



Science, Education and Innovations in the Context of Modern Problems
Issue 1, Vol. 9, 2026

RESEARCH ARTICLE

Organizational Trust and Its Relationship to Organizational Silence among Nurses in Public Hospitals (A Field Study at Saadana Abdenour University Hospital in the Province of Sétif)

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Issue web link

<https://imcra-az.org/archive/389-science-education-and-innovations-in-the-context-of-modern-problems-issue-1-vol-9-2026.html>

Keywords

organizational trust, organizational silence, nurse, public hospital.

Abstract

The study aimed to identify the correlational relationship between the dimensions of organizational trust and the dimensions of organizational silence among nurses working in public hospitals, as well as to determine the levels of organizational trust and organizational silence among nurses. A questionnaire was used as the primary tool for data collection and was administered to 62 nurses working at Saadana Mohamed Abdenour University Hospital in the province of Sétif. The descriptive method was adopted as the study approach. The study reached several results, the most notable of which are:

- The level of organizational trust, as well as the dimensions of trust in coworkers and trust in direct supervisors, was high, whereas the level of trust in top management was low among nurses in the public hospital.
- The level of organizational silence, with its dimensions (social silence, acquiescent silence, defensive silence, and opportunistic silence), among nurses working in the public hospital was moderate and statistically significant at the 0.001 level.
- There is a positive, statistically significant correlation at the 0.01 level between social silence and both trust in coworkers and trust in direct supervisors, and between acquiescent silence and each of trust in coworkers, trust in top management, and trust in direct supervisors among nurses. There is also a negative, statistically significant correlation at the 0.01 level between defensive silence and trust in coworkers, and between defensive silence and trust in direct supervisors among nurses. However, there is no statistically significant correlation at the 0.05 level between opportunistic silence and each of trust in coworkers, trust in top management, and trust in direct supervisors; nor between social silence and trust in top management; nor between defensive silence and trust in top management among nurses.

Citation

Hamza Z.; Lefkir A. (2026). Organizational Trust and Its Relationship to Organizational Silence among Nurses in Public Hospitals (A Field Study at Saadana Abdenour University Hospital in the Province of Sétif). *Science, Education and Innovations in the Context of Modern Problems*, 9(1), 1186-1199. <https://doi.org/10.56334/sei/9.1.112>

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Received: 03.09.2025

Accepted: 14.12.2025

Published: 11.01.2026 (available online)

Introduction:

Human resources are considered among the most vital elements and the main pillar of any organization, as they represent the effective factor in achieving its goals and ensuring its continuity. In Algerian public hospitals,

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Organizational Trust and Its Relationship to Organizational Silence among Nurses in Public Hospitals
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human resources are of double importance due to the nature of the tasks associated with the protection of citizens' health and the provision of medical care. The nurse is regarded as one of the most important actors in this health system because of his or her pivotal role in monitoring patients, implementing medical instructions, and contributing to raising the level of health awareness within the community.

However, the effectiveness of this role can only be achieved in an organizational environment dominated by effective communication and effective leadership, where organizational trust is a key factor in enhancing affiliation and commitment and encouraging nurses to express their opinions and suggestions. Conversely, the absence of this trust may lead them to adopt the behavior of organizational silence, which is considered among the negative behaviors that deprive the institution of information and ideas that may be crucial in improving performance and developing health services. Hence, the importance of studying the relationship between organizational trust and organizational silence among nurses in public hospitals as a gateway to a deeper understanding of psychological and organizational phenomena that affect the quality of health services and the effectiveness of public institutions.

1. Problem of the Study:

The study of human behavior within professional contexts is one of the fundamental pillars for understanding work dynamics within organizations, as individual and collective behaviors constitute the decisive factor in determining performance effectiveness and the achievement of organizational goals. An institution is not based merely on structures and systems; rather, it depends to a greater extent on how individuals interact with the work environment and with the prevailing values and culture within it.

Interest in human behavior at work represents a necessary entry point for understanding the importance of the human element, "since the latter is the central axis upon which all organizational and managerial efforts focus during change, as it constitutes, par excellence, the most important determinant of efficiency and effectiveness. Organizations that seek success are those that work to influence the performance of their members and direct it toward achieving their goals" (Alawi Abdel Fattah, 2013, p. 02). This emphasizes importance of focusing on the individual employee within organizations and the necessity of doing so for the organization's survival and continuity in the long term; without the human element, an organization cannot achieve success or attain its objectives.

The public hospital is considered one of the most important strategic service institutions, as it is based on multiple functions, most notably providing healthcare and medical care to patients and protecting them from diseases through various services such as diagnosis, treatment, emergency care, and others. Thus, it represents the main pillar of the health sector by offering comprehensive and accessible services to different social groups, including vulnerable populations and low-income individuals.

The nurse is regarded as one of the fundamental pillars of the public hospital given their pivotal role in providing healthcare and monitoring patients' conditions on a daily basis, which makes the nurse a key link between the patient and the physician. Therefore, enhancing the status of the nurse is a strategic necessity for improving hospital effectiveness and ensuring the continuity of the healthcare system.

