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MEDIATING ROLE OF ORGANIZATIONAL SUPPORT IN THE IMPACT OF HEALTHCARE PROFESSIONALS' ORGANIZATIONAL TRUST PERCEPTIONS ON WARNING TENDENCIES*

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Abstract

This study explores the mediating role of organizational support in the effect of healthcare workers' perceptions of organizational trust on their whistleblowing tendencies. The sample consists of 337 healthcare workers from 18 JCI-accredited private hospitals in Istanbul. Data were collected using scales measuring whistleblowing, organizational trust, and organizational support. The findings confirm that organizational trust positively influences both organizational support and whistleblowing tendencies. Furthermore, the perception of organisational support plays a full mediating role in the impact of organisational trust on the propensity to whistleblow. In order for the culture of whistleblowing to become widespread in healthcare institutions, it is essential to satisfy healthcare workers' feelings of support and trust.

Keywords: Healthcare, Whistle, Unethical, Trust, Support.
Article Type: Research Article
JEL Classification: I12, J28, M54.

SAĞLIK ÇALIŞANLARININ ÖRGÜTSEL GÜVEN ALGILARININ İHBAR EĞİLİMLERİ ÜZERİNDEKİ ETKİDE ÖRGÜTSEL DESTEĞİN ARACILIK ROLÜ

Öz

Bu çalışmada amaç, sağlık çalışanlarının örgütsel güven algılarının ihbar eğilimleri üzerindeki etkide örgütsel desteğin aracı rolünü belirlemektedir. Çalışmanın örneklemini, İstanbul'da JCI kalite ve akreditasyon belgesine sahip 18 özel hastanede çalışan 337 sağlık çalışanı oluşturmaktadır. Veri toplama aracı olarak ihbarcılık, örgütsel güven ve örgütsel destek ölçekleri kullanılmıştır. Çalışma modeli kapsamında geliştirilen dört adet hipotez kabul edilmiştir. Buna göre örgütsel güven düzeyi, örgütsel destek ve ihbar eğilimini pozitif yönde etkilemektedir. Yine örgütsel destek düzeyi ihbar eğilimini pozitif yönde etkilemektedir. Ayrıca örgütsel güvenin ihbar eğilimine etkide örgütsel destek algısı tam aracılık rolüne sahip olmaktadır. İhbar kültürünün sağlık kurumlarında yaygınlaşması için, sağlık çalışanlarının destek ve güven duygularının tatmin olması gerekmektedir.

Anahtar Kelimeler: Sağlık Hizmetleri, İhbar, Etik Dışı, Güven, Destek.
Makale Türü: Araştırma Makalesi
JEL Kodları: I12, J28, M54.

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1. INTRODUCTION

Healthcare services are provided with a number of fundamental objectives, such as protecting public health, providing treatment, offering rehabilitative services and promoting health. While the primary focus of these services is to ensure benefit, the community can also suffer as a result of undesirable situations or negligence. Although it is not possible to completely eliminate administrative, financial and medical errors in healthcare institutions, various measures can be taken to reduce them, prevent many of them and impose sanctions on those responsible for causing problems. Among these measures, the whistleblowing mechanism is of great importance.

Park et al (2008) described the concept of whistleblowing as the act of whistleblowing crimes and mistakes within organisations to individuals who can prevent them. When employees report internally, it is referred to as internal whistleblowing, while whistleblowing to external authorities is referred to as external whistleblowing. However, external whistleblowing damages the image and brand of the institution and leads to serious mistrust (Park et al., 2008: 384). This applies to all institutions, including health care institutions. For example, if a medical error in a hospital is not resolved through internal whistleblowing, it is more likely to be resolved through external whistleblowing. Negative publicity can have a significant negative impact on healthcare institutions. Compared to other institutions, errors in healthcare institutions attract more attention and remain in the public eye for longer (Jackson et al., 2014: 242). Nonetheless, encouraging whistleblowing, especially internal whistleblowing, in healthcare has many benefits for the organisation in terms of improving quality and reducing errors (Park et al., 2008: 385).

