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THE RELATIONSHIP BETWEEN ORGANIZATIONAL TRUST AND WHISTLEBLOWING TENDENCY: A STUDY ON HEALTH PROFESSIONALS

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Abstract

The mistakes made in the provision of healthcare services can have significant negative consequences for healthcare professionals and patients. Whistleblowing is seen as an important tool to eliminate these errors and to reveal the main source of errors. This study aims to reveal the relationships between health professionals' perceptions of organizational trust and whistleblowing tendencies with structural equation modeling. Quantitative research method was used in the study. The main population of the study consisted of all health professionals working in a training and research hospital providing secondary health care services in Istanbul. The number of questionnaires collected by convenience sampling technique, which is one of the random sampling methods in the research, is 400. The data were collected via internet survey technique (using Google forms infrastructure). IBM SPSS 27 and AMOS package programs were used to analyze the data. Descriptive analysis, correlation analysis and structural equation modeling were applied. Findings: According to the results of the correlation analysis, it was determined that there was a positive relationship between health professionals' perceptions of organizational trust and their whistleblowing tendencies and that health professionals' perceptions of organizational trust had a statistically significant and positive effect on their attitudes towards whistleblowing tendencies. This study is important in that health professionals can report negative situations and then reduce the negative situations that may happen to them due to being a whistleblower and create an organizational trust environment that will turn into a corporate culture.

Keywords: *Organizational Trust, Whistleblowing Tendency, Health Professionals.*

ÖRGÜTSEL GÜVEN VE İHBARCILIK EĞİLİMİ ARASINDAKİ İLİŞKİ: SAĞLIK PROFESYONELLERİ ÜZERİNE BİR ARAŞTIRMA

Öz

Sağlık hizmetlerinin sunumunda yapılan hatalar sağlık profesyonelleri ve hastalar açısından önemli derecede olumsuz sonuçlar doğurabilmektedir. Yapılan bu hataları ortadan kaldırmak ve hataların ana kaynağını ortaya çıkarabilmek adına ihbarcılık önemli bir araç olarak görülmektedir. Bu çalışma ile sağlık

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profesyonellerinin örgütsel güven algıları ile ihbarcılık eğilimleri arasındaki ilişkilerin yapısal eşitlik modellemesi ile ortaya konulması amaçlanmıştır. Araştırmada nicel araştırma yöntemi kullanılmıştır. Araştırmanın ana kütlesini İstanbul'da ikinci basamak sağlık hizmeti sunan bir eğitim ve araştırma hastanesinde çalışan tüm sağlık profesyonelleri oluşturmuştur. Araştırmada tesadüfi örnekleme yöntemlerinden olan kolayda örnekleme tekniği ile toplanan anket sayısı ise 400'dür. Veriler internet üzerinden anket tekniği ile (Google formlar altyapısı kullanılarak) toplanmıştır. Verilerin analizinde IBM SPSS 27 ve AMOS paket programları kullanılmıştır. Araştırmada betimleyici analizler, korelasyon analizi ve yapısal eşitlik modellemesi uygulanmıştır. Bulgular: Yapılan ilişki analizi sonuçlarına göre sağlık profesyonellerinin örgütsel güven algıları ile ihbarcılık eğilimleri arasında pozitif yönlü bir ilişki olduğu ve sağlık profesyonellerinin örgütsel güven algılarının, ihbarcılık eğilimlerine yönelik tutumlarını istatistiksel olarak anlamlı düzeyde ve pozitif yönde etkilediği tespit edilmiştir. Bu çalışma, sağlık profesyonellerinin olumsuz durumları ihbar edebileceği ve sonrasında ihbarcı olma nedeniyle başına gelebilecek olumsuz durumları azaltacağı ve kurum kültürüne dönüşecek bir örgütsel güven ortamı oluşturacağı hususunda önem taşımaktadır.