Based on the importance of nurses within public hospitals and their vital role in ensuring the quality of healthcare services, the issue of organizational trust emerges as one of the essential foundations that determine the nature of the relationship between the nurse and the hospital in which they work. Thus, organizational trust is a core factor in enhancing effective communication, supporting effective leadership, and encouraging nurses to participate in decision-making and express their opinions. Conversely, the absence of such trust may lead them to adopt organizational silence, a negative behavior that results in many adverse consequences.

In view of the importance of organizational trust and organizational silence among nurses working in public hospitals, the present study seeks to identify the correlational relationship between organizational trust and organizational silence among nurses in public hospitals.

Accordingly, the research problem revolves around the following questions:

- What is the level of organizational trust among nurses in the public hospital?
- What is the level of organizational silence among nurses in the public hospital?
- Is there a statistically significant correlational relationship between the dimensions of organizational trust and the dimensions of organizational silence among nurses in the public hospital?

2. Study Hypotheses:

- There is a high level of organizational trust among nurses in the public hospital.
- There is a high level of organizational silence among nurses in the public hospital.
- There is a statistically significant correlational relationship between the dimensions of organizational trust and the dimensions of organizational silence among nurses in the public hospital.

3. Study Objectives:

- To identify the level of organizational trust among nurses working in the public hospital.
- To identify the level of organizational silence among nurses working in the public hospital.
- To determine the nature of the relationship between organizational trust and organizational silence among nurses working in the public hospital.

4. Study Limitations:

Temporal Limits: The study was conducted over a period of four weeks, from April 1, 2025, to May 2, 2025.

Spatial Limits: Mohamed Abdennour Saadane University Hospital, Setif Province.

Human Limits: Nurses working at Mohamed Abdennour Saadane University Hospital in Setif, Algeria.

Subject-Matter Limits: The correlational relationship between organizational trust and organizational silence among nurses in the public hospital.

5. Definition of Study Terms:

Organizational Trust: Rotter defines it as the expectation held by an individual or group that the written or verbal promises of others, whether individuals or groups, can be relied upon (Tijani Mansour, 2020).

Operational Definition: It can be defined as “the employee’s perception of the honesty, transparency, and fairness of the organization in its dealings with them, measured through their sense of job security, belonging, and satisfaction within the work environment.”

Organizational Silence: It is the tendency of employees in organizations to avoid providing information or suggestions to their supervisors or to refrain from reporting organizational problems due to fear of negative reactions or unsatisfactory consequences (Al-Shanifi Najlaa & Rawan Turki, 2021, p. 121).

Operational Definition: It can be defined as “the employee’s withholding of opinions, suggestions, or work-related concerns due to organizational or personal factors, measured by low participation in decision-making, lack of initiative, and avoidance of criticism or discussion within the work environment.”

Nurse: A professional individual possessing the knowledge, skills, and self-confidence that enable them to work in various units in cooperation with colleagues from the healthcare team. The nurse is an active member in managing the healthcare institution, implementing positive changes, and performing multiple roles (Mohamed Abu Al-Hussain, 2010, p. 13).

Operational Definition: A person scientifically and professionally qualified to provide healthcare and nursing care to individuals and groups, monitor their health conditions, follow medical instructions, contribute to disease prevention, and provide psychological and social support to patients within various healthcare institutions.

Public Hospital: A hospital institution belonging to the public sector, under the authority of the state, providing a range of medical services to patients without discrimination, based on the principle that everyone has the right to treatment, as it is state-owned (Bahri Saber, 2009, p. 13).

Operational Definition: A public healthcare institution that provides treatment and medical care services equally to all citizens, funded by the general budget, and engaged in preventive, diagnostic, and therapeutic services, in addition to contributing to medical education and research.

6. Previous Studies and Commentary:

First Study: Titled “Organizational Trust and Its Relationship with Organizational Silence: A Field Study at Harrouch Hospital” by Khayat Amira (2024).

This study aimed to examine the reality of organizational silence and organizational trust at Harrouch Hospital in Skikda, measure the relationship between them, and identify statistical differences between the mean responses of the sample members (doctors, nurses, and administrative staff) regarding the study variables according to demographic variables (gender, age, and job seniority).

The study used a descriptive-analytical approach. For data collection, observation, questionnaires, and document analysis were employed. The sample was selected using a non-random quota sampling method. The study reached the following results:

- There is a negative correlational relationship between trust in colleagues and defensive silence, a negative correlational relationship between trust in supervisors and acquiescent silence, and a positive correlational relationship between trust in management and social silence.
- The study concluded that males with more than 20 years of seniority, aged between 40 and 49, working as nurses or administrators, had the highest levels of organizational trust. Regarding the orientation of employees toward organizational silence, it was found that females with less than 20 years of experience and working in administrative roles were the most likely to practice organizational silence (Khayat Amira, 2024).

Second Study: Titled “Organizational Silence and Its Relationship with Organizational Trust among Public School Principals in the City of Qaminis” by Sami Suleiman Hamed (2024).