In general, employees tend to address negative situations they witness within organisations internally first. If necessary action is not taken, employees will then report the problem to external authorities with some enforcement powers (Dworkin and Melissa, 1998: 1281). Whistleblowing to external authorities can be more effective and deterrent. However, the organisation's response to the employee is often much harsher for external whistleblowing than for internal whistleblowing, resulting in more retaliation. Therefore, it is important for organisations to consider whistleblowing actions from their employees and resolve issues internally before escalating to external channels (Dworkin and Melissa, 1998; Rothschild and Miethe, 1999; Apaza and Chang, 2011). According to Rothschild and Miethe (1999), 44% of unlawful practices changed as a result of external whistleblowing, compared to 27% as a result of internal whistleblowing (Rothschild and Miethe, 1999: 107). The literature generally shows that whistleblowers tend to be high achievers, highly educated, in senior positions, with long tenure and moral values (Miceli and Near, 1984; Near and Miceli, 1996; Sims and Keenan, 1998). In addition, factors such as organisational culture, support, trust and adherence to ethical rules also influence whistleblowing (Binikos, 2008: 50). In conclusion, it is logical to resort to internal whistleblowing when internal channels are open and effective, but to resort to external whistleblowing when internal channels are ineffective. Various factors guide and facilitate employees to internal whistleblowing. This study focuses on two concepts that influence employees' perceptions of the organisation: organisational trust and organisational support.

The concept of organisational trust can be defined as the perception of consistency between the promises made by the owner and managers of the organisation and their actions, especially when employees are faced with uncertain and dangerous situations (Matthai, 1989). Employees who trust their organisation tend to be more satisfied and committed to the organisation (Sezgin, 2005: 318). Aktan (2006) stated that an employee needs to trust their organisation in order to report unethical or illegal actions they encounter in the organisation to the management (Aktan, 2006: 7). Organisational trust has

been identified as an important factor in facilitating whistleblowing.

As organisational trust generally increases, so does whistleblowing activity. However, beyond a certain point, excessive perceptions of trust among employees tend to reduce whistleblowing activity. A study by Rothwell and Baldwin (2006) found that in organisations where camaraderie is strong, the incidence of whistleblowing is low (Rothwell and Baldwin, 2006: 343).

Another variable used in the study is the concept of organisational support. Organisational support can be defined as the continuous provision of useful contributions, recognition, information and emotional support to the employee. In other words, it involves the employee's belief that the organisation supports, appreciates and stands by them (Parasuraman et al., 1992: 340). When employees believe that their organisation is supportive, concerned about their welfare and considerate, they tend to perceive that their organisation also values their safety (Gakovic and Tetrick, 2003: 651). As long as the organisation meets employees' expectations, employees will strive to meet the organisation's expectations (Gyekye and Salminen, 2007: 191). Therefore, an employee with a high perception of organisational support is more likely to engage in whistleblowing.

Several studies have examined the relationship between organisational trust and organisational support. The perception of organisational trust can be a crucial factor in the support of employees by top management, the establishment of justice within the organisation, the satisfaction of employees' needs and the development of social relations among employees (Neves and Caetano, 2006: 353). Many studies have found that as trust in the organisation increases, so does organisational support (Chen and Francesco, 2003; DeConinck, 2010; Kurtessis, 2017; Narang and Singh, 2012).

This study is significant in that it examines the effects of perceptions of organisational trust and organisational support on the propensity to whistleblow, thereby contributing to the promotion of ethical behaviours within the healthcare sector. The act of whistleblowing is of paramount importance, particularly within the healthcare sector, in order to ensure the safety of patients and the maintenance of high standards of service quality. Nevertheless, the propensity of healthcare workers to engage in whistleblowing is frequently undermined by a dearth of organisational trust and an ostensible deficiency in adequate support.

The extant literature indicates that perceptions of organisational trust and support have a positive impact on individuals' whistleblowing behaviour. Organizational trust serves to reinforce employees' confidence in their organizations, whereas organizational support cultivates a sense of assurance among employees, thereby empowering them to take the courageous step to blow the whistle. In this context, the study's focus on the mediating role of organisational support in the relationship between healthcare workers' perceptions of organisational trust and their propensity to whistleblow will provide valuable insights for the development of health policies and practitioners.

Moreover, the study aims to contribute to the establishment of an ethical culture within healthcare services, thereby enabling healthcare workers to act more effectively in protecting both themselves and the individuals they serve. Ultimately, this research seeks to offer significant data that will assist in identifying strategies for building trust and strengthening support mechanisms in the healthcare field.

