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Trust in nursing home services within weak regulatory regimes: the role of information, control and participation

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ABSTRACT

What conditions contribute to building trust in services with high levels of opacity, information asymmetries, and vulnerable users? This study examines trust in nursing home service providers through a survey conducted in December 2022, targeting direct relatives of nursing home residents in Spain ($n = 1,009$). The study shows that the provision of substantive information, vertical control by public authorities, and active involvement of the residents' relatives positively affect trust and its dimensions (benevolence, integrity, and competence). Greater involvement of families and authorities in overseeing these services can be seen as constructive collaboration that strengthens trust, rather than adversarial surveillance.

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Introduction

Trust refers to the willingness to be vulnerable based on the positive expectations of the intentions and behaviour of another actor; this implies that the trustor considers the other actor to be trustworthy in their regard, in terms of their competence, integrity and benevolence (Mayer, Davis, and Schoorman 1995). Trust is key in maintaining the stability of organizations and for the proper functioning of services (Grimmelikhuijsen et al. 2021, 2024; Norris 2022). This is particularly relevant in contexts where there are high levels of information asymmetries and where users are more vulnerable, which is the case of nursing home services (Amirkhanyan, Meier, and O'Toole 2017). These services are seen as

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operating behind closed doors and, in many cases, their users lack a voice to express their opinions and evaluate them (Pérez-Durán and Grimmelikhuijsen 2024). Macro-level factors, such as the ageing population and the social risks associated with this later stage of life, emphasize the need for ensuring quality, reliable nursing home services (Tronto 1993, 2010). However, the context in which these services operate is complex, since in the vast majority of welfare regimes, these services are characterized by significant market involvement, with both public and private actors participating in their implementation (e.g. Broms, Dahlström, and Nistotskaya 2020; Ranci and Pavolini 2015). This dispersion of responsibility among many service providers has led to challenges in effectively regulating and overseeing the different types of providers involved, namely public, private for-profit, and private non-profit.

Based on the work of scholars who have examined trust in organizations (e.g. De Fine Licht 2011, 2014; Grimmelikhuijsen et al. 2024; Grimmelikhuijsen and Klijn 2015; Six and Verhoest 2017; Verhoest et al. (2025), we expect that when it comes to care services, the generation of trust will be affected by three aspects that can be subject to regulation: the provision of substantive information by nursing homes to the relatives of the residents, vertical control exercised by public authorities, and the involvement of the direct family members of the people receiving care. Our focus is on how relatives of the residents perceive them and how these perceptions impact their trust.

With our research, we aim to answer the question: how do control, participation and the provision of information affect the trust of relatives of residents in nursing homes? And how do these conditions affect the perceived benevolence, integrity and competence of service providers?

We answer this question by conducting a novel survey with direct relatives of nursing home residents in Spain ($n = 1009$). For the purpose of our study, we investigate these relatives' perceptions (Hado and Feinberg 2020; Kemp et al. 2020). We do so because in this relationship of trust, they are a core vulnerable party that has the belief and expectation that a nursing home will provide high-quality care and services to their relatives and this in a competent, honest and benevolent way. In this survey, we asked about their general trust in nursing homes, and also about how they perceived their competence, benevolence and integrity. The Spanish case is a suitable example since the implementation and control of these services, which fall under the jurisdiction of regional governments, are regulated rather weakly in terms of audits, inspections and quality systems (e.g. Daly et al. 2022; Pérez-Durán and Hernández-Sánchez 2021, 2024). Hence, in a context characterized by weak regulation, an analysis of the perceived benevolence, competence and integrity of providers will allow us to identify the regulatory tools that are most likely to foster trust among relatives of residents.

This study provides evidence that the provision of information regarding the core indicators and aspects of service provision has a positive effect on general trust and on its three dimensions examined (benevolence, integrity, and competence). Similarly, a greater perception of the services being controlled by public organizations positively affects general trust and its three dimensions. Our study also demonstrates that increased involvement of relatives with the residents positively affects trust and its three dimensions. However, when we examine the involvement of relatives with the nursing home staff, our results suggest that more frequent interactions only affect perceptions of benevolence.

Our study contributes to the literature on trust, accountability, and transparency in the field of Public Administration. Firstly, our study contributes to previous studies examining the relation between transparency and trust. From these studies we know that transparency can have varying effects on citizens' trust in government organizations (Cucciniello, Porumbescu, and Grimmelikhuijsen 2017; Porumbescu, Meijer, and Grimmelikhuijsen 2022). For instance, some scholars argue that trust is contingent on the policy sector (see for a review, Verhoest et al. (2025), while others demonstrate that the impact of transparency on trust depends on the context and is more likely to occur in contested areas (De Fine Licht 2011, 2014). Studies by Grimmelikhuijsen et al. (2021) and Wang and Guan (2023), also show that the effect of transparency on trust may vary depending on the nature of the regulatory domain and is also contingent upon the context. Against this backdrop, our study aims to provide insights into the conditions that foster trust within the context of eldercare services. Secondly, our study adds to the existing research on trust and performance by specifically assessing the perceptions of relatives of direct beneficiaries of the services. By controlling for type of provider, we also examine perceptions across different types of providers (public, private for-profit and private non-profit). Hvidman and Andersen (2016) and Hvidman (2019) found that, compared to private organizations, public organizations are more likely to be associated with inefficient service provision. However, they are also perceived to be more benevolent (Hvidman 2019; Hvidman and Andersen 2016). It is important to note that these previous studies have primarily focused on experimental research conducted with students and with the general population. Therefore, our study provides unique insights by examining the perceptions of the relatives of residents, who are a vulnerable party in the trust relationship within these services.

