0,028

Seniority (total)	Correlation coefficient	-0,008	0,103	0,097
	Significance (two-way)	0,868	0,042	0,055
Seniority (hospital)	Correlation coefficient	0,051	0,124	0,161
	Significance (two-way)	0,319	0,015	0,001
Seniority (current position)	Correlation coefficient	-0,049	0,071	0,052
	Significance (two-way)	0,339	0,162	0,304
Education	Correlation coefficient	-0,069	-0,190	-0,144
	Significance (two-way)	0,175	<0,001	0,004

No statistically significant correlation between organisational commitment and position held was found for affective commitment ( $p = 0.511$ ), continuance commitment ( $p = 0.066$ ), and normative commitment ( $p = 0.125$ ) (Table 5).

**Table 5.** Organisational commitment in the breakdown by professional groups.

	Commitment					
	Affective		Continuance		Normative	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Physicians	25,5	5,84	26,9	6,30	30,5	4,99
Other senior grade medical staff	24,4	6,34	29,5	4,66	29,4	5,42
Nurses and midwives	25,8	5,53	28,6	6,09	32,1	5,15
Other middle grade medical staff	25,7	5,24	29,8	5,76	31,4	4,68
Utility workers and technical staff	24,4	6,86	28,8	6,30	31,0	5,81
Administrative employees	26,6	6,44	31,2	5,70	33,0	6,10
All together	25,5	5,87	28,8	6,08	31,5	5,29
<b>ANOVA</b>	<i>F</i> = 0,86; <i>p</i> = 0,511		<i>F</i> = 2,09; <i>p</i> = 0,066		<i>F</i> = 1,74; <i>p</i> = 0,125	

*M* – mean, *SD* – standard deviation, *F* –ANOVA test score, *p* – significance

### 3. 4. Institutional trust

The institutional trust scale comprised 10 statements which respondents had to rate on a 5-point scale with 5 for “completely agree” to 1 for “completely disagree”. These scores were then averaged and added together from top score to lowest score in Table 3.

Most respondents claimed, that the rules and standards adopted by their organisations are observed (mean = 3.8), conflicts are solved on an on-going basis (3.5), whereas organisations are striving towards a clear direction (3.5). Fewest respondents stated their organisations create best conditions for the development of their employees (3.1) (Table 6).

**Table 6.** Institutional trust scale – rating scale questions (from 1 for “completely disagree” to 5 for “completely agree”).

	<i>M</i>	<i>SD</i>	<i>ME</i>
My organisation observes adopted rules and standards.	3,8	1,1	4,0
My organisation solves conflicts on an on-going basis.	3,5	1,1	4,0
As an organisation, we strive in a clear direction.	3,5	1,1	4,0
Each employee has been familiarised with our organisation’s vision of development.	3,4	1,1	4,0
My organisation is characterised by a constant flow of information.	3,4	1,2	4,0
My organisation is characterised by effective management.	3,4	1,1	3,0
I feel safe in our organisation.	3,3	1,1	3,0
If anything really bad happened in our organisation, undoubtedly I would be informed about it.	3,2	1,2	3,0
The norms adopted by our organisation are conducive to inspiring commitment.	3,2	1,2	3,0
My organisation provides me with the best prerequisites for improvement.	3,1	1,2	3,0