2.METHODOLOGY

2.1.Research Model

The study uses three variables: organisational trust as the independent variable, whistleblowing

as the dependent variable, and organisational support as the mediating variable. Various studies in the literature indicate that individuals' perceptions of organisational trust significantly influence their propensity to whistleblow (Binikos, 2008; Rothwell and Baldwin, 2006). Furthermore, several studies have found that organisational trust has a significant impact on organisational support (Neves and Caetano, 2006; Kurtessis et al., 2017; Narang and Singh, 2012). Finally, other research highlights the importance of perceived organisational support in determining perceptions of whistleblowing (Parasuraman et al., 1992; Gakovic and Tetrick, 2003; Gyekye and Salminen, 2007).

Based on these findings from the literature, it is hypothesised that perceptions of organisational support will mediate the effect of healthcare workers' perceptions of organisational trust on their propensity to whistleblow. To this end, the following research model was developed.

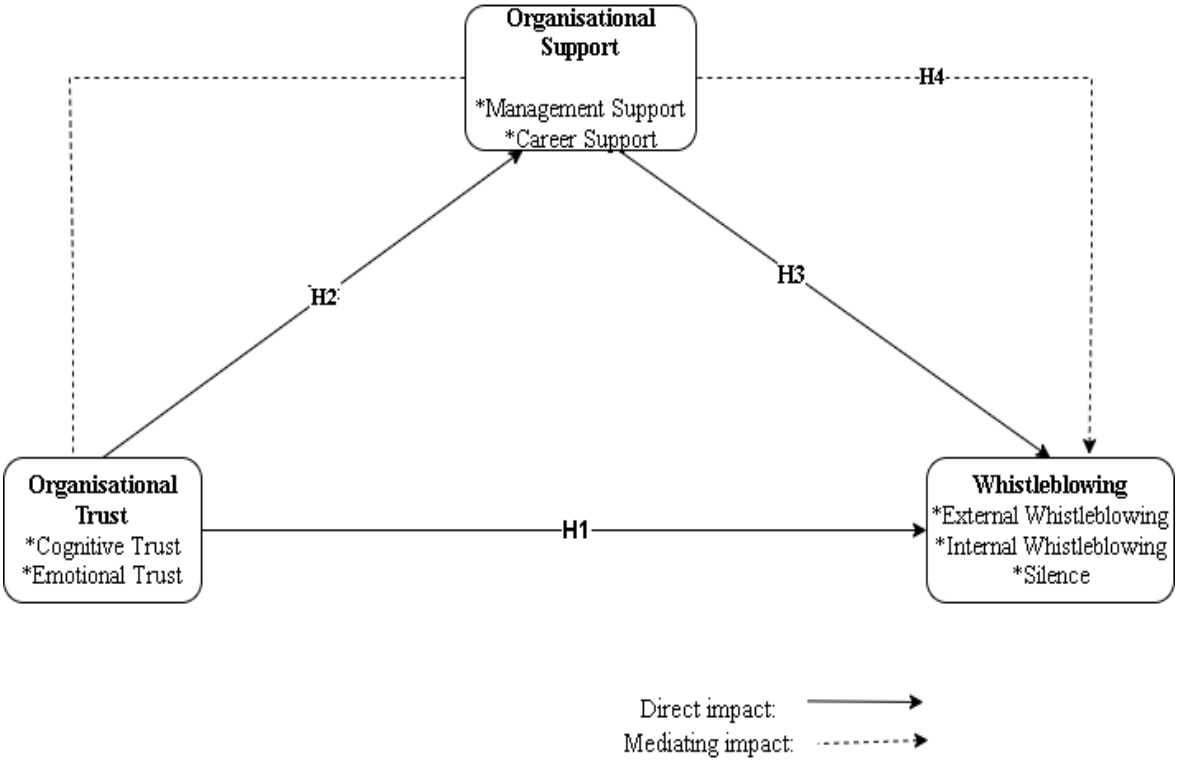

Figure 1. Research Model

Source: (Baron and Kenny, 1986).

Based on the research model, the following hypotheses have been developed:

H1: Healthcare workers' perceptions of organizational trust significantly influence their propensity to whistleblow.

H2: Healthcare workers' perceptions of organizational trust significantly influence their perceptions of organizational support.

H3: Healthcare workers' perceptions of organizational support significantly influence their propensity to whistleblow.

H4: The level of organizational support mediates the effect of healthcare workers' perceptions of organizational trust on whistleblowing.

In addition to these hypotheses, the effects and mediation relationships will be examined through

the sub-dimensions of the scales.