Anahtar Kelimeler: *Örgütsel Güven, İhbarcılık Eğilimi, Sağlık Profesyonelleri.*

Introduction

Institutions try to create an ideal working environment away from wrong, bad, unethical and difficult behaviors, and they do their best to prevent any injustice, misconduct, illegal and unethical actions. The concept of whistleblowing, which has been discussed in organizational behavior in recent years and has no direct meaning in many languages; Disclosure of illegal, immoral or illegitimate practices under the control of their employers to persons or organizations that may commit the act (Near and Miceli, 1985, pp. 4-5), a voluntary action aimed at reporting inappropriate operations within an organization to external authorities (Courtemanche, 1988, pp. 36-37), negative impact on the institution. It is defined as reporting illegal and unethical actions in order to prevent their effects (Aktan, 2015, p. 35). The concept of whistleblowing; it is examined in five different dimensions as formal, informal, internal, external, confidential and open whistleblowing. Internal whistleblowing refers to employees who use internal channels and report these situations to their supervisors when an unethical situation, behavior or abuse is detected in the workplace (Hwang et al., 2008, pp. 504-526; Park et al., 2008, pp. 91-99). External whistleblowing; contrary to internal whistleblowing, it means reporting the situation to parties outside the institution, and it is stated that those who use this method have used the internal whistleblowing method before and they think that problems can no longer be tolerated through internal reporting (Lavena, 2016, pp. 113-136). Formal whistleblowing means reporting the action through official organizational protocols or communication channels. While informal whistleblowing means informing close colleagues, colleagues or someone

they trust about the situation (Toker, 2014). On the other hand, whistleblowing is also referred to as "confidential whistleblowing" when people make reports by hiding their identities due to factors such as retaliation by employees, job loss, exclusion, etc. as a result of whistleblowing (Park et al., 2008, p. 931).

However, as a result of whistleblowing, due to factors such as employee retaliation, job loss, ostracization, etc., people who report whistleblowing by hiding their identities are considered as " confidential whistleblowing", while reporting their identities openly is considered as "open whistleblowing". It is seen that whistleblowing is an ethical practice, an appropriate way to prevent the consequences of mistakes and future misconduct; (Shahinpoor and Matt, 2007, pp. 55-61; Mansbach and Bachner, 2010, pp. 483-490) can be considered as an action that enables employees to contribute to organizational integrity, ethics and quality (Berry, 2004). Although whistleblowing may seem like a negative situation in many organizations when it is done in good faith, when the public interests are respected, and when it aims to prevent or overcome threats to public security, it has many positive effects on institutions (Ciasullo et al., 2017, pp. 13-23). Although whistleblowing is a desirable ethical behavior and has potential positive consequences for organizations, many of the members of the organization seem to remain passive when faced with wrongdoing (Zakaria, 2015). In recent years, whistleblowing has become an increasingly common issue in healthcare systems and institutions, and is seen as a key tool for combining patient safety and organizational quality (Holt, 2015, pp. 70-77). In the health system, it is possible to experience many ethical problems with the individual practices of the employees such as treatment method, communication, wrong medication, wrong report writing, and organizational practices such as billing, unnecessary hospitalizations and examinations. In the healthcare system, unlike other sectors, failure to report errors and problems is of particular importance as it will result in consequences that may cost human life beyond just economic and moral problems.

Since the studies (Aydan and Kaya, 2018; Filiz, 2002; Kelekçioğlu and Alper Ay, 2022) on "whistleblowing" in the health sector in Turkey, notification of medical errors and reporting of incidents are intense, there are a limited number of studies on direct whistleblowing. For this reason, it is important to reveal the intentions of health professionals about whistleblowing and the factors affecting it. The positive sense of trust developed by the employees towards the organization has an important role in the whistleblowing process, in ensuring that the problem is resolved within the organization without leaving the organization. In other words, it is seen that employees who trust the organization can convey unethical behaviors to their superiors in order to protect the interests of the organization (Özdemir, 2015, p. 33). Therefore, organizational trust plays an important role in whistleblowing. In this study, the tendencies of health professionals working in a training and research hospital providing secondary health care services in

Istanbul to report unethical situations they encounter in the hospital, their perceptions of organizational trust and the relations between them were examined. The study was carried out on health professionals, since they are thought to be at the forefront in the provision of health services, and they are more likely to encounter events and behaviors that will be the subject of whistleblowing.