The study aimed to identify the level of organizational silence and the prevailing organizational trust in public schools in the city of Qaminis. The study used a descriptive approach. The population consisted of 1,460 teachers, from which a random sample of 306 teachers was drawn. A questionnaire was used as the data collection tool. For data analysis, statistical software packages were employed to calculate frequencies and percentages to describe the study variables. Means and standard deviations were also calculated to determine the levels of organizational silence and organizational trust in public schools. Additionally, the Mann-Whitney test was used to determine whether there were differences in respondents' opinions regarding the levels of silence and trust in public schools.

The study found that the level of organizational silence was moderate, while the level of organizational trust was low. It also indicated a statistically significant positive correlational relationship at the 0.05 significance level between organizational silence and the prevailing level of organizational trust in public schools in Qaminis; however, this relationship was weak (Sami Suleiman Hamed, 2024).

Third Study: Titled “The Impact of Organizational Trust and Organizational Silence and Their Relationship with Environmental Citizenship Behaviors” by Samah Ibrahim, Ahmed Awad, and others (2022).

The study aimed to examine the impact of organizational trust and organizational silence and their relationship with environmental citizenship behaviors. This was achieved by determining the level of organizational trust, assessing the level of organizational silence, and studying the relationship between organizational trust and environmental citizenship behaviors. The researchers employed a descriptive approach and distributed the questionnaire to a sample of 400 employees at Ain Shams University. Data analysis was conducted using the SPSS statistical software. The results indicated that organizational trust has a direct impact on two dimensions of organizational silence, which are, defensive silence and social silence. While it does not affect acquiescent silence or environmental citizenship behaviors.

Based on the previous studies, it is clear that the relationship between organizational trust and organizational silence varies according to the professional context and the targeted group. The first study by Khayat Amira (2024), which involved doctors, nurses, and administrative staff in the public hospital, revealed a negative relationship between trust in colleagues and defensive silence, and between trust in supervisors and acquiescent silence, in addition to a positive relationship between trust in senior management and social silence. This partially aligns with the results of the current study, which found a negative relationship between defensive silence and trust in colleagues and direct supervisors, but differed regarding acquiescent silence, which was positively associated with trust at various levels, reflecting the unique dynamics of nurses as a professional group.

The second study by Sami Suleiman (2024), conducted in the school context, found that the level of organizational silence was moderate, trust was low, and there was a weak positive relationship between them. This differs from the results of the current study, which showed higher levels in some dimensions of organizational trust, indicating that the healthcare context imposes a particular nature on organizational relationships.

The third study by Samah Ibrahim, Ahmed Awad, and others (2022), which examined the impact of organizational trust and organizational silence on environmental citizenship behaviors, revealed a positive effect of trust on defensive and social silence, but no effect on acquiescent silence. This contrasts with the results of the current study, which found a positive relationship between trust and acquiescent silence, suggesting that nurses may be more inclined to comply with decisions when trust exists in supervisors and colleagues.

Thus, this comparison confirms that the nature of the relationship between organizational trust and organizational silence is not fixed but is influenced by the institutional context, the nature of the profession, and the level of interaction among employees. This highlights the importance of studying this phenomenon in different environments to gain a deeper understanding of its dynamics.

When compared to previous studies, it becomes evident that the healthcare context imposes particular characteristics on these relationships, as nurses tend to comply more when trust exists, unlike what was observed in other contexts such as schools or studies related to organizational citizenship behaviors.

7. Research Method Used in the Study:

In our study, we adopted the descriptive method, which is defined as “a method for describing the studied phenomenon and portraying it quantitatively by collecting standardized information about the problem, classifying it, analyzing it, and subjecting it to careful study” (Ammar Bouhouch, Mohamed Mahmoud Al-Dhanibat, p. 140). This type of method was used because it is suitable for the study in terms of going beyond merely collecting data about a phenomenon to analyzing the phenomenon and its relationship with other phenomena.

8. Study Sample:

We selected Saadna Mohamed Abdenour University Hospital in the province of Sétif, where the study questionnaire was distributed to nurses working in the hospital using a purposive, non-random sampling method. The total number of participants was 62 nurses. The characteristics of the study sample can be illustrated in the following Table (01):

Table (01) shows the distribution of the sample according to gender and years of professional experience.

Variable	Category	Number of Individuals	Percentage (%)
Gender	Male	17	27.4

	Female	45	72.6
	Total	62	100.0
Professional Experience	1-10 years	31	50.0
	11-20 years	24	38.7
	21-30 years	7	11.3
	Total	62	100.0

It can be observed from Table (01) that the number of female nurses is higher than the number of male nurses, with females numbering 45, representing 72.6%, while males number 17, representing 27.4% of the total number of nurses included in the study.

It is also noted that 50% of the study sample consists of nurses with 1-10 years of professional experience, representing the most prevalent group. Meanwhile, 38.7% of the total sample of nurses have professional experience ranging between 11-20 years, whereas 11.3% of the total sample have years of service ranging between 21-30 years.

9. Data and Information Collection Tools:

To achieve the objectives of the study, a questionnaire was prepared by the researcher to measure organizational trust and organizational silence among nurses, based on the theoretical literature on these topics.