Thirdly, our study contributes to the scholarship on accountability by examining the effect of vertical control on trust in these services (Ehren, Paterson, and Baxter 2020; Näslund and Hallström 2017). Studies on accountability have provided important insights by investigating it as a dependent variable. However, the analysis of accountability as an

explanatory variable of the governance aspects of the services and its effect on trust in public services requires more empirical research (Ehren, Paterson, and Baxter 2020; Pérez-Durán, 2023). Our study tackles this, and in line with studies by Maman, Feldman, and Levi-Faur (2022) and Six and Verhoest (2017), it examines the effect of classical control models as generators of trust. Our study also contributes to the literature on the effects of participation on trust in services (He and Ma 2021; Mizrahi, Vigoda-Gadot, and Cohen 2009; Moynihan 2003). In a previous study, Amirkhanyan et al. (2019) examined the effect of more interaction with the nursing home staff. In our research, we also examine the effect of a relative having more interaction with the recipient of care.

The paper is structured as follows: In the next section, we discuss the conceptualization of trust and its three dimensions in the analysed context. In the third section, we present the case study and describe the data collection process, as well as the operationalization of the variables. We then move on to the analysis and results, followed by a discussion of the ethical implications and limitations of our study. Finally, we present the conclusions and the broader implications of our study.

Theoretical framework: trust in nursing homes

Trust is a relational concept in which an actor (the trustor) trusts another actor (the trustee) in relation to a particular domain (Norris 2022). In this study, we use the definition of trust that is widely used in the Public Administration: *‘the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party’* (Mayer, Davis, and Schoorman 1995, 712). A central component of this definition is the notion of vulnerability which, according to Levi and Stoker (2000, 476), involves an ‘individual making herself vulnerable to another individual, group, or institution that has the capacity to do her harm or to betray her’. From this definition, relationships of trust are guided by the ‘vulnerability and expectations’ of the trusting party (Grimmelikhuijsen et al. 2021) and the response given by the trustee. In our study, we investigate the relationship of trust in place between service providers and the direct relatives of nursing home residents.

In the context of nursing home services, based on Norris (2022, 4), we can argue that principals (who can be the residents or their relatives) authorize ‘agents’ –in our case, nursing homes – ‘to act on their behalf in the expectation that the agent will fulfill their responsibilities with competency, integrity and impartiality despite the conditions of risk and uncertainty’ (see also Six and Verhoest 2017). Here, the vulnerable parties encompass both the residents and their relatives, as both have expectations regarding the quality of

care provided. At the same time, the direct users are those who suffer greater vulnerabilities due to their stage in life and the higher social risks associated with it. When examining these services, both direct users and their family members are vulnerable in the sense that they have significant expectations that they will be able to trust that the care they receive will meet their expectations (Tronto 1993).

To examine relationships of trust between service providers and the relatives of nursing home residents, we focus our attention on these relatives' perceptions. We do so because they represent a core vulnerable party that has expectations and beliefs that nursing homes will be able to provide high-quality care and services to their relatives. And consequently, they expect and believe that their relatives' experiences in nursing homes will align with these positive expectations. For the purpose of our study, trust refers to the decision made by relatives of nursing home residents to trust the quality of care that a nursing home provides to its residents.

In our analysis, we also acknowledge the importance of using a multidimensional approach to measure trust, rather than a single-dimensional measure. Previous studies argue that trustworthiness helps to build the 'foundations of trust', and consequently, that organizational trust depends on the perceived trustworthiness of that organization (Grimmelikhuijsen and Knies 2017, 584–586). For this reason, we adopt the multi-dimensional nature of organizational trustworthiness, which comprises the dimensions of competence, benevolence and integrity (Grimmelikhuijsen and Knies 2017; Mayer, Davis, and Schoorman 1995; Six and Verhoest 2017). Competence relates to an organization's capabilities, skills, and professionalism. Benevolence pertains to an organization's concern for public interest and welfare, that is, 'the extent to which a trustee is believed to want to do good to the trustor' (Stafford, Cole, and Heinz 2022, 20). Hasche, Höglund, and Mårtensson (2020, 1773) define benevolence as 'the trustee's willingness to care and to act in the interest of the trustor rather than acting opportunistically'. Hence, benevolence assumes that the agent (the service provider/nursing home) aims to serve the interests of the person receiving the service (the resident as the principal) rather than serving their own interests. Integrity refers to upholding truthfulness and ethical behaviour, and in particular, it reflects the trustor's perception that the trustee 'adheres to a set of principles that the trustor finds acceptable' (Stafford, Cole, and Heinz 2022, 20). These principles often involve respect, which entails treating others ethically, including respecting their rights and dignity. Therefore, our study aims to assess the extent to which the relatives of residents trust service providers, their perception of the competence of nursing homes to provide these services, the extent to which providers prioritize the well-being and interests of the residents, and the degree to which nursing homes are perceived as treating elderly adults with respect.

With the aim of exploring general perceptions of trust, as well as the three dimensions of trustworthiness, we investigate three hypotheses that depend on the ability of nursing homes to provide substantive information about their services to relatives, on the control exerted by the public authorities that oversee these services, and on the involvement of family members. While our study does not examine the actual functioning of these regulatory mechanisms, it analyzes family members' perceptions regarding the amount of substantive information they receive, the extent of their involvement, and their views on the control exercised by public authorities.

Provision of information by service providers to residents' relatives

Previous research has found that the effect of transparency, defined as the provision of information by an organization (Grimmelikhuijsen 2012; Grimmelikhuijsen and Meijer 2014), on trust is moderated by the policy area (e.g. De Fine Licht 2014). For example, De Fine Licht (2014) identifies transparency as being less effective – in terms of public legitimacy – in policy areas that involve trade-offs related to human life and well-being. Grimmelikhuijsen et al. (2021), in their study on regulatory agencies, find that the effect of decision transparency on trust may vary depending on the nature of the regulatory domain, affecting agencies in sectors such as health and education, but not those regulating financial markets. In a recent meta-analysis of 49 studies, Wang and Guan (2023, 453) demonstrate that 'the overall effect of transparency on trust is positive and significant', but that it is also contingent upon the context. A recent study (Grimmelikhuijsen, de Vries, and Bouwman 2024) finds that targeted transparency has a positive effect on trust, but this effect is small and context-dependent. Based on these studies, we can expect that, in general, greater provision of information on substantive aspects of the services targeted to the residents' relatives leads to their increased trust in the service providers.