1. ORGANIZATIONAL TRUST

The most important factor in the formation of organizational commitment and organizational efficiency is organizational trust. An organization can develop a sense of trust in the organization by including its employees in the decision-making processes, expanding its areas of responsibility and authority, providing effective communication with two-way information flow, creating its own control areas. Organizational efficiency and success can be sustained by minimizing the level of organizational conflict and stress with employees who are highly motivated and moral, open to innovation, and have high task and role performance (Halis et al., 2007, pp. 187-205). organizational trust; Although those who work on decision makers cannot have influence, it means that the organization will work for their own benefit, at least they should know that they are not responsible for situations that they cannot control by not harming them (Dursun, 2015, pp. 134-156). Employees who are emotionally attached to their organizations, who can define themselves within their organizations, who are satisfied with their jobs, who do not want to leave their organizations, and who, in return, show more citizenship behaviors for the development of their organizations, will increase their level of job achievement in the organization by establishing relationships based on trust in organizations and trusting their leaders, institution and friends (Özdevecioğlu, 2003). While the economic, social and political causes of the crises experienced in organizations today are the reflections of the severe crisis of trust under water, it can be said that the stories of successful organizations are formed by key characteristics such as trust in the institution, trust in the leader/manager, trust in the corporate vision, and trust in colleagues (Erdem, 2003, p. 66).

Organizational trust increases communication by raising the morale of the employee, and improves team spirit and teamwork by strengthening the sharing among employees. Team spirit also enables employees to be more effective in their work, reduces stress and exhaustion in the work environment, and enables them to be more creative and productive (Aykan, 2007, p. 15). One of the most important factors affecting employee satisfaction is the interaction of employees with each other and with their managers. In order for this interaction to be positive and for healthcare professionals to produce services with the expected quality and efficiency, they must first be managed professionally and have confidence in the institution they work for, their managers and colleagues. Health administrators need to create personnel

policies that will enable healthcare professionals to work more satisfactorily and efficiently and ensure their implementation (Altuntaş, 2008, p. 23).

2. WHISTLEBLOWING TENDENCY

Researchers have been working since the 1980s on whistleblowing, which has started to be seen as one of the effective methods of preventing malpractices in the workplace (Vandekerckhove and David, 2012, pp. 254-255). With its widely accepted international definition, whistleblowing is defined as the reporting of illegal, unethical or unethical actions that occur in the organizations of former or current employees in an organization to people or institutions that can prevent these actions (Miceli and Janet, 1984, pp. 690). If these wrong practices in organizations are not identified or reported, they can have significant economic, social, environmental and health costs.

Whistleblowing is the type of behavior that expresses the reporting or revealing of ethical and unethical behaviors by employees or management within the enterprises. Whistleblowing is the reporting of illegal and unethical behaviors and actions within an organization to internal and external authorities who have the power and authority to solve problems by people with information (employees or stakeholders) so that they do not harm other people or institutions within and outside the organization (Aktan, 2015, p. 33). The purpose of the individual who carries out the act of whistleblowing is to prevent the continuation of wrong practices, to inform the authorities that can intervene and change the situation within or outside the organization, and to try to prevent the organization from experiencing problems in the following periods. The individual who carried out the act of whistleblowing has knowledge about the subject. The issue should be handled by reporting or disclosure method. The person who carried out the action may be an individual within the organization, or it may be someone who has had a relationship with the organization in the past and has disconnected (Özdemir and Erçelik, 2022, p. 67). Whistleblowing is diversified internally and externally. Internal whistleblowing, as the name suggests, is when an individual or individuals who are whistleblowers reveal the ethical or legal problem they encounter within the organization. Disclosure of the encountered moral/unethical problem to the management of the organization and keeping the situation within the organization is called internal whistleblowing. The whistleblower first goes to the manager above him, requesting the correction of the illegal or unethical situation from the managers. If his manager (such as supervisor, group leader, department manager, etc.) is aware of the situation but does not or cannot make a correction, the whistleblower can go to a higher management and report the problem and request help. Any notification made within the organization to stop or terminate the illegal/unethical event within the organization is internal whistleblowing (Eren and Orhan, 2013, pp. 455-468).