The organizational trust questionnaire was divided into three dimensions:

Trust in top management, which included 10 items,

Trust in direct supervisors, which included 7 items,

Trust in coworkers, which included 15 items.

The items for each dimension were designed using a five-point Likert scale, where each item had the following response levels: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. The following scoring scale was adopted: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5). In total, the organizational trust questionnaire included 32 items.

The organizational silence questionnaire was divided into four dimensions: social silence, which included 10 items, acquiescent silence, which included 8 items, defensive silence, which included 6 items, opportunistic silence, which included 6 items.

The items for each dimension were also designed using a five-point Likert scale. For negatively worded items, the scoring scale was reversed as follows: Strongly Disagree (5), Disagree (4), Neutral (3), Agree (2), Strongly Agree (1). This applied to the items numbered in the questionnaire (03, 19, 20, 22, 05, 23, 25, 26, 27, 10, 21, 30). For positively worded items, the scoring scale was: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1), which applied to items numbered (01, 02, 04, 24, 06, 07, 08, 09, 28, 11, 12, 13, 14, 15, 16, 17, 18, 29). In total, the organizational silence questionnaire included 30 items.

Afterward, both questionnaires were presented to two professors specializing in Organizational and Work Psychology from Mohamed Lamine Debaghine University, Sétif, to provide their opinions and observations regarding the validity of the questionnaires and the extent to which they measure what they were designed for.

10. Psychometric Properties of the Study Tool:

1- Organizational Trust Questionnaire:

Validity: To ensure the validity of the questionnaire, the internal validity method was used by estimating the Pearson correlation coefficients between the items and the dimensions they belong to, relying on the SPSS statistical program.

Table (02) Correlation Coefficients Between the Items and the Dimensions They Belong To

Dimension	Item	Correlation Coefficient	Dimension	Item	Correlation Coefficient	Dimension	Item	Correlation Coefficient
	1	0,37		11	0,48	(Continued)	22	0,09

Trust in Top Management	2	0,40	Trust in Direct Supervisors	12	0,78**		23	0,32
	3	0,46		13	0,57**		24	0,30
	4	0,54		14	0,75**		25	0,59**
	5	0,61**		15	0,71**		26	0,16
	6	0,64**		16	0,80**		27	0,58**
	7	0,22		17	0,61**		28	0,45*
	8	0,72**	Trust in Coworkers	18	0,20		29	0,19
	9	0,70**		19	0,68*		30	0,15
	10	0,43		20	0,77		31	0,34
				21	0,52*		32	0,60**

** Significant at 0.01; * Significant at 0.05.

Table (02) shows that the correlation coefficients between the items and the dimensions they belong to ranged from acceptable to high, varying between 0.30 and 0.80, with most being significant at the 0.05 level. Exceptions include items numbered 7, 18, 22, 26, 29, and 30, which fall below the minimum threshold of 0.30, ranging between 0.09 and 0.20. These items need to be removed as they are not consistent with the dimensions they belong to. Consequently, the number of questionnaire items becomes 26, which are considered consistent with their respective dimensions, reflecting the questionnaire's validity.

The correlation coefficients were also estimated between the dimensions themselves, as well as between the items and the overall questionnaire score, as shown in Table (03).

Table (03) Correlation Coefficients Between the Dimensions and Between the Dimensions and the Overall Questionnaire Score

Dimensions	(1)	(2)	(3)	Overall Score
Trust in Top Management (1)	---	0,77**	0,46*	0,81**
Trust in Direct Supervisors (2)	---	---	0,49*	0,90**
Trust in Coworkers (3)	---	---	---	0,57**

** Significant at 0.01; * Significant at 0.05.

Table (03) shows that the correlation coefficients between the dimensions, as well as between the dimensions and the overall questionnaire score, are high, ranging from 0.46 to 0.90, and are significant at the 0.05 level. This indicates the consistency of the dimensions with each other and their consistency with the overall score, confirming the internal validity of the Organizational Trust Questionnaire.

Reliability: The reliability of the Organizational Trust Questionnaire scores was estimated using the Cronbach's Alpha and Omega methods for internal consistency of the dimensions and the overall questionnaire score.

Table (04) Reliability Coefficients (Cronbach's Alpha and Omega) for the Questionnaire Scores

Dimension	Number of Items	Cronbach's Alpha
Trust in Top Management	9	0,69
Trust in Direct Supervisors	7	0,79
Trust in Coworkers	10	0,73
Overall Questionnaire	26	0,82

Table (04) shows that the reliability coefficients of the questionnaire scores across its dimensions are high, with Cronbach's alpha values ranging from 0.69 to 0.79. The alpha coefficient for the overall questionnaire is 0.82. These results indicate that the Organizational Trust Questionnaire scores have acceptable reliability.

2- Organizational Silence Questionnaire

Validity: To verify the validity of the Organizational Silence Questionnaire, the internal validity method was used by estimating the Pearson correlation coefficients between the items and the dimensions to which they belong.