In particular, in contexts of weak regulation, we expect that providing information regarding the core aspects of service quality might have a positive effect on trust, since transparency has the potential to mitigate information asymmetries related to the procedures and activities involved in the daily care of nursing home residents (Pérez-Durán and Hernández-Sánchez 2024). We expect this positive effect to materialize when the substantive and targeted information refers to core elements of quality, such as provision of information regarding the structures of the services (e.g. information about the staff), the outcomes of the services (e.g. results of inspections), and their processes (e.g. information on daily care activities) (see discussions in Donabedian 1988; Du Moulin, van Haastregt, and Hamers 2010). Hence, by providing core information about the services, the nursing

homes make themselves vulnerable to potential criticism from family members of nursing home residents; this is an act of openness which in itself fosters trust (Jordana and Triviño-Salazar 2024).

We also expect that increased targeted transparency towards relatives will positively impact all three dimensions of trust. We expect this because when relatives receive core information about the services, they can observe how services are delivered to their family members, leading them to trust that the providers are competent (competence dimension) and that they prioritize the well-being of the residents (benevolence dimension). Providing substantive information could also have positive effects on the ethical practices of the service providers since they are aware that their actions will be subject to scrutiny and openness. Receiving this information is likely to improve residents' relatives perceptions regarding the integrity dimension.

H1: *Residents' relatives are more likely to trust nursing homes – and to perceive them as more competent, benevolent, and having greater integrity – when these facilities provide substantive information (transparency) regarding key aspects of service quality.*

Vertical control carried out by public authorities

Amirkhanyan, Meier, and O'Toole (2017, 381) demonstrate that effective government regulation, understood as external control of both public and private actors, is more likely to result in the delivery of high-quality services. In this sense, regulation is expected to correct the shortcomings of both private and public organizations (Jordana, Levi-Faur, and Fernandez 2011; Levi-Faur et al. 2021). As Amirkhanyan, Meier, and O'Toole (2017, 381) note, regulation in the nursing home sector is able to 'set standards governing the regulated entities'; 'monitor the regulated entities using a range of instruments'; and 'control regulated entities using sanctions or rewards to bring them into compliance with the standards'. Some scholars examine how different regulatory arrangements (e.g. hard regulation models vs soft regulation tools) could lead to different types of trust being generated (Nienaber et al. 2014; for a review of this, see; Verhoest et al. 2025). For example, in a recent study by Maman, Feldman, and Levi-Faur (2022) within the context of financial technologies, the authors explore how different regulatory designs impact citizens' trust. These authors examine different types of regulation modes, such as a no-regulation mode (de-regulation), a self-regulation mode, and the classic command-and-control state regulation. Using an experimental study, these authors demonstrate that higher levels of trust exist under state regulatory regimes than under self-regulatory regimes. That is, Maman, Feldman, and Levi-Faur (2022, 1) show that trust

is highly dependent on the existence of state regulation, which is more likely to enhance trust when it relies on command-and-control mechanisms. Based on studies examining the relationship between regulation and trust as complementary mechanisms, we expect vertical control or vertical accountability towards public authorities to have positive effects on trust (see Ehren, Paterson, and Baxter 2020; Grimmelikhuijsen, de Vries, and Bouwman 2024; Levi-Faur et al. 2021; Six and Verhoest 2017; Verhoest et al. 2024). In particular, we expect that if residents' relatives perceive that the facilities are under the control of the public authorities, they will be more likely to trust service providers. Consequently, we also expect that the perception of public authorities having more control will positively impact all three dimensions of trust. That is, if nursing homes are subjected to greater scrutiny by public administrations, this can have a positive impact on how their performance, the integrity of their actions, and their benevolence are perceived.

H2: *Residents' relatives are more likely to trust nursing homes – and to perceive them as more competent, benevolent, and having greater integrity – when these facilities are subject to vertical control by public authorities.*

Involvement of family members

According to Hado and Feinberg (2020) and Kemp et al. (2020), the involvement of family members is crucial in monitoring the health of nursing home residents, and thus something that significantly impacts the residents' quality of life and care. Family members provide vital information to help understand residents' needs, thus improving the care provided. Along similar lines, Kemp et al. (2020) show that residents with families who are involved in their lives are more likely to receive timely and appropriate care than those without such support. Amirkhanyan et al. (2019, 242) also highlight the importance of client involvement as this may result in substantive 'changes in the way administrators act and organizations operate'. These forms of involvement can include participation in meetings, interviews, focus groups, and surveys, among other forms of interaction (Amirkhanyan et al. 2019). In particular, higher levels of client participation have been associated with higher overall five-star ratings and lower health deficiencies in nursing home care (Amirkhanyan et al. 2019, 840). In line with these studies, we expect that when the residents' family members have high levels of involvement with both the staff and their family members who are receiving care, this will positively influence their trust in the facilities. We conceptualize this involvement primarily through family visits and interactions with the residents and the staff. We expect this because frequent interactions with the staff and residents are likely to facilitate shared decision-making processes

between the facilities and the family members, resulting in enhanced overall quality of care and improved well-being for the residents. Literature on trust also refers to the beneficial effect of repeated interactions on building trust (Lewicki and Bunker 1996) and refers to interactions as an important source of trust (Bachmann 2011); there might be a transfer from trust in the individuals with whom there is an interaction to trust in the organization in which these individuals work (Kroeger 2012; Kroeger and Bachmann 2013; for a similar argument on trust in regulatory regimes see; Verhoest et al. 2025). We also expect that increased involvement will positively impact all three dimensions of trust. That is, family members' involvement and interaction with residents and nursing home staff can encourage facilities to maintain high standards of performance, and to foster practices to ensure the well-being of residents.