External whistleblowing is the situation where the whistleblower (whisterblower) discloses the unethical behavior he/she sees or encounters

within the organization to external administrations, which are state or supervisory, outside the competent authorities in the organization. It is also possible that the units outside the organization are the police or media organs, apart from the executive or supervisory units. It is not correct to use external whistleblowing without resorting to the tendency of internal whistleblowing. Therefore, in cases where internal whistleblowing is not sufficient, external whistleblowing should be used (Eren and Orhan, 2013, pp. 455-468). Written or verbal communication of illegal and/or unethical behavior and actions is called public notification. The whistleblower can also reveal the event by hiding his name. Reporting illegal and/or unethical behavior and actions by hiding the identity is called implied notification (Saygan and Bedük, 2013).

3. THE RELATIONSHIP BETWEEN ORGANIZATIONAL TRUST AND WHISTLEBLOWING TENDENCY

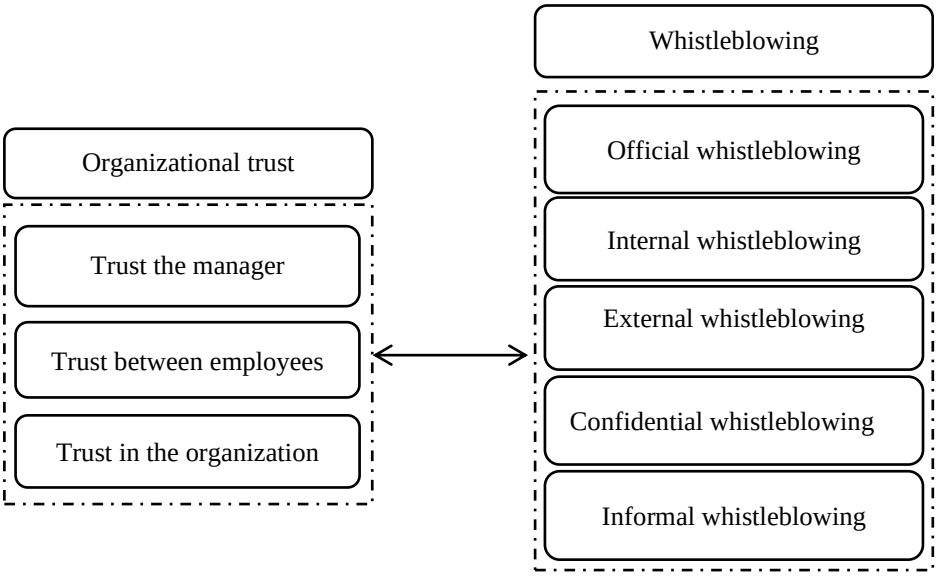
Whistleblowing is seen as an ethical practice, an appropriate way to prevent the consequences of mistakes and future misbehavior, and an action that enables employees to contribute to organizational integrity, ethics and quality (Shahinpoor and Matt, 2007, p. 37; Mansbach and Bachner, 2010, p. 485). The positive sense of trust that employees develop towards the organization has an important role in the whistleblowing process to ensure that the problem is solved within the organization without going outside the organization. In other words, it has been observed that employees who trust the organization report unethical behaviors to their superiors in order to protect the interests of the organization (Özdemir, 2015).

In addition, the internal whistleblowing channel is preferred when there is support from senior managers or coworkers (Mesmer-Magnus and Viswesvaran, 2005, pp. 280). Sims Randi and Keenan (1998, pp. 415-416) found that there is a strong and positive relationship between perceived managerial support and whistleblowing, and that there is a strong relationship between gender and external whistleblowing, with males having a higher tendency to whistleblower than females. King (1999), on the other hand, found that nurses who felt a sense of closeness to managers had higher intrinsic whistleblowing tendencies. Perks and Smith (2008) also argue that a supportive organizational environment is seen as an important determinant for whistleblowing.

Since there are few studies examining the relationship between organizational trust and whistleblowing in the literature, it is thought that this study will contribute to the related literature. In this study, it is aimed to determine the relationships between the organizational trust perceptions of health professionals and their whistleblowing tendencies. In addition, it is another aim of the research whether the whistleblowing tendency and organizational trust perceptions of health professionals differ according to their socio-demographic characteristics. For this purpose, it is thought that there is a relationship between the levels of trust in the manager, trust among employees

and trust in the organization, which creates the perception of organizational trust, and whistleblowing. The relationship between the organizational trust perceptions of health professionals and their whistleblowing tendencies is the subject of the research. Therefore, the main hypothesis of this study is; "H_1: There is a statistically significant relationship between health professionals' perceptions of organizational trust and their whistleblowing tendencies". The model of the research discusses the causal relationship between the main variables of the research (organizational trust and whistleblowing tendency). Based on this idea, the model in Figure 1 and the following hypotheses were developed.