2.2.Sampling

Private hospitals were selected for the study population because of the lower propensity to report in the private sector (Lewis, 2006). Among the private hospitals, those with Joint Commission International (JCI) accreditation were selected. JCI is the international division of JCAHO (Joint Commission on Accreditation of Healthcare Organizations), which accredits approximately 18,000 healthcare organisations in the United States. It is expected that staff in accredited hospitals will be more qualified and provide more accurate responses. Consequently, the research population was defined as 12,669 employees working in 18 private hospitals in Istanbul with JCI quality and accreditation certification. According to Bryman and Cramer (2001), taking 5 to 10 times the number of scale questions is sufficient to calculate the sample size (Bryman and Cramer, 2001). Based on this criterion, the study used three scales with a total of 31 questions, so the minimum sample size required is 31*10=310. A total of 337 volunteers participated in the study, which was considered to be quantitatively sufficient. The convenience sampling technique was used for data collection as it allows for easier, cheaper and faster data collection compared to other sampling techniques (Gürbüz and Şahin, 2014). The below presents the demographic distribution related to the sample in Table 1.

Table 1. Demographic Distribution of the Sample.

Demographic Characteristics	Category	(%)	n	Demographic Characteristics	Category	(%)	n
Age	18-30 years	34.3	115	**Profession**	Doctors	15.6	53
	31-40 years	36.4	123		Nurses	29.2	98
	41-50 years	12.3	41		Midwives	11.0	37
	51 years and over	7.0	24		Administrative Staff	12.2	41
Gender	Female	63.0	212		Health Technicians	11.3	38
	Male	37.0	125		Patient Care Assistants	5.7	19
Educational Level	Primary or Secondary School	2.7	9		Other Professional Groups	15.0	51
	High School	12.4	42	**Marital Status**	Married	31.3	106
	University Degree	76.4	257		Single	68.7	231
	Postgraduate Degree	8.6	29	**Type of Hospital**	Public Hospitals	33.2	112
Work Experience	1-5 years	44.7	151		University Hospitals	12.4	42
	6-10 years	25.9	87		Private Hospitals	21.7	73
	11-15 years	17.0	57		Municipal Hospitals	8.1	27
	16 years or more	12.4	42		Other Health Care Institutions	34.6	117

2.3.Data Collection Instruments

The survey technique was used to obtain the research data. Three scales were utilized in the study. The survey consists of a total of 38 questions divided into four sections.

Demographic Information Form: This section was created by the researcher. It comprises seven items related to the participants' age, gender, education level, marital status, profession, type of healthcare institution, and length of professional experience.

Organizational Trust Inventory: This scale, developed by Cummings and Bromiley (1996), aims to measure employees' perceptions of organizational trust and consists of 12 items and 2 sub-dimensions. The original organizational trust scale includes 62 items, but the short form with 12 items was used in this study. Tüzün (2006) conducted the Turkish reliability and validity study of the organizational trust scale. Items 4, 5, 6, 10, and 12 represent emotional trust, while items 1, 2, 3, 7, 8, 9, and 11 represent

cognitive trust. All questions related to emotional trust are reverse coded.

Factor analysis confirmed that the scale aligns with its original form. The Cronbach's alpha values are 0.857 for the overall scale, 0.851 for emotional trust, and 0.875 for cognitive trust, indicating a high level of reliability (Karagöz, 2019).

Perceived Organizational Support Scale: This scale, developed by Eisenberger et al. (1986) to measure the level of support individuals perceive from their organization, was shortened to 10 items by Armstrong-Stassen and Ursel (2009). It is a unidimensional scale using a five-point Likert scale. Akkoç et al. (2012) conducted the Turkish reliability and validity study for the business context.

Factor analysis revealed two sub-dimensions, named managerial support and career support based on the items. Item D1 was excluded due to a low factor loading (<0.30). Analyses were conducted on 9 items. The Cronbach's alpha values are 0.828 for the overall scale, 0.866 for managerial support, and 0.819 for career support, indicating a high level of reliability (Karagöz, 2019).

Whistleblowing Scale: Developed by Park et al. (2005), this scale consists of 9 items and three sub-dimensions. Şekerli et al. (2016) conducted the Turkish reliability and validity study. The scale measures the tendency to report ethical or illegal events in the organization to relevant authorities. The first three items (1, 2, 3) represent the external whistleblowing dimension, four items (4, 5, 6, 7) represent the internal whistleblowing dimension, and the last two items (8, 9) represent the silence dimension. External whistleblowing indicates whistleblowing to external authorities, internal whistleblowing to internal authorities, and silence indicates remaining silent in the face of events. The scale uses a five-point Likert format.