H3: *Residents' relatives are more likely to trust nursing homes – and to perceive them as more competent, benevolent, and having greater integrity – when families have a high level of involvement.*

Data and operationalization

Case, data collection and justification

The Spanish context

Our study was conducted within the Spanish context, which is characterized by a weak regulatory framework for nursing home services (Daly 2021). Responsibilities are primarily delegated to the 17 regional governments (known as 'autonomous communities'), with quality control and inspections also regulated by the regions (León et al. 2023). In addition, these services are characterized by limited public expenditure (i.e. the expenditure in this sector was 0.7% of GDP in 2020), and a long-term care workforce with varying degrees of professionalization and low levels of regulation in terms of inspections (Daly 2021; León et al. 2023). Long-term care services in Spain are provided by a mix of public, for-profit, and non-profit entities, with private facilities delivering approximately 73% of these services in 2020. When nursing homes are categorized by ownership and management models, the largest group is made up of privately owned, for-profit facilities, accounting for 48.5% of the total. Privately owned, non-profit facilities represent another 25.2%. Publicly owned but privately managed (for-profit) centres constitute a further 8.78%, while those managed by non-profit organizations under public ownership account for 3.3%. Finally, publicly owned and managed centres make up 14.2% of the total (IMSERSO 2022).

It is worth noting that regional regulations in Spain have some shortcomings in the stipulations they have in place for providing public information on the results of inspections, including information related to supervision, audit and assessment of the facilities and the quality of the services (Pérez-Durán & Hernández-Sánchez, 2021).

Data and justification

For the purposes of our research, we conducted a survey in December 2022, gathering responses from 1,009 direct relatives of nursing home residents from all 17 autonomous regions in Spain. The survey collected information from adult respondents living in Spain who had a parent residing in a nursing home. Kantar, an integrated consulting and research agency, distributed our survey to their panel members. A screening process was included to identify individuals with a mother and/or father residing in a nursing home in Spain. Those who met this criterion were invited to complete the full questionnaire. In cases where respondents had both parents living in nursing homes, they were requested to select one parent to provide responses for the survey. The survey, conducted in Spanish, was accessible via personal computers and mobile phones. It is worth noting that our sample represents the diversity of the population living in nursing homes in Spain. For instance, since the services are implemented at the regional level, our survey mirrors the distribution of beneficiaries across different autonomous communities. See Tables A.1 and A.2 in Annex A. As for providers, 73 percent of these services are implemented by private organizations, while 27 percent are implemented by public organizations. Our survey also mirrors this distribution: among our respondents, 38 percent were residents of public nursing homes, while 62 percent were in private facilities. See Tables A.3.-A.6 in Annex A for the descriptive statistics of our survey. Prior to the field work, between the latter half of 2021 and 2022, we conducted nine (cognitive) interviews with associations that represented relatives of nursing home residents across various regions in Spain to confirm that our questions had been properly designed.

Operationalization

Dependent variables

In our survey, following Grimmelikhuijsen, de Vries, and Bouwman (2024; see also Bach et al. 2021; Kappler et al. 2024), we included a question to gather general perceptions of trust in service providers (DV1), as well as three additional questions aimed at capturing the three dimensions of trustworthiness: competence (DV2), benevolence (DV3), and integrity (DV4). To assess their overall perception of trust in the services, relatives of nursing

home residents were asked the following question: ‘To what extent do you trust the nursing home where your relative lives?’ The response options were provided on a five-point scale, ranging from 1 (Not at all) to 5 (Completely). See Annex A for the descriptive data.

To measure perceptions of the three trustworthiness dimensions, the survey asked the following questions: ‘To what extent do you consider that the nursing home performs its tasks in a professional manner? (Competence dimension); ‘Do you consider that the nursing home is interested in the well-being of its users?’ (Benevolence dimension); and ‘Does it treat all residents with respect?’ (Here respect refers to honesty and openness – Integrity dimension). The relatives of the nursing home residents were asked to respond on a five-point scale ranging from 1 (Not at all) to 5 (Very much so). Please see Annex A.

Independent variables

Provision of information by nursing homes. In order to measure this variable, we asked relatives whether the nursing home provides them with information on 18 specific items relating to service structures (e.g. staff ratios), operational procedures (e.g. individual care plans), and service evaluations (e.g. results of public inspections conducted at the facility). The items can be found in Annex A. Respondents indicated whether they had received this information, and each item was coded as 1 for provided or 0 for not provided. Based on the responses collected, we created an overall transparency index by adding together all the items. The Cronbach’s alpha for the aggregate index is 0.80 (Pérez-Durán and Grimmelikhuijsen, 2024).

Vertical control by public authorities. In order to assess the theoretical expectations regarding vertical control in nursing home services, relatives of residents were asked the following question: ‘To what extent do you consider that the public administration conducts evaluations of and/or controls on the nursing home?’ The respondents were given five response options, ranging from ‘Not at all’ to ‘Completely’. Since this variable follows a normal distribution, we use it as a continuous variable (test statistic of 0.666 and p-value of 0.84322). In addition, we also run the analysis including this variable as categorical (see Figure A2.3 in Annex B).

Relatives’ involvement. To measure this variable, we use two questions that capture interactions with both the nursing home staff and the resident. We use the following question to capture the level of interaction with the relative: ‘Over the last few months, approximately how often have you interacted with your relative who is in the nursing home (either in person, by telephone, or by video call)?’ We used a six-scale response category, ranging from ‘on a daily basis’ to ‘less frequently than once a month’. We also use the following

question in our survey to capture the level of interaction with the staff: ‘Over the last few months, how often have you or another relative met with the nursing home staff (either in person, by telephone or by video call)?’ Participants were provided with a seven-scale response category, ranging from ‘daily’ to ‘we have not had any meetings’. This measurement is in line with Amirkhanyan et al. (2019, 844) who measures client participation by asking how frequently top managers of nursing homes interact with residents or family groups. See Annex A for the descriptive data. In the analysis, we included each of these two dimensions of involvement separately.

Controls

Since previous studies (e.g. Norris 2022) emphasize the importance of investigating diverse variables at different levels, we incorporated various controls at multiple levels in our study, including controls at the level of the nursing home resident’s relative, and of the resident himself or herself, and at the organizational level. We did this in order to isolate the effects that are of primary interest to this study.