Figure 1. Research Model



4. METHODOLOGY

Quantitative research method was used in the study. A cross-sectional research design was applied. The research data were collected by convenience sampling technique, one of the non-random sampling techniques.

4.1. Population and Sample of the Research

The main population of the study consisted of all health professionals working in a training and research hospital providing secondary health care services in Istanbul. At the time of the study, there were approximately 2300 health workers in the hospital. Convenience sampling method was preferred in the study. In convenience sampling, data are collected from the main population in the easiest, fastest and most economical way (Malhotra, 2004, p. 321; Aaker et al., 2007, p. 394). The data were collected via the internet

survey technique. The total number of questionnaires that were evaluated and used in the analysis of the data is 400.

4.2. Data Collection Method

Online survey technique was used as data collection method. The study was carried out as a cross-sectional study of healthcare professionals working in a training and research hospital providing secondary healthcare services in Istanbul. The developed questionnaire form was discussed in detail with academicians and sector experts in the field of health management and the final version was created in this context. After the necessary adjustments were made in line with the criticisms made about the expressions in the questionnaire, a pilot application (pre-test) was carried out on 30 people in order to ensure the structural validity of the updated questionnaire. The questionnaire form consists of three parts in total. In the first part, there are statements about the basic characteristics of the participants, while in the second part, there are statements consisting of 18 propositions about the organizational trust perceptions of health professionals. In the last part, there are statements to determine the whistleblowing tendency, which consists of 14 propositions.

4.3. Scales Used in the Research

For the "whistleblowing tendency", Park et al. (2008) and consists of 14 questions: internal (3 questions), external (3 questions), formal (2 questions), informal (2 questions), open (2 questions) and confidential (2 questions) whistleblowing dimensions used. Organizational Trust Inventory (Organizational Trust Inventory), developed by Nyhan and Marlowe (1997) and consisting of 12 statements, for the measurement of trust in the manager (8 questions) and trust in the organization (4 questions), which are sub-dimensions of organizational trust; For the measurement of trust among employees, the "Interpersonal Trust Scale", which was developed by Cook and Wall (1980) and consists of 6 statements, was used.

4.4. Data Analysis

In the study, the structural equation model (AMOS) was used to determine the effect of organizational trust perceptions of health professionals on whistleblowing tendency. In addition, frequency analyses, reliability analyses, descriptive statistics and correlation analyses were conducted to reveal the socio-cultural characteristics of the participants.

5. FINDINGS

In the next chapter, the findings of the study will be presented.

5.1. Demographic Findings

The socio-demographic characteristics of the health professionals participating in the research are given below. According to this; 64.7% of the health professionals within the scope of the research are women and 35.3% are men. 36.7% of the health professionals are in the age range of 36 and over, 58.7% of them have a bachelor's degree, 33.5% of them have worked in the profession for 4 years or less, 52.3% of them have 4 years of experience. And it is seen that they have worked in the institution they have been in for less than 10 years. In addition, 52.0% of health professionals work in clinical units and 72.2% are permanent staff. And also, 81.4% of health professionals state that they do not fear being fired, while 44.6% state that finding a new job is "easy" in case of dismissal.

5.2. Reliability Analysis

The factors of organizational trust perceptions of health professionals, which constitute the variables of the research, were analyzed with 18 questions and the factors of whistleblowing tendencies were subjected to reliability analysis with 14 questions. The reliability analysis results are given below.

Tablo 1. Reliability Analysis Results

Scale and Dimensions	Number of Expressions	Cronbach Alpha
Official whistleblowing	4	0,645
Internal whistleblowing	3	0,626
External whistleblowing	3	0,741
Confidential whistleblowing	2	0,705
Informal whistleblowing	2	0,690
General whistleblowing	14	0,876
Trust the manager	8	0,942
Trust between employees	6	0,944
Trust in the organization	4	0,877
Overall organizational trust	18	0,971

Alpha coefficient was used to test the reliability of the scales used in the study. Table 1 shows the reliability coefficient results of the whistleblowing scale and its sub-dimensions, and the organizational trust scale and its sub-dimensions. The results obtained show that the scale is reliable.