Table (05) Correlation Coefficients Between the Items and the Dimensions They Belong To

Dimension	Item	Correlation Coefficient	Dimension	Item	Correlation Coefficient	Dimension	Item	Correlation Coefficient
Social Silence	1	0,81**	Acquiescent Silence	11	0,65**	(Continued)	21	0,38**
	2	0,53**		12	0,30**		22	0,85**
	3	0,58**		13	0,92**		23	0,48**
	4	0,31**		14	0,49**		24	0,48**
	5	0,72**		15	0,49**		25	0,47**
	6	0,35**		16	0,28**		26	0,48**
	7	0,64**		17	0,56**		27	0,48**
	8	0,39**		18	0,53**		28	0,59**
	9	0,56**	Defensive Silence	19	0,54**		29	0,26**
	10	0,67**		20	0,58**		30	0,58**

** Significant at 0.01; * Significant at 0.05.

It is evident from Table (05) that the correlation coefficients between the items and the dimensions they belong to range from acceptable to high, varying between 0.26 and 0.85. Most exceed the minimum threshold for internal consistency (0.30), except for items 16 and 29, which have correlation coefficients of 0.28 and 0.26, respectively, values close to 0.30. Accordingly, the items are consistent with the dimensions they belong to, reflecting the internal validity of the questionnaire.

The correlation coefficients were also estimated between the dimensions themselves and between the dimensions and the overall questionnaire score, as shown in Table (06).

Table (06) Correlation coefficients among the dimensions, and between the dimensions and the overall questionnaire score

Dimensions	(1)	(2)	(3)	(4)	Total Score
Social Silence (1)	---	0,71**	0,35**	0,38**	0,87**
Acquiescent Silence (2)	---	---	0,50**	0,43**	0,93**
Defensive Silence (3)	---	---	---	0,45**	0,54**
Opportunistic Silence (4)	---	---	---	---	0,53**

** Significant at 0.01

Table (06) shows that the correlation coefficients among the dimensions, and between the dimensions and the total score, are high, ranging from 0.35 to 0.93, and are statistically significant at the 0.01 level. This indicates consistency among the dimensions and their consistency with the total score, which confirms that the Organizational Silence Questionnaire possesses internal validity.

Reliability: The reliability of the Organizational Silence Questionnaire scores was estimated using Cronbach's alpha method to assess the internal consistency of the dimensions and the overall questionnaire score.

Table (07) Cronbach's Alpha Reliability Coefficients for the Questionnaire Scores

Dimensions	Number of Items	Cronbach's Alpha Coefficient
Social Silence	10	0,68
Acquiescent Silence	8	0,69
Defensive Silence	6	0,69
Opportunistic Silence	6	0,67
Overall Questionnaire	30	0,75

Table (07) indicates that the reliability coefficients of the questionnaire scores across its dimensions are acceptable, with Cronbach's alpha values ranging from 0.67 to 0.69. The Cronbach's alpha coefficient for the overall questionnaire is estimated at 0.75. These results indicate that the scores of the Organizational Silence Questionnaire demonstrate acceptable reliability.

11. Statistical Methods Used in the Study:

To achieve the objectives of the study and analyze the collected data, several appropriate statistical methods were employed using the Statistical Package for the Social Sciences (SPSS). The following statistical techniques were used:

- The one-sample t-test was used to determine the level of organizational trust and its dimensions (trust in top management, trust in direct supervisors, and trust in coworkers) among nurses in the public hospital. Cohen's d (1988) was also calculated to estimate the effect size and to identify the magnitude of the difference between the sample mean and the hypothetical mean of organizational trust and its dimensions among nurses in the public hospital.

- The one-sample t-test was used to determine the level of organizational silence among nurses in the public hospital. Cohen's d (1988) was calculated to estimate the effect size and to identify the magnitude of the difference between the arithmetic means and the hypothetical mean, assuming that the level of organizational silence is high.

- Pearson's correlation coefficient was used to examine the relationship between the dimensions of organizational trust and the dimensions of organizational silence among nurses.

12. Results of the Study and Their Discussion:

12.1. Presentation and Discussion of the Results of the First Hypothesis: "The level of organizational trust is high among nurses in the public hospital."

To test the first hypothesis, which states that "**the level of organizational trust is high among nurses in the public hospital**," a one-sample t-test was used to determine the level of organizational trust and its dimensions (trust in top management, trust in direct supervisors, and trust in coworkers) among nurses in the public hospital. This was done by comparing the arithmetic means of the organizational trust scores and its dimensions with their corresponding hypothetical means, on the basis of which a cutoff point was determined for the total questionnaire score and its dimensions, considering that higher individual scores on the questionnaire indicate a higher level of organizational trust.

Table (08) Determining the Levels of Resistance to Organizational Change and Its Dimensions

Dimensions	Low	High
Trust in Top Management	9-27	27-45
Trust in Direct Supervisors	7-21	21-35
Trust in Coworkers	10-30	30-50
Organizational Trust	26-78	78-130

Cohen's d (1988) was also calculated to determine the effect size, indicating the magnitude of the difference between the sample mean and the hypothetical mean of the organizational trust scores across its dimensions among nurses in the public hospital.