Factor analysis confirmed the alignment with the original scale. The Cronbach's alpha values are 0.790 for the overall scale, 0.773 for the external whistleblowing dimension, 0.873 for the internal whistleblowing dimension, and 0.873 for the silence dimension. The scale's overall and external whistleblowing dimension reliability coefficients fall between $0.70 \leq r < 0.90$, indicating high reliability, while the internal whistleblowing and silence dimensions fall between $0.80 \leq \alpha < 1.00$, indicating a very high level of reliability (Karagöz, 2019).

2.4.Data Analysis

The collected data were coded using SPSS 25 software. The average scores for the sub-dimensions of the organizational trust, organizational support, and whistleblowing scales were calculated by taking the mean of the responses to the items within each relevant dimension. Responses to the scales were coded from 1 to 5, ranging from the most negative to the most positive option. Reverse-coded questions were coded accordingly. A missing data analysis was performed, resulting in the exclusion of seven questionnaires with incomplete responses. In the process of data analysis, the normality distribution was first examined to determine which methods would be used. In this context, it was assessed whether the mean scores of the scales and their subdimensions conformed to a normal distribution. The normality assessment was based on skewness and kurtosis coefficients. According to the results, the skewness and kurtosis values of both scales and their subdimensions were found to be within normal limits (+.715/-1.582) (Tabachnick and Fidell, 2001).

Factor analysis was conducted on the study data to verify the construct validity of the scales. Subsequently, Cronbach's alpha values were examined to assess the reliability of the scales. Additionally, CR (Composite Reliability) and AVE (Average Variance Extracted) values were calculated to further confirm the scales' construct reliability and validity. Before conducting the

regression analysis, a correlation analysis was performed to investigate potential multicollinearity issues among the study variables. Mediation analyses were conducted to test the research model, following the criteria established by Baron and Kenny (1986).

2.5.Implementation Process

After determining the research objectives and data collection instruments, an application for ethical approval was submitted to the Scientific Research and Publication Ethics Committee of Artvin Çoruh University. Ethical approval was obtained from the committee on 29.12.2022, under the reference number E-18457941-050.99-75976. Throughout the research process, adherence to the Helsinki Declaration's ethical guidelines was ensured, and participants' consent was obtained before completing the survey. Data for the study were collected from healthcare workers employed at 18 private hospitals in Istanbul with JCI quality and accreditation certification, through face-to-face and online methods, between 29.12.2022 and 11.03.2023.

3.RESULTS

This section presents the findings from the conducted analyses. Firstly, the KMO Bartlett test results for the scales were examined. The KMO values for the whistleblowing scale (0.772), the organizational support scale (0.886), and the organizational trust scale (0.872) were found to be at a good level (KMO > 0.600). Consequently, the sample was deemed sufficient for factor analysis, and the Bartlett test results were significant (0.000 < 0.05), indicating that the relationships in the correlation matrix were adequate for performing factor analysis (Gürbüz and Şahin, 2014). Table 2 shows the factor analysis results for the scales.

Table 2. Exploratory factor analysis

No	External whistleblowing	Internal whistleblowing	Silence	Cognitive trust	Emotional trust	Management Support	Career support
H1	,865						
H2	,851						
H3	,723						
H4		,806					
H5		,800					
H6		,863					
H7		,848					
H8			,923				
H9			,923				
G1				,696			
G2				,729			
G3				,705			
G7				,767			
G8				,792			
G9				,764			
G11				,768			
G4					,751		
G5					,752		
G6					,828		
G10					,756		
G12					,823		
D2						,757	
D3						,804	
D4						,809	
D5						,815	
D6						,658	
D7						,774	
D8							,672

D9	,934
D10	,934
Extraction Method: Principal Component Analysis. /Rotation Method: Varimax, Total Variance Explained: Whistleblowing:%75,623 Organisational Trust: %59,925 Organisational Support:%65,971	

It can be seen in Table 2 that the factor loadings of the scales range from 0.658 to 0.934 ($p < 0.01$). Accordingly, it was concluded that the items were correctly loaded onto the factors and that the scales were structurally valid. The explained variance ratio for the whistleblowing scale was 75.623%, for the organizational trust scale was 59.925%, and for the organizational support scale was 65.971%. These values were deemed sufficient for the scale variance explanation ratio (Gürbüz and Şahin, 2014). Table 3 provides the CR and AVE values of the scales.