5.3. Descriptive Statistics

The evaluations of the participants regarding the dimensions of whistleblowing and organizational trust are given in Table 2. Accordingly, the general average score of whistleblowing is 3.84±0.51, the highest official whistleblowing dimension (4.29±0.73) and the lowest one in confidential whistleblowing (2.47±0.92). When we examine the evaluations of health professionals about the organizational trust dimension, the general average score of organizational trust is 3.95±0.63, the highest level of trust in the manager (4.23±0.57) and the lowest level of trust in the organization (3.35 ±0.85).

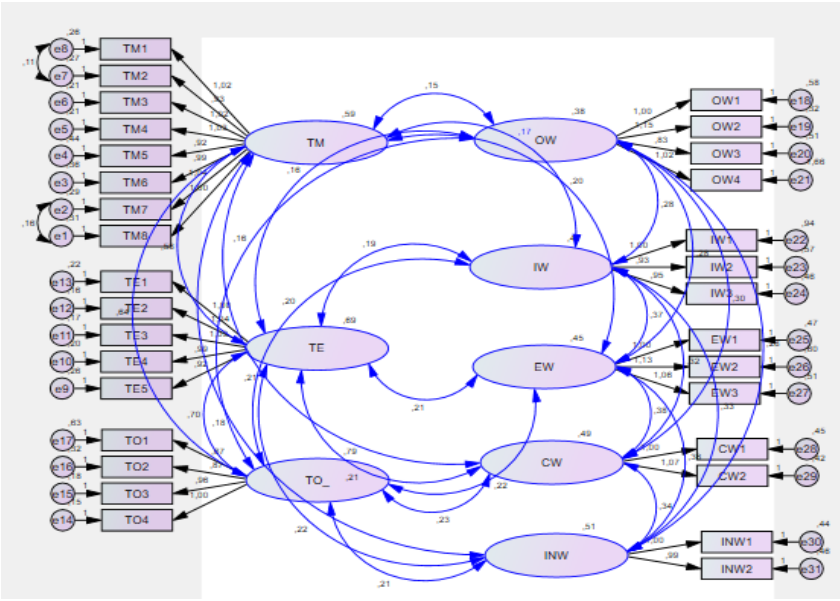
Table 2. Evaluations of The Participants on Whistleblowing and Organizational Trust

Constructions	Factors	Mean	Std. Deviation	Variance	Reliability Coefficient
Whistleblowing	Official whistleblowing	4.29	0.73	0.61	0,645
	Internal whistleblowing	4,28	0.74	0.56	0,626
	External whistleblowing	4,16	0.81	0.65	0,741
	Confidential whistleblowing	2.47	0.92	0.74	0,705
	Informal whistleblowing	4.08	0.83	0.69	0,690
	General	3.84	0.51	0.72	0,876
Organizational Trust	Trust the manager	4.23	0.57	0.63	0,942
	Trust between employees	4.11	0.55	0.64	0,944
	Trust in the organization	3.35	0.85	0.70	0,877
	General	3.95	0.63	0.71	0,971

5.4. Relationship Analysis

Factor analysis is applied in two different ways, exploratory factor analysis and confirmatory factor analysis. In exploratory factor analysis, factor structures are not known beforehand and it is aimed to define these structures, while in confirmatory factor analysis, it is aimed to confirm previously known factor structures. For this purpose, CFA for organizational trust and whistleblowing scales used in the research was used. The DFA analysis model is shown in Figure 2.