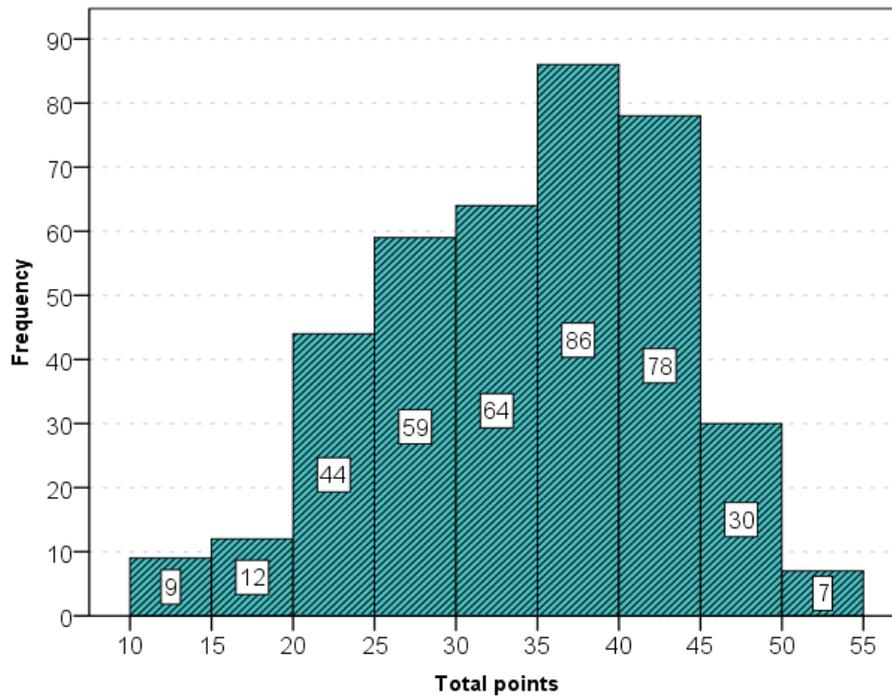
*M* – mean, *SD* – standard deviation, *Me* – median

In order to create a uniform measure of institutional trust, all scores for the above described 10 statements were added together. The average total score thus obtained by a given respondent was estimated at 33.8 (standard deviation = 8.76). At least half of the respondents achieved score of 35, while the most common score was 38. The distribution of the variable was from 10 to 50 and slightly left-skewed (skewness = -0.37) (Table 7, Fig. 2).

**Table 7.** Measures of central tendency and dispersion. Institutional trust.

Mean	33,8
Standard deviation	8,76
Median	35,0

Dominant	38,0
Skewness of a distribution	-0,37
Minimum	10,0
Maximum	50,0



**Figure 2.** A variable histogram: institutional trust.

The average score obtained by women was estimated at 34.9 with standard deviation of 8.09. Men exhibited lower institutional trust (mean = 31.0). The Student’s t test analysis for independent samples proved the discussed differences to be statistically significant ( $p < 0.001$ ) (Table 8).

**Table 8.** Institutional trust by sex.

	Group				Student’s t test	
	Women		Men		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Institutional trust	34,9	8,09	31,0	9,77	4,02	<0,001

*M* – mean, *SD* – standard deviation, *t* – Student’s t test, *p* – statistical significance

The analysis with the use of Spearman's rank correlation coefficient showed no statistically significant correlation between age ( $p = 0.076$ ), seniority ( $p = 0.127$ ;  $0.908$ ;  $0.211$ ), education ( $p = 0.295$ ), and institutional trust (Table 9).

**Table 9.** Correlation between age, seniority, education, and institutional trust. Spearman's rank correlation coefficient values.

		Institutional trust
Age	Correlation coefficient	-0,090
	Significance (two-way)	0,076
Seniority (total)	Correlation coefficient	-0,077
	Significance (two-way)	0,127
Seniority (hospital)	Correlation coefficient	-0,006
	Significance (two-way)	0,908
Seniority (current position)	Correlation coefficient	-0,064
	Significance (two-way)	0,211
Education	Correlation coefficient	-0,053
	Significance (two-way)	0,295

Institutional trust was observed to be highest among nurses (mean = 36.3) followed by administrative employees, whereas lowest in physicians (30.3) and utility workers (31.1). The one-factor analysis of variance proved the discussed differences to be statistically significant ( $p < 0.001$ ). Further analysis using the Dunnett's T3 test for *post hoc* testing proved a statistically significant difference between nurses and physicians ( $p = 0.001$ ), other middle grade medical staff ( $p = 0.015$ ), and utility workers ( $p = 0.005$ ) (Table 10).