Table (09) Results of the t-Test for the Significance of the Level of Organizational Trust Across Its Dimensions

Variables	N	Mean	Mean	Mean	Degrees of Freedom	p-value	Effect Size (Cohen's d)	Level
Trust in Top Management	62	26.18	6.15	1.053	61	0.197	0.13	Low
Trust in Direct Supervisors	62	23.48	6.48	2.567	61	0.013	0.33	High
Trust in Coworkers	62	33.13	4.66	5.290	61	<0.001	0.67	High

Organizational Trust	62	82.42	13.61	2.558	61	0.013	0.33	High
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Table (09) shows that the level of organizational trust is high among nurses in the public hospital, as the mean score for overall organizational trust (82.42) is higher than the cutoff point (78), with a standard deviation of 13.61. The level of trust in direct supervisors was high, with a mean of 23.48 exceeding the cutoff of 21 and a standard deviation of 6.48. Similarly, the level of trust in coworkers was high, with a mean of 33.13 exceeding the cutoff of 30 and a standard deviation of 4.66. In contrast, the level of trust in top management was low, with a mean of 26.18 below the cutoff of 27 and a standard deviation of 6.15.

The overall organizational trust level was significant, as the $^*t^*$ -value (2.558) with 61 degrees of freedom was significant, with a $^*p^*$ -value of 0.013, which is less than 0.05. The level of trust in direct supervisors was also significant, with a $^*t^*$ -value of 2.567 and $^*p^* = 0.013$. The level of trust in coworkers was significant as well, with a $^*t^*$ -value of 5.290 and $^*p^* < 0.05$. In contrast, the level of trust in top management was low and not significant, as the $^*t^*$ -value (1.053) had a $^*p^*$ -value of 0.13, greater than 0.05.

Regarding effect sizes ($^*Cohen's\ d^*$), they were small for overall organizational trust (0.33), trust in top management (0.13), and trust in direct supervisors (0.33), as they are all below 0.50 standard deviation units. The effect size for trust in coworkers was medium (0.67), falling between 0.50 and 0.80 standard deviation units, according to Cohen's (1988) guidelines.

The results of the first hypothesis indicate that the overall level of organizational trust, as well as the dimensions of trust in direct supervisors and trust in coworkers, is high among nurses in the public hospital, whereas trust in top management is low.

Thus, we can say that the results of our study revealed a clear discrepancy in the levels of organizational trust among nurses in the public hospital, where trust in direct supervisors and coworkers increases while it decreases in senior management. This discrepancy reflects the existence of an organizational gap between administrative levels, which weakens the effectiveness of vertical communication and negatively affects the participation of nurses in decision-making.

The high trust in Supervisors and colleagues is a positive indicator that can be built on to enhance internal cooperation, but the lack of trust in senior management poses a real challenge to the effectiveness of the public hospital, as it pushes nurses to non-participation and isolation from the work group and weakens their ability to positive interaction, hence the need to adopt practical strategies to enhance trust in senior management, such as improving communication channels, involving nurses in formulating decisions and policies, showing interest in their daily problems, and adopting effective leadership based on transparency and justice, these measures not only contribute to reducing the trust gap, but also enhance the hospital's ability to face health challenges And achieve greater organizational efficiency.

12.2. Presentation and Discussion of the Results of the Second Hypothesis: “The level of organizational silence is high among nurses in the public hospital.”

To test the second hypothesis, which states that “the level of organizational silence is high among nurses in the public hospital,” a one-sample t-test was used to determine the level of organizational silence among nurses in the public hospital. The arithmetic means of the organizational silence scores across its dimensions (social silence, acquiescent silence, defensive silence, and opportunistic silence) were compared with the hypothetical mean, assuming that the level of organizational silence is high.

Cohen's d (1988) was calculated to determine the effect size and assess the magnitude of the difference between the sample means and the specified hypothetical mean, defined as follows:

- 2.33 or below: Low organizational silence
- 2.34-3.66: Moderate organizational silence
- 3.67-5: High organizational silence

Table (10) Results of the t -Test for the Significance of the Level of Organizational Silence Across Its Dimensions Among Nurses

Variables	N	Mean	Standard Deviation	t-value	Degrees of Freedom	p-value	Effect Size (Cohen's d)	Level
Social Silence	62	3.08	0.67	-7.57	80	<0.001	0.84	Moderate
Acquiescent Silence	62	3.03	0.65	-8.89	80	<0.001	0.99	Moderate
Defensive Silence	62	3.02	0.64	-9.18	80	<0.001	1.02	Moderate
Opportunistic Silence	62	2.37	0.59	-19.76	80	<0.001	2.20	Moderate
Organizational Silence	62	2.95	0.47	-15.33	80	<0.001	2.70	Moderate

Table (10) shows that the level of organizational silence among nurses in the public hospital is high, as the mean score for overall organizational silence (2.95) falls within the *moderate* range (2.34-3.66), with a standard deviation of 0.47. The overall organizational silence level was statistically significant at *p* < 0.001, as the *t*-value (-15.33) with 80 degrees of freedom corresponds to a *p*-value smaller than 0.001.