Figure 2. Health Professionals' Perceptions of Organizational Trust - Whistleblowing Tendencies (Research Model and Goodness of Fit Results)



*CMIN/DF: 2,780; GFI: 0,845; NFI: 0,883; IFI: 0,922; RFI: 0,866; TLI: 0,910; CFI: 0,922; AGFI: 0,810; RMSA: 0,067 [(Official Whistleblowing(OW), Internal Whistleblowing(IW), External Whistleblowing(EW), Confidential Whistleblowing(CW), Informal Whistleblowing(INW), Trust the Manager™, Trust between Employees(TE), Trust in the Organization(TO)]

The fit values obtained show that the model fit is achieved. There is a positive relationship between the organizational trust perceptions of health professionals and their whistleblowing tendencies. As the organizational trust perceptions of health professionals increase, whistleblowing tendencies increase positively. Findings obtained with content validity and confirmatory factor analyzes show that the construct validity of the model is provided. The x2, RFR, GFI, NFI, CFI, IFI, TLI, AGFI, RMSA values given above show that model fit is achieved.

Table 3. DFA Results for The Improved Measurement Model

Constructs	Items	Standardized Regression Coefficients	Estimate	Standard Error (SE)	T value (CR)	P
Trust the Manager (TM)	TM8	,808	1,000			
	TM7	,828	1,043	,036	28,678	***
	TM6	,785	,986	,055	18,047	***
	TM5	,730	,921	,056	16,358	***
	TM4	,868	1,034	,050	20,866	***

	TM3	,861	1,020	,049	20,639	***
	TM2	,807	,929	,050	18,730	***
	TM1	,839	1,019	,051	19,842	***
Trust between Employees (TE)	TE5	,832	,919	,041	22,297	***
	TE4	,877	,990	,040	24,733	***
	TE3	,903	1,032	,039	26,333	***
	TE2	,909	1,038	,039	26,676	***
	TE1	,871	1,000			
Trust in the Organization (TO)	TO4	,916	1,000			
	TO3	,897	,957	,033	29,155	***
	TO2	,809	,872	,038	22,850	***
	TO1	,601	,670	,048	13,902	***
(Official Whistleblowing (OW)	OW1	,629	1,000			
	OW2	,781	1,147	,104	10,990	***
	OW3	,581	,827	,090	9,206	***
	OW4	,438	1,016	,139	7,297	***
Internal Whistleblowing (IW)	IW1	,552	1,000			
	IW2	,619	,926	,106	8,701	***
	IW3	,667	,947	,104	9,075	***
External Whistleblowing (EW)	EW1	,697	1,000			
	EW2	,698	1,133	,093	12,167	***
	EW3	,702	1,060	,087	12,222	***
Confidential Whistleblowing (CW)	CW1	,721	1,000			
	CW2	,756	1,074	,088	12,256	***
Informal Whistleblowing (INW)	INW1	,731	1,000			
	INW2	,721	,990	,087	11,345	***

SEM (Structural Equation Modeling) results for the research model; Standardized regression coefficients (β), critical ratio (C.R.) and significance level p values for structural relationships are shown in Table 2. The results of the correlation analysis (the relationships between health professionals' perceptions of organizational trust and their whistleblowing tendencies) are given in Table 4.

Table 4. Correlations Between Variables (With Confirmatory Factor Analysis)

Variables			Correlation Coefficients
TM	<-->	OW	,312
TM	<-->	IW	,345
TM	<-->	EW	,388
TM	<-->	CW	,394
TM	<-->	INW	,325
TE	<-->	OW	,302
TE	<-->	IW	,348
TE	<-->	EW	,379
TE	<-->	CW	,370
TE	<-->	INW	,364
TO	<-->	OW	,287
TO	<-->	IW	,357
TO	<-->	EW	,378
TO	<-->	CW	,377
TO	<-->	INW	,326

*[(official whistleblowing(OW), internal whistleblowing(IW), external whistleblowing(EW), confidential whistleblowing(CW), informal whistleblowing(INW), trust between employees(TE), trust in the organization(TO)]. SEM results for the research model; standardized regression coefficients (β), critical ratio (C.R.) and significance level p values for structural relationships are shown in Table 3.

Conclusion

In this study, the relationships between the organizational trust perceptions of health professionals and their whistleblowing tendencies were examined. The main population of the study consisted of all health professionals working in a training and research hospital providing secondary health care services in Istanbul. The number of questionnaires collected by convenience sampling technique, which is one of the random sampling methods in the research, is 400. The data were collected through internet survey technique (using google forms infrastructure).