Controls regarding the facility. We control for the *type of place/bed* or provider (e.g. Berg and Johansson 2020). We include these factors because previous studies have highlighted that differences in ownership are associated with variations in service quality (Amirkhanyan et al. 2018; Broms, Dahlström, and Nistotskaya 2023; Meier et al. 2022) and in regulatory compliance (Song 2022). To identify the type of place/bed, we asked respondents the *type of place* that their relative occupied: a public place in a public nursing home (1, baseline category), a public place in a private nursing home (2), or a purely private place (3). In addition, for supplementary analyses, we included a second measure to assess the *ownership type*, specifically, we asked participants the question ‘what type of nursing home does your relative live in?’ The response categories included: ‘Public nursing home’ (1, baseline category), ‘Private for-profit nursing home’ (2), ‘Private non-profit nursing home’ (3), and ‘Private nursing home (unaware of whether it is for-profit or non-profit)’ (4). Based on the insights gained from the cognitive interviews, we recognized the challenge faced by respondents in differentiating between for-profit and non-profit nursing homes. Therefore, we included an additional category to account for respondents who were unsure about the ownership status of the nursing home. See the descriptive data in Annex A and the supplementary analysis in Annex B.

We also control for other core characteristics of nursing homes that previous studies have shown might reflect differences in service quality or expectations (e.g. Angelelli et al. 2003; Broms, Dahlström, and Nistotskaya 2020; Du Moulin, van Haastregt, and Hamers 2010), including their *size*, *location*, and *price*. In addition, considering that the survey was conducted in

December 2022, we also included a control variable for the facility's *response to the COVID-19 pandemic*. Respondents were asked to rate the facility's response on a five-point Likert scale, ranging from 'Extremely bad' (0) to 'Extremely good' (4). We used this control as this could also affect relatives' perceptions of the facility's performance, as well as their beliefs about the facility's integrity and benevolence. The *size* of each nursing home was measured based on the number of places/beds indicated by each respondent, using four scales ranging from 'Fewer than 25 beds' to 'More than 100 beds'. To assess the *location* of the nursing home, we considered urban-rural disparities. We asked the relative of the resident to identify the best description for the location, ranging from 'small village' to 'large city'. We also controlled for the *price of services* in the previous month. Respondents were provided with a 12-point scale of responses, ranging from 'I did not pay anything' to 'More than 4500€'.

Controls regarding the resident. We control for the vulnerability of the residents, including their socioeconomic vulnerability and dependency status. We do so because relatives of residents who are socioeconomically vulnerable or who require more assistance with daily activities may have different expectations and experiences compared to those with higher socioeconomic status and who are less dependent. To assess *socioeconomic vulnerability*, we ask whether the respondent's relative receives a public subsidy to cover the cost of the services and the percentage of the cost covered by the subsidy. In the Spanish context, a subsidy that covers a higher percentage of the cost indicates a higher level socioeconomic vulnerability. For *dependency status*, we ask the following question: 'Does your relative require the assistance of another person on a continuous basis in order to perform everyday basic tasks?' The response options were binary (yes or no). Additionally, we control for the *length of the stay at the nursing home* using a six-point response category ranging from 'Less than 6 months' to 'Over 10 years'. Based on Nikolova, Möllering, and Reihlen (2015), who emphasize the importance of previous experience, we also asked respondents whether their relative had *previous experience living in a nursing home* other than the current one. Finally, we incorporated controls for the *age and sex* (0= Male, and 1= Female) of the resident.

Controls regarding the relatives of nursing home residents. we control for the level of *knowledge/familiarity* that the relative has *with the legislation*. We do so because of a previous study by Grimmelikhuijsen and Klijn (2015), we know that previous knowledge could affect trust. To do this, the respondents were asked to evaluate their level of knowledge by responding to the question, 'How knowledgeable do you feel about the functioning of nursing home services?' The response options range from 0 ('Not at all') to 4 ('Very much

so'). To control for level of *education*, we asked the question, 'What is the highest level of studies you have completed?' The response options were categorized into six categories, ranging from 'No education' to 'Higher Education/University Degree/Masters/PhD'. To measure the *propensity to trust others* (e.g. Berg and Dahl 2020), we included a question used in the European Social Survey. The question asked respondents to rate their level of trust in others by choosing a value on a scale of 0 to 10. On this scale, 0 indicated 'one can never be careful enough' and 10 indicated 'most people can be trusted'. Additionally, we included the following question to measure *ideology*: 'In politics, where would you place yourself on a scale where 0 means far left and 10 means far right?', with respondents asked to choose a value. We also include the *age* of the respondent. See the descriptive data in Tables A.5 and A.6 in Annex A.

Results

Figure 1 illustrates the distribution of responses regarding the general level of trust as well as trust regarding the dimensions of benevolence, competence, and integrity. The data reveals that, on average, the majority of responses fall within medium and high-to-medium levels of trust.

The distribution of responses allows us to conduct linear-probability models to predict general trust and its three dimensions. To do this, we used dummy variables for all the dependent variables examined. Hence, a value of 1 was assigned to responses that indicated a high level of trust ('very much' or 'extremely'), while a value of 0 was assigned to all other responses.

We conducted four groups of models. The first group focuses on the general level of trust, the second examines the dimension of competence, the third explores benevolence, and the fourth analyzes integrity. The results are presented in Figure 2. To provide a robust analysis, each group comprises three different models: the Complete Model includes all predictors and controls (results in red), there is a Complete Model with Weights that adjusts the distribution of public and private residences to resemble the population distribution (results in green), and the third model incorporates all the above as well as Robust Standard Errors (results in blue). The analysis is based on 946 complete responses to all survey questions. Although the survey was completed by 1,009 relatives, 63 participants did not answer the question on political ideology. Table 1 shows the results obtained when we include Robust Standard Errors. All the models are included in Annex B (Tables A1.1, A1.2, A1.3, and A1.4). Annex A shows the multicollinearity analysis. The analyses included in Figure 2 and Table 1 show the results related to involvement with the resident, while the analysis of involvement with the staff is included in the Annex B (see Figure A2.2, and Table A2.1).