Similarly, the levels of the dimensions of organizational silence (social silence, acquiescent silence, defensive silence, and opportunistic silence) were moderate, with mean scores ranging from 2.37 to 3.08, within the moderate range (2.34-3.66), and standard deviations ranging from 0.59 to 0.70. These dimensions were also statistically significant at p < 0.001, as their t-values ranged from -7.57 to -19.76 with 80 degrees of freedom. Effect sizes (Cohen's d) were large, ranging from 0.84 to 2.70, exceeding 0.80 standard deviation units, according to Cohen's (1988) guidelines.

The results of the second hypothesis indicate that the level of organizational silence across its dimensions (social silence, acquiescent silence, defensive silence, and opportunistic silence) among nurses in the public hospital is moderate and statistically significant at p < 0.001.

These findings reflect a balanced pattern of organizational behavior: nurses do not tend toward absolute silence nor fully express their opinions. Moderate social silence indicates a desire to maintain professional relationships and avoid conflicts. Acquiescent silence reflects partial acceptance of decisions without discussion, either due to perceived futility of objection or respect for authority. Defensive silence shows that nurses sometimes remain silent to protect themselves from negative consequences or conflicts, but this is not constant, suggesting partial trust in the work environment. Moderate opportunistic silence reflects weak incentives or a lack of clear mechanisms to implement suggestions, despite some willingness among nurses to propose new ideas.

Overall, the moderate level of organizational silence highlights that the hospital environment allows some degree of expression but still suffers from gaps in communication, leadership, and incentives. Enhancing organizational trust, developing dialogue channels, and empowering nurses to participate actively in decision-making are strategic necessities to improve organizational performance and the quality of healthcare services.

12.2. Presentation and Discussion of the Results of the Third Hypothesis: There is a statistically significant correlation between the dimensions of organizational trust and the dimensions of organizational silence among nurses in the public hospital.

Table (11) Correlation Coefficients Between the Dimensions of Organizational Trust and the Dimensions of Organizational Silence Among Nurses

Dimensions	Trust in Coworkers	Trust in Top Management	Trust in Direct Supervisors
Social Silence	0.63* *	0.06	0.34* *

Acquiescent Silence	0.33**	0.35**	0.34**
Defensive Silence	-0.44**	-0.02	-0.34**
Opportunistic Silence	0.12	-0.08	0.11

** Significant at 0.05

Table (11) shows that there is a statistically significant positive correlation at the 0.01 level between social silence and trust in coworkers (0.63), and between social silence and trust in direct supervisors (0.34) among nurses. There is also a statistically significant positive correlation at the 0.01 level between acquiescent silence and trust in coworkers (0.33), trust in top management (0.35), and trust in direct supervisors (0.34). Conversely, there is a statistically significant negative correlation at the 0.01 level between defensive silence and trust in coworkers (-0.44), and between defensive silence and trust in direct supervisors (-0.34).

No statistically significant correlation was found at the 0.05 level between opportunistic silence and trust in coworkers (0.12), trust in top management (-0.08), or trust in direct supervisors (0.11). Likewise, no significant correlation was observed at the 0.05 level between social silence and trust in top management (0.06), or between defensive silence and trust in top management (-0.02).

The results of the third hypothesis indicate that there is a statistically significant positive correlation at the 0.01 level between social silence and both trust in coworkers and trust in direct supervisors, and between acquiescent silence and trust in coworkers, trust in top management, and trust in direct supervisors. A statistically significant negative correlation at the 0.01 level exists between defensive silence and trust in coworkers, and between defensive silence and trust in direct supervisors. However, no significant correlation was found at the 0.05 level between opportunistic silence and trust at any level, nor between certain dimensions of silence and trust in top management.

These findings reveal the complex nature of the relationship between organizational trust and the dimensions of organizational silence among nurses in the public hospital. The positive correlation between social silence and trust in coworkers and supervisors suggests that, although nurses trust their close professional environment, they may sometimes avoid discussions or expressing opinions to maintain social harmony and reduce tensions within the team. The positive correlation between acquiescent silence and trust in coworkers, top management, and supervisors indicates that trust may lead nurses to accept decisions without objection, reflecting a form of organizational compliance.

In contrast, the negative correlation between defensive silence and trust in coworkers and supervisors shows that higher trust reduces nurses' tendency to use silence defensively, as they feel secure and supported in their immediate work environment.

The absence of a correlation between opportunistic silence and trust at various levels, as well as between some other silence dimensions and trust in top management, indicates that trust alone is not sufficient to encourage nurses to propose new ideas or seize opportunities. Clear mechanisms for incentives and participation in decision-making are also needed. Thus, these results suggest that organizational trust can reduce defensive silence and enhance social harmony, but it may reinforce acquiescent silence if not accompanied by effective leadership that encourages dialogue and initiative. Strengthening transparency and expanding channels for participation are therefore essential to reduce negative silence and transform trust into a driving force for change and development within the public hospital.