The mean general whistleblowing score of the health professionals participating in the study was found to be 3.84±0.51. When examined in terms of sub-dimensions; the highest official whistleblowing dimension (4.29±0.73) and the lowest one in confidential whistleblowing (2.47±0.92). When we examine the evaluations of health professionals about the organizational trust dimension, the general average score of organizational trust is 3.95±0.63, the highest level of trust in the manager (4.23±0.57) and the lowest level of trust

in the organization (3.35±0.85). In the study conducted by Taş (2015) on nurses, it was observed that the level of intrinsic whistleblowing was higher than this study and the level of extrinsic whistleblowing was lower than this study. In a study conducted by Aydan and Kaya (23) on nurses and secretaries, it was observed that the averages of extrinsic whistleblowing and general whistleblowing were lower than this study, while the average of intrinsic whistleblowing was higher than this study. In the study of Yılmaz and Bayram (2019) conducted on healthcare professionals, it was observed that the averages in all dimensions were higher than this study.

When examined with studies in the field of health; in Taş (2015)'s study on nurses, it is seen that the level of internal whistleblowing is higher than this study, and the level of external whistleblowing is lower than this study. In Aydan and Kaya's (2018) study on nurses and secretaries, it is seen that the average of external whistleblowing and general whistleblowing is lower than this study, and the mean of internal whistleblowing is higher than this study. In the study of Yılmaz and Bayram (2019), conducted on healthcare workers, it is seen that the average in all dimensions is higher than this study. The general organizational trust score average of the health professionals participating in the study was found to be 3.91; trust in the manager (4.33±0.76), trust among employees (3.87±0.78) and trust in the organization (3.35±0.89). When the studies on the organizational trust level of health professionals are examined; while the results of this study have a similar organizational trust average with Top's (2012) study, it is seen that they have a higher organizational trust level average than other studies.

It is thought that communicating any ethical problem in the institution to the top managers and resolving it within the institution is an indication of the development of institutional trust, and similarly (Binikos, 2008) low level of trust may lead to not reporting. However, people with high organizational trust do not hesitate to report because they think that whistleblowing will not affect them negatively, but people with high organizational trust may not feel the need to report because they think that their organizations will not allow negative/unethical behaviors (Binikos, 2008). This situation can be considered as both positive and negative effects of organizational trust on whistleblowing. In Aydan and Kaya's (2018) study, organizational trust had a direct negative effect on whistleblowing intention, while its indirect effect was positive when the ethical climate was a mediator. Developing whistleblowing as an invisible control mechanism within the institution will prevent many mistakes, since the result of an error or misapplication in healthcare services, which has a complex structure, is of vital importance. In this way, the quality of service delivery will be increased as well as the errors will be reduced, it will be ensured that the existing and undeclared errors can be determined and analyzed correctly. From this point of view, a notification system should be established to report errors in health institutions.

Işık et al. (2020) examined the relationship between organizational trust and whistleblowing and found a statistically significant relationship between general organizational trust and trust in manager and formal, internal and general whistleblowing; between trust in the organization and external, internal and general whistleblowing; and between trust among employees and internal and general whistleblowing. However, people with high organizational trust do not hesitate to whistleblower because they think that whistleblowing will not affect them in a negative way, but in the same way, people with high organizational trust may not feel the need to whistleblower because they think that their organizations will not allow negative behaviors (Binikos, 2008).

Considering the relationship between organizational trust and whistleblowing tendency; an environment of trust should be created that will eliminate the fear of negative situations that may happen to employees after reporting and turn into a corporate culture. In addition, in-service training should be planned, emphasizing that reporting inappropriate situations they encounter will protect patients from many harms and save human life, and encourage them to report.

When the relationship between organizational trust and whistleblowing tendency is analyzed; an environment of trust that will eliminate the fear of negative situations that may happen to employees after whistleblowing and turn into a corporate culture should be created. In addition, in-house trainings and studies that emphasize that reporting unethical situations they encounter will protect patients from many damages and have the importance of saving human life and encourage them to report should be planned. In addition, managers' giving importance to the opinions of their employees, giving them a say in decisions, being sensitive to their needs and establishing friendly relations with them can also contribute to the formation of a climate of trust and an increase in whistleblowing tendencies against unethical situations.

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