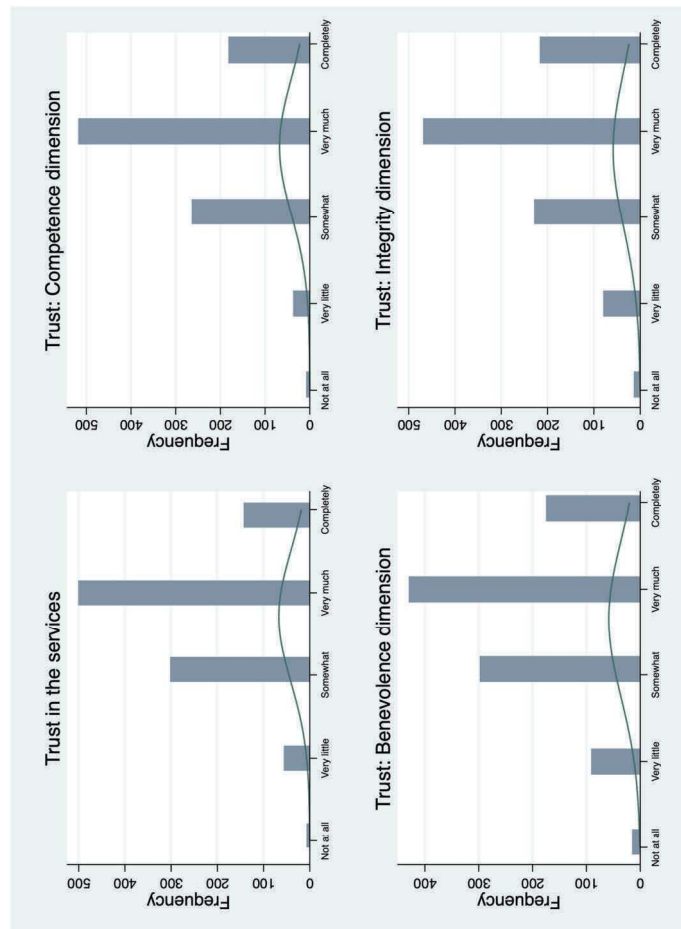


Figure 1. Distribution of responses on general trust and its three dimensions.

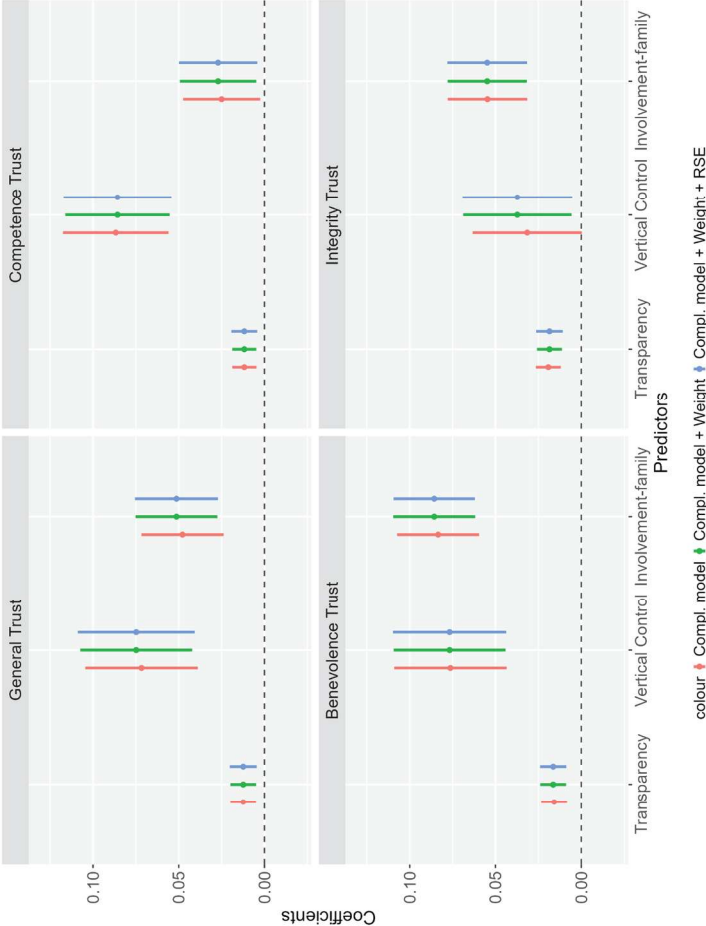


Figure 2. Linear probability models to predict trust in nursing homes (95% confidence intervals).

Table 1. Linear probability models to predict trust in nursing homes.

Predictors	General Trust	Comp. Trust	Benev. Trust	Integ. Trust
Transparency	0.012 (0.004) **	0.012 (0.004) **	0.016 (0.004) ***	0.018 (0.004) ***
Vertical control	0.075 (0.017) ***	0.086 (0.016) ***	0.077 (0.017) ***	0.037 (0.016)*
Involvement-family	0.051 (0.012) ***	0.027 (0.012) *	0.086 (0.012) ***	0.055 (0.012) ***
Type of NH (ref. = pub. seat)				
Pub. seat in priv. NH	−0.037 (0.041)	0.005 (0.040)	−0.040 (0.041)	−0.101 (0.041)*
Priv. seat in priv. NH	0.009 (0.038)	0.023 (0.036)	0.022 (0.038)	−0.049 (0.037)
Ideology	0.001 (0.006)	−0.005 (0.006)	−0.011 (0.006) +	−0.009 (0.006)
Response COVID-19 (ref. = bad or very bad COVID-19 response)				
Neither good nor bad	0.089 (0.059)	0.205 (0.055) ***	0.121 (0.057)*	0.187 (0.054) ***
Extremely good or good	0.331 (0.057) ***	0.455 (0.052) ***	0.327 (0.054) ***	0.430 (0.050) ***
Location (ref.= large city)	NS	NS	NS	NS
Size of NH (ref. = less than 25 beds)				
25–49 beds	0.073 (0.056)	0.047 (0.051)	0.080 (0.054)	−0.024 (0.052)
50–100 beds	0.109 (0.056) *	0.098 (0.051) +	0.118 (0.054)*	−0.004 (0.053)
+100 beds	0.064 (0.066)	0.074 (0.061)	0.038 (0.066)	−0.029 (0.064)
Price	NS	NS	NS	NS
Vulnerability status (ref. = no public subsidy)	NS	NS	NS	NS
Stay period (ref. = less than 6 months)	NS	NS	NS	NS
Age (resident)	0.003 (0.002)	0.002 (0.002)	0.005 (0.002)*	0.001 (0.002)
Gender	NS	NS	NS	NS
Previous stay in NH	−0.031 (0.038)	−0.066 (0.037)+	−0.023 (0.039)	−0.034 (0.038)
Familiarity legislation	0.037 (0.018) *	0.026 (0.016)	0.011 (0.018)	−0.027 (0.017)
Age (respondent)	0.001 (0.002)	−0.002 (0.002)	0.001 (0.002)	0.004 (0.002)*
Education	NS	NS	NS	NS
Social trust	0.008 (0.007)	0.004 (0.006)	0.016 (0.007)*	0.013 (0.007) +
Constant	−0.401 (0.263)	−0.222 (0.193)	−1.209 (0.193) ***	−0.623 (0.215)**
Weight	Yes	Yes	Yes	Yes
Robust Standard Errors	Yes	Yes	Yes	Yes
No. Obs.	946	946	946	946
AIC	2884.7	2753.7	2885.9	2822.0
BIC	7305.1	7174.1	7306.3	7242.4