Table 3. CR and AVE Values of Research Variables

Variables	**CR (Composite Reliability)**	**AVE (Average Variance Extracted)**
External whistleblowing	0,855	0,665
Internal whistleblowing	0,898	0,688
Silence	0,920	0,851
Cognitive trust	0,898	0,650
Emotional trust	0,888	0,613
Management Support	0,875	0,595
Career support	0,898	0,732

As shown in Table 3, since the calculated AVE values are greater than 0.50 and the CR values are greater than 0.70, the factors possess high construct reliability (Karagöz, 2019) and thus convergent validity.

A correlation analysis was conducted for the research variables. Accordingly, most of the relationships between the sub-dimensions were found to be statistically significant, with correlation coefficients ranging from 0.080 to 0.758. When evaluating the correlation coefficients, it can be said that there is no multicollinearity problem, as all tolerance values calculated for the variables are not below 0.10 and the VIF values are not above 10 (Pallant, 2005).

3.1. Mediation Analyses

Regression analyses were conducted to test the research model and to perform mediation analyses between the variables. In a mediation relationship, mediation is present if an independent variable requires the presence of another variable to affect a dependent variable. In other words, mediation occurs when the influence of one variable on another is determined and affected by a third variable (Şimşek, 2007). Different criteria for conducting mediation analyses exist in the literature. This study employs the most commonly used method by Baron and Kenny (1986). According to Baron and Kenny (1986), the following criteria must be met to assert mediation effects:

- The independent variable must have a significant effect on the dependent variable.
- The independent variable must have a significant effect on the mediator variable.
- The mediator variable must have a significant effect on the dependent variable.
- When the independent variable and the mediator variable are included in the analysis together, the effect of the independent variable on the dependent variable must disappear for full mediation; if the effect is reduced but still significant, partial mediation can be claimed.

The analyses in this study were carried out by following these steps. First, the mediation

relationships were examined on the sub-dimensions of the research variables, followed by an analysis of the entire model.

Table 4 presents the results of the regression analysis conducted for the sub-variables.

Table 4. Regression analysis (organisational trust, organisational support, whistleblowing)

Model	Independent Variable	Dependent Variable	β	t	p	R^2	F
1	Cognitive trust	External whistleblowing	,255	6,028	,000	,038	36,333
2	Cognitive trust	Internal whistleblowing	,311	9,051	,000	,083	81,927
3	Cognitive trust	Silence	,023	,520	,603	-,001	,271
4	Emotional trust	External whistleblowing	-,157	-4,299	,000	,019	18,479
5	Emotional trust	Internal whistleblowing	,074	2,415	,016	,005	5,830
6	Emotional trust	Silence	-,391	-10,981	,000	-,391	120,592
7	Cognitive trust	Management Support	,832	34,776	,000	,574	1209,352
8	Cognitive trust	Career support	,233	5,834	,000	,036	34,041
9	Emotional trust	Management Support	,240	7,955	,000	,065	63,289
10	Emotional trust	Career support	,621	22,285	,000	,356	496,620
11	Management Support	External whistleblowing	,227	5,871	,000	,036	34,474
12	Management Support	Internal whistleblowing	,236	7,436	,000	,057	55,287
13	Management Support	Silence	,039	,967	,334	,000	,935
14	Career support	External whistleblowing	-,131	-3,718	,000	,014	13,822
15	Career support	Internal whistleblowing	,031	1,070	,285	,000	1,145
16	Career support	Silence	-,300	-8,567	,000	,075	73,397

In Table 4, it is observed that the effects of cognitive trust on the level of silence, management support on the level of silence, and career support on internal whistleblowing are not significant ($p>0.05$). According to the mediation criteria set by Baron and Kenny (1986), since the fundamental conditions were not met, mediation analyses were not conducted for these relationships [28]. Mediation analyses were carried out for the other variables since their relationships were significant. The findings from these analyses are presented in Table 5.

Table 5. Mediation Analyses Related to Sub-Dimensions

Model	Independent Variable	Dependent Variable	*β*	t	p	R^2	F	All Model (p)
Model 1	Cognitive trust	External whistleblowing	0,157	2,416	0,016	0,041	20,248	0,000
	Management Support		0,119	2,010	0,045			
Model 2	Cognitive trust	Internal whistleblowing	0,269	5,116	0,000	0,083	41,509	0,000
	Management Support		0,050	1,041	0,298			
Model 3	Cognitive trust	External whistleblowing	0,297	6,969	0,000	0,064	36,991	0,000
	Career support		-0,177	-5,078	0,000			
Model 4	Emotional trust	External whistleblowing	-0,226	-6,171	0,000	0,074	27,797	0,000
	Management Support		0,289	7,376	0,000			
Model 5	Emotional trust	Internal whistleblowing	0,018	0,590	0,556	0,056	31,563	0,000
	Management Support		0,231	7,032	0,000			
Model 6	Emotional trust	External whistleblowing	-0,118	-2,586	0,010	0,020	10,298	0,000
	Career support		-0,0,63	-1,447	0,148			

Table 5 presents the regression analysis results conducted to determine the mediation

relationships among the study variables. To establish the mediation relationships, the independent variable and the mediator variable were included in the analysis together, and their effect on the dependent variable was examined. The findings from the analysis will be explained based on the hypotheses.

In Model 1, when the independent variable, cognitive trust, and the mediator variable, management support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). While the significant effect of cognitive trust on external whistleblowing perception continued ($p<0.05$), the effect size decreased (β:0.255/0.157). Therefore, a partial mediation relationship was identified in the analysis.

In Model 2, when the independent variable, cognitive trust, and the mediator variable, management support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). While the significant effect of cognitive trust on internal whistleblowing perception continued ($p<0.05$), the effect size decreased (β: 0.311/0.269). Therefore, a partial mediation relationship was identified in the analysis.

In Model 3, when the independent variable, cognitive trust, and the mediator variable, career support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). While the significant effect of cognitive trust on internal whistleblowing perception continued ($p<0.05$), the effect size increased (β: 0.255/0.297). Therefore, no mediation relationship was identified in the analysis.

In Model 4, when the independent variable, emotional trust, and the mediator variable, management support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). While the significant effect of emotional trust on external whistleblowing perception continued ($p<0.05$), the effect size decreased (β: -0.157/-0.226). Therefore, a partial mediation relationship was identified in the analysis.

In Model 5, when the independent variable, emotional trust, and the mediator variable, management support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). The significant effect of emotional trust on internal whistleblowing perception disappeared ($p>0.05$). Therefore, a full mediation relationship was identified in the analysis.

In Model 6, when the independent variable, emotional trust, and the mediator variable, career support, were included in the analysis together, it was observed that they had a significant effect on the dependent variable ($p<0.05$). While the significant effect of emotional trust on external whistleblowing perception continued ($p<0.05$), the effect size increased (β: -0.157/-0.118). Therefore, no mediation relationship was identified in the analysis.

Table 6 presents the findings obtained by including the entire model of the study in the analyses.

Table 6. Mediation analyses for the whole model

Hypotheses	**Independent Variable**	**Dependent Variable**	***β***	**t**	**p**	**R^2**	**F**	**All Model (p)**
H1	Organisational Trust	Whistleblowing	*,096*	3,349	,001	,011	11,217	,001
H2	Organisational Trust	Organisational Support	*,769*	31,556	,000	,526	995,778	,000
H3	Organisational Support	Whistleblowing	*,123*	4,574	,000	,022	20,925	,000

H4	Organisational Trust	Whistleblowing	*,003*	,070	,944	,021	10,454	,000
	Organisational Support		*,121*	3,096	,002			

Table 6 examines the mediation relationship by including all the study variables in the regression analysis. It shows that the independent variable, organisational trust, has a significant effect on the dependent variable, whistleblowing (β: 0.96, p<0.05). Furthermore, it is observed that organisational trust also has a significant effect on the mediator variable, perception of organisational support (β: 0.769, p<0.05). Furthermore, the mediator variable, organisational support, has a significant effect on the dependent variable, whistleblowing (β: 0.123, p<0.05). Finally, to determine the mediation relationship, the variables of organisational trust and organisational support were included in the analysis together to examine their effect on the perception of whistleblowing. It is found that the entire model is significant (p<0.05) and the effect of the independent variable, perception of organisational trust, on the dependent variable, whistleblowing, disappears (β: 0.003, p>0.05). Consequently, a full mediation is concluded. Hypotheses H1, H2, H3 and H4 are therefore accepted.

4.CONCLUSION, DISCUSSION AND RECOMMENDATIONS

This section discusses the results of the study by comparing them with the literature, focusing on the original data.

When the mediation relationship is examined in terms of the sub-dimensions of the main variables in the study, it is observed that the cognitive trust perception has a partial mediating role on external and internal whistleblowing behaviour with the level of managerial support. Similarly, it is observed that emotional trust perceptions also have a partial mediating role on external and internal whistleblowing behaviours, with the level of managerial support. Accordingly, when healthcare professionals trust their institution both logically and emotionally, their tendency to report ethical or illegal incidents to competent authorities, both within and outside the institution, increases. Moreover, this tendency will increase with management support. In other words, a healthcare professional who cognitively or emotionally trusts his or her organisation is more likely to engage in internal and external whistleblowing with management support. Internal whistleblowing generally benefits the institution and is an important factor in quality improvement. External whistleblowing, on the other hand, is not preferred because it puts the organisation in a difficult situation. This study suggests that the lack of similar attitudes among healthcare professionals towards external and internal whistleblowing is due to the variety and abundance of situations that could be the subject of whistleblowing in healthcare institutions. Unethical or illegal incidents arising from administrative, financial and medical errors in healthcare institutions fall within the scope of whistleblowing. Therefore, it can be said that healthcare professionals have similar attitudes towards internal and external whistleblowing due to the seriousness of the incident or the potential consequences it may have.

According to the results, healthcare professionals' perceptions of organisational trust significantly influence their whistleblowing tendencies. This finding is in line with the literature. Binikos (2008) found that perceptions of organisational trust have a positive effect on whistleblowing. King (1999) found that the perception of organisational trust must be at a sufficient level for the whistleblowing mechanism to function positively within the organisation. Seifert et al. (2014) found that employees who engage in whistleblowing within the organisation trust their organisation to a certain extent, which increases the tendency to report incidents. On the other hand, considering the significant effect of factors such as job satisfaction, compliance with organizational citizenship behavior, and lack of fear of retaliation on whistleblowing (Cassematis and Wortley, 2012; Nayır, 2012), it can be said that

as the perception of organizational trust increases, whistleblowing actions also increase. Although the whistleblowing actions of healthcare professionals are influenced by many different factors, it can be perceived that the organizational trust perception, which is under the control of the organization, is considered as a priority for whistleblowing actions. This highlights the crucial requirement for healthcare organisations to cultivate a culture of trust and support. Such an environment not only encourages employees to report misconduct but also strengthens the ethical standards of the organisation, which in turn improves patient outcomes and organisational integrity.

This study finds that healthcare workers' perceptions of organisational trust significantly influence their perceptions of organisational support. This finding is supported by many studies in the literature. According to Gyekye and Salminen (2007), employee well-being, which is an indicator of organisational support, directly affects employee trust in the organisation. In other words, someone with a strong perception of organisational trust also develops a parallel perception of organisational support. Similarly, many studies have found that as trust in the organization increases, so does the perception of organizational support (Chen and Francesco, 2003; DeConinck, 2010; Kurtessis et al., 2017; Narang and Singh, 2012). An employee who trusts his or her organisation will respond positively. Positive factors such as job satisfaction, commitment and productivity will increase, while negative factors will decrease. An employee who makes a valuable contribution to the organisation will be valued and supported for career development. It is expected that healthcare managers who take this into account will create a synergy effect that will lead to significant developments for the healthcare institutio. Therefore, cultivating a culture of trust and support is not merely an ethical imperative but also a strategic necessity that can drive organizational performance and enhance the overall effectiveness of healthcare delivery systems.

It is also found that healthcare workers' perceptions of organisational support significantly influence their whistleblowing tendencies. This finding is supported by several studies in the literature. According to Gyekye and Salminen (2007), when an employee's perception of organisational support is high, their commitment, effectiveness and productivity also increase. In this case, an employee is more likely to be committed to the legal and ethical values of the organisation compared to other employees, and such employees are more likely to whistleblow. Sims and Keenan (1998) found in their study that individuals who perceived sufficient support from their manager were more likely to whistleblow. King (1999) found in his study that nurses who felt close to their manager were more likely to whistleblow internally. Perks and Smith (2008) found that a supportive organisational structure is a prerequisite for whistleblowing. On the