**Table 10.** Institutional trust by position held.

	<i>M</i>	<i>SD</i>
Physicians	30,3	8,45
Other senior grade medical staff	32,9	8,84
Nurses and midwives	36,3	7,71
Other middle grade medical staff	32,2	7,81
Utility workers and technical staff	31,1	10,66
Administrative employees	35,4	7,32

	<i>M</i>	<i>SD</i>
Physicians	30,3	8,45
Other senior grade medical staff	32,9	8,84
Nurses and midwives	36,3	7,71
Other middle grade medical staff	32,2	7,81
Utility workers and technical staff	31,1	10,66
<b>ANOVA</b>	<i>F</i> = 6,73;	<i>p</i> < 0,001

*M* – mean, *SD* – standard deviation, *F* – ANOVA test score, *p* – significance

### 3. 5. The effect of institutional trust on organisational commitment in employees of the healthcare entity

A statistically significant correlation between institutional trust and organisational commitment was found in the analysis of all three components, namely, affective commitment ( $p < 0.001$ ), continuance commitment ( $p < 0.001$ ), and normative commitment ( $p < 0.001$ ). These correlations were observed not only for the respondents as a whole but also for individual groups of employees separately.

The strongest correlation between institutional trust and the affective commitment was observed in other senior grade medical staff ( $r = 0.77$ ), whereas the lowest was observed in physicians ( $r = 0.37$ ).

The strongest correlation between institutional trust and continuance commitment was observed in administrative employees ( $r = 0.60$ ), while the lowest – in utility workers ( $r = 0.33$ ). The strongest correlation between institutional trust and the normative commitment was observed in other senior grade medical staff ( $r = 0.86$ ), whereas the lowest – among utility workers ( $r = 0.30$ ) (Table 11).

**Table 11.** The relationship between institutional trust and organizational commitment. Spearman’s rank correlation coefficient values.

			Affective commitment	Continuance commitment	Normative commitment
Professional groups	Institutional trust	Correlation coefficient	0,511	0,378	0,481
		Significance (two-way)	<0,001	<0,001	<0,001

Physicians	Institutional trust	Correlation coefficient	0,371	0,408	0,486
		Significance (two-way)	0,009	0,004	<0,001
Other senior grade medical staff	Institutional trust	Correlation coefficient	0,773	0,566	0,863
		Significance (two-way)	0,001	0,028	<0,001
Nurses and midwives	Institutional trust	Correlation coefficient	0,531	0,345	0,514
		Significance (two-way)	<0,001	<0,001	<0,001
Other middle grade medical staff	Institutional trust	Correlation coefficient	0,519	0,379	0,374
		Significance (two-way)	<0,001	0,004	0,005
Utility workers and technical staff	Institutional trust	Correlation coefficient	0,548	0,333	0,304
		Significance (two-way)	<0,001	0,005	0,010
Administrative employees	Institutional trust	Correlation coefficient	0,529	0,600	0,551
		Significance (two-way)	0,008	0,002	0,005

#### 4. CONCLUSIONS

The analysis of the study results obtained at the discussed healthcare entity proves, that there is a significant correlation between institutional trust and organisational commitment. Moreover, the positive nature of the correlation between institutional trust and affective, continuance, and normative organisational commitment was observed. Such correlations were identified not solely in the case of all respondents but also for individual employee groups.

To conclude, employees' trust in the credibility of a given organisation plays a key role in building commitment. In practice, committed employees are by far more efficient. They put their best foot forward to ensure high quality of their work and services, remaining attached to the hospital and, moreover, are committed to providing high-quality patient service and building a positive image of their workplace. The high quality and efficiency of their work naturally translate into the success of the healthcare entity.

Undoubtedly, the subject addressed in the paper, which pertains to institutional trust and organisational commitment in healthcare sector remains relevant and intriguing, yet it fails to provide a full description of the matter in all its complexity. Since the study was conducted in one hospital only, the correlations described here are not applicable to all healthcare entities operating in Poland. Given the desirability of extending the knowledge on the investigated

subject, consideration should be given to undertake further in-depth quantitative and qualitative research.

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( Received 22 September 2016; accepted 08 October 2016 )