Note: *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; + $p < 0.10$. NS= Not significant.

As we expected in H1, our results show the significant positive effect of transparency regarding core aspects of the services. This positive effect remains consistent not only regarding the overall level of trust but also across its three dimensions. If the effect of transparency is contextual

(Grimmelikhuijsen et al. (2021), our results show that when it comes to these services, the provision of core information on service performance has a positive effect on trust by residents' relatives.

In addition, our results show the significant positive effect of perceived levels of vertical control by public organizations, thereby confirming the expectation we state in H2. This pattern is consistent not only for the perception of general trust but also across its three constituent dimensions. However, it is noteworthy that in the dimension pertaining to integrity, the observed effect has a lower level of statistical significance.

Our analysis partially confirms H3, according to which we expect residents' relatives to be more likely to trust nursing home services when their level of involvement, measured by the frequency of interaction with both staff and residents, is high. Our results show that a relative's frequency of interactions with the resident has a positive and significant effect on the overall assessment of trust, as well as on the dimensions of integrity and benevolence. However, when examining the second measure of involvement, interaction with the staff, the results are only significant for benevolence (see Table A2.2 in Annex B).

Regarding the controls included, our analysis does not yield significant results for the effect of type of ownership. However, when we include the type of nursing home place, the results suggest that, compared to the relatives of residents who have a public place in a public nursing home, the relatives of residents who have publicly funded beds in private facilities are less likely to perceive that nursing homes treat all residents with respect (integrity dimension) (see Table 1 and supplementary analyses in Annex B). Hence, further research could delve into this difference, with the aim of identifying whether the type of provider also affects the trust generated. In medium-sized nursing homes (50–100 beds), relatives of residents are also more likely to trust the service providers compared to very small facilities (less than 25 beds).

The analysis also shows that facilities perceived to have had an 'extremely good' or 'good' response to the COVID-19 pandemic are also more likely to be trusted – in all their dimensions – compared to those perceived as having a poor response (see Table 1). The inclusion of this control is significant since the survey was conducted in December 2022, a time when the impact of the COVID-19 pandemic could potentially have had a strong influence on the perceptions of nursing home residents' relatives. In particular, this suggests that an effective response to the pandemic demonstrates the facilities' ability to adapt and manage crises, showcasing organizational competence and responsiveness. This, in turn, might lead to higher levels of trust among relatives of residents. Finally, in line with previous studies that have identified the propensity to trust others as being significant for explaining trust in public organizations and governments, our results show that individuals who have higher levels of propensity to trust others also have higher levels of trust regarding the dimensions of benevolence and integrity.

Robustness check analyses

In our robustness check analyses, we conducted separate analyses by incorporating a different measurement to capture ownership type ('public', 'private for-profit', 'private non-profit', and 'private – unaware whether facility is for-profit or non-profit') (see Figure A2.1). As part of the sensitivity analyses, we also conducted logit regression (see Figure A2.5) and linear regression analyses (see Figure A2.4, Table A2.2 and Table A2.3). These robustness analyses can be found in Annex B. The results remain consistent across all models. Multicollinearity tests are also included in Table A.7 in Annex A.

Ethical considerations

Given that the survey focuses on a vulnerable group – residents of nursing homes – this research had its entire process approved by the Ethics Committee of the main author's institution. This includes approval given to both the interview questionnaires and the survey questionnaires. Privacy rights were safeguarded throughout the process. Those receiving care should not be 'silenced' and researchers could hear their voices to give them more of an active role (Daly 2021, 112; Tronto 1993, 2010). However, since the pandemic occurred shortly before the survey was implemented, we decided to focus on assessing relatives' views, rather than surveying the residents themselves. Our approach emphasizes that the assessment of these services should not be limited to its outcomes in terms of performance but should also consider key aspects of care and trust, such as the integrity and benevolence of service providers.

Limitations

This study has the following limitations. Firstly, we acknowledge that the data used in this study are cross-sectional, and therefore, the relationships identified are more correlational rather than causal. We also recognize the potential bidirectionality of these relationships, as our independent variables are based on perceptions. Nevertheless, our results are robust as we also control for core organizational and individual-level variables that previous studies have demonstrated to be relevant for explaining trust. Secondly, our analysis suggests that perceptions of more vertical control by public authorities could be a core element for generating trust in services. We acknowledge that our measurement of vertical control is based on perceptions, rather than on the mechanisms put in place by public authorities. It is important to note that, since the provision of nursing home services falls under regional jurisdiction, they have no

single oversight authority controlling them, but rather a system of devolved responsibilities that varies across regions. Within this institutional arrangement there is a lack of administrative data that consolidates and provides standardized information from all the regional governments. In our survey, due to ethical considerations, we could not identify the specific names of facilities. To address this limitation, we use perceived control as a proxy measure. Further studies could examine and measure these de facto differences across regions, as well as examining the specific elements of regulation that are more likely to generate trust. For instance, they could examine the effect of specific mechanisms to audit the services and to punish poor performance. Experimental studies could be a great help in identifying arrangements that are more prone to building trust. Secondly, since the survey was conducted in 2022, soon after the COVID-19 pandemic, we included the performance of the nursing homes during the pandemic as a control variable. The result is significant, indicating that the perception of how the pandemic was managed has a positive effect. Further waves of the survey will allow us to verify the persistence of the explanatory variables identified in our study.

Thirdly, another limitation of our study is the measurement of the variable regarding family involvement. In this study, in line with Amirkhanyan et al. (2019), we asked relatives how often they had meetings with residence staff, and as a second proxy, their level of interaction with the relative who lived in the facility. We acknowledge that a potential weakness in our measurement is that having a meeting with a staff member can also be indicative of having a problem or a low level of satisfaction with specific aspects of the services (e.g. Dyck, 2009, in Grimmelikhuijsen et al., 2024). However, we use both measurements as proxies that are able to indicate the involvement of the relatives. Future studies would benefit from examining participation in activities related to care and/or decisions made by nursing homes, as well as from specifying the type of staff with whom the relatives interact (i.e. managers and care workers). Fourthly, our index of transparency/information provision about the core aspects of the services allows us to identify the level of data that relatives received. This index does not capture the nuances of the information, such as the quality, frequency or timeliness. In order to overcome this limitation, future research could refine the measurement of the quality of the information provided. Finally, from previous studies we know that some marginalized groups may experience unequal treatment in services (Jilke, Van Dooren, and Rys 2018). Hence, future research could examine whether immigrant status, sexual identification or being racialized affect trust in institutional care settings. Further analysis could also include, as an explanatory variable, the assessment of the quality of services, a condition we did not include in our analysis to avoid multicollinearity with the dimension of perceived performance.

Discussion and conclusions

Our study provides evidence that the mechanisms regulating the provision of information, oversight processes, and tools for family involvement are crucial for enhancing trust in these services. In particular, we demonstrate that perceptions of the provision of information regarding the quality of services provided by nursing homes, the vertical control exercised by public administrations, and the involvement of family members all contribute to increasing trust in these services.

Our analysis indicates that the provision of substantive information by nursing homes has a positive impact on the level of trust perceived by residents' relatives, and also on its three dimensions. This result is in line with Grimmelikhuijsen, de Vries, and Bouwman (2024), and Wang and Guan (2023), who show that targeted transparency has a positive effect on trust. This suggests that if providers know that substantive information regarding the provision of services will be provided to residents' families, this might create a virtuous cycle, whereby the expectation of transparency drives better care quality. Hence, it may lead to more competent service, better prioritization of residents' well-being, and improved integrity practices.

In addition, our study provides evidence that the perception of higher levels of control by public authorities has a positive effect. This result is in line with Six and Verhoest (2017), who show that control can enhance trust, and with Maman, Feldman, and Levi-Faur (2022), who demonstrate that in contexts of low trust, control and vertical mechanisms are necessary. Our analysis provides evidence that trust is more likely to occur when residents' relatives perceive that the public authorities are overseeing the services. Although there are no homogeneous oversight guidelines in Spain that work across regions, family members are more likely to trust nursing homes when their practices are perceived as being more closely monitored by public authorities.

In our research, we also provide evidence that the involvement of family members with the person receiving care is crucial for enhancing perceptions of general trust, as well as its three dimensions. From previous studies, we know that the involvement of family members is a key aspect for residents' quality of life and care (Kemp et al. 2020). Our findings are in line with Kemp et al. (2020) and He and Ma (2021), and suggest that close relationships with the residents might lead to residents' relatives believing that the nursing homes are more responsive to the residents' well-being and committed to treating everyone with respect. Our study demonstrates that greater interaction with residents' relatives can be viewed as a form of constructive collaboration for nursing homes, rather than adversarial surveillance.

However, in contrast to our expectation, the involvement with the nursing home staff is only significant in the perception of benevolence.

A possible explanation for the lack of significance of interactions with the staff on overall trust, as well as on the dimensions of competence and integrity, is that the family members may have a limited understanding of the technical and professional aspects of care provision. The relatives might not be able to fully assess these dimensions through their interactions with the staff. Instead, our results suggest that more frequent interactions with the staff affect perceptions of benevolence, which might be influenced by interpersonal aspects of care, such as empathetic communication.

In general, our results show that trust in these services rely on the existence of control mechanisms that allow both the public sector and family members to be actively involved. Our research provides empirical evidence of the argument made by Tronto (2010, 160), who argues that ‘care institutions must have formal practices’ to assess and review how they fulfill their caregiving responsibilities, ‘how they address particularity, and how power is exercised within the organization’. In the context of these services, granting service providers greater discretion does not seem to be a pathway to building trust. In this regard, our research demonstrates that increased provision of substantive information, as well as greater oversight by public authorities and families serve as tools that strengthen trust rather than burden management.

Since regulation and trust are strongly connected (Grimmelikhuijsen, de Vries, and Bouwman 2024), one direct policy implication of our study is that policymakers can design regulations to facilitate these three mechanisms: they can ensure the provision of valuable information for beneficiaries, implement effective public oversight mechanisms, and establish various tools that enable families to remain closely involved with their relatives. This has important implications, particularly because these services are characterized by high levels of market participation.

This also suggests that control mechanisms, such as public inspections, are viewed as an important tool for evaluating service quality standards. These inspections evaluate core aspects, such as the quality of the staff and their working conditions, in both private and public facilities. As regulatory instruments, inspections serve to verify whether the staff caring for elderly people are qualified to do so and whether the staffing ratios are adequate. In the context of nursing home services, family members view such oversight as a responsibility of public authorities and as something positive that fosters trust.

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