13. Suggestions and Recommendations:

Based on the results of the study, the following recommendations and proposals can be made:

- Enhance vertical communication channels between top management and nurses to ensure their involvement in shaping decisions and health policies.
- Adopt effective leadership based on transparency and fairness, showing concern for nurses' daily challenges and providing psychological and professional support.
- Develop training and development programs focusing on communication and teamwork skills to strengthen mutual trust and reduce defensive silence.
- Establish clear mechanisms to encourage nurses' initiatives and the submission of new ideas.

- Foster an organizational culture based on dialogue and openness, making the expression of opinions a valued contribution rather than a threat.
- Ensure continuous motivation by recognizing nurses' efforts and appreciating their contributions to improving healthcare performance.
- Reduce the gap between top management and operational levels through field visits, regular meetings, and direct listening to nurses' concerns.

14. Conclusion:

In conclusion, organizational trust is a crucial factor in shaping the organizational behaviors of nurses. The results showed a high level of trust in direct supervisors and coworkers, contrasted with low trust in top management, reflecting an organizational gap between administrative levels within the hospital. The findings also indicated that organizational silence among nurses was at a moderate level across its four dimensions, suggesting that while the work environment allows some degree of expression, constraints still limit full participation.

It was evident that organizational trust is positively associated with social silence and acquiescent silence, negatively associated with defensive silence, and shows no clear relationship with opportunistic silence. This indicates that trust alone is not sufficient to encourage initiative unless accompanied by clear mechanisms for incentives and participation.

Therefore, enhancing organizational trust, particularly at the level of top management, developing vertical communication channels, and fostering an organizational culture based on dialogue and openness are essential conditions to reduce negative organizational silence. Such measures can transform trust into a driving force for change and development within the public hospital, ultimately contributing to improved organizational performance and the quality of healthcare services provided to the community.

Ethical Considerations

This study was conducted in accordance with internationally accepted ethical standards for research involving human participants. Prior to data collection, approval was obtained from the relevant administrative authorities at Saadana Mohamed Abdenour University Hospital in the Province of Sétif. Participation in the study was entirely voluntary, and informed consent was obtained from all respondents. Participants were assured of the confidentiality and anonymity of their responses, and no personally identifiable information was collected. The data were used exclusively for scientific research purposes, and participants were informed of their right to withdraw from the study at any stage without any consequences.

Author Contributions

Hamza Zerarga contributed to the conceptualization and design of the study, data collection, statistical analysis, interpretation of results, and drafting of the manuscript.

Ali Lefkir contributed to the methodological framework, supervision of the research process, critical revision of the manuscript, and validation of the final version.

All authors read and approved the final manuscript and agree to be accountable for all aspects of the work.

Acknowledgements

The authors would like to express their sincere gratitude to the administration of Saadana Mohamed Abdenour University Hospital and to all nurses who generously participated in this study. Their cooperation and willingness to share their experiences made this research possible.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

References:

1. Alawi, Abdel Fattah. 2013. *The Impact of Organizational Change on Human Resources Performance: A Case Study of Sonelgaz, Laghouat Unit*. Doctoral thesis, Faculty of Economics, Commercial Sciences, and Management, University of Algiers 3.
2. Abu Al-Hussein, Mohammed Faraj Allah Muslim. 2010. *Psychological Stress among Nurses Working in the Public Sector and Its Relationship with Self-Efficacy*. Master's thesis, Faculty of Education, Islamic University, Gaza.
3. Ammar, Bouhoush, and Mohammed Mahmoud Al-Dhneibat. n.d. *Scientific Research Methods and Approaches to Preparing Research*. Diwan of University Publications, Ben Aknoun, Algeria.
4. Bahri, Saber. 2009. *Occupational Stress and Its Relationship with Professional Alienation among General Physicians Working in Public Hospitals*. Master's thesis, Department of Psychology, Faculty of Social Sciences, Mentouri University, Constantine, Algeria.

5. Khayat, Amira. *Organizational Trust and Its Relationship with Organizational Silence: A Field Study at Harrouche Hospital*. Doctoral thesis (PhD) in Sociology of Organization and Work, University of 8 May 1945, Guelma, Algeria.
6. Samah, Ibrahim Abd Allah, Omar, Mohammed Ahmed Awad, Wael Fawzi Abdelbasset, and Suha Eid Rajab. 2022. "The Effect of Organizational Trust and Organizational Silence and Their Relationship with Environmental Citizenship Behaviors." *Environmental Sciences Journal* 51 (10): 3. October 2022.
7. Sami, Suleiman Hamed. 2024. "Organizational Silence and Its Relationship with Organizational Trust among Public School Principals in Qamnis." *Afaaq Journal for Human and Applied Studies*, no. 2.
8. Shenifi, Najlaa Ibrahim, and Razan bint Turki Al-Turki. 2021. "Organizational Silence at King Saud University and Its Relationship with Job Performance." *King Saud University Journal of Administrative Sciences* 29 (2).
9. Tajani, Mansour. 2020. "Organizational Trust." *Cognitive Issues Journal* 2 (5), September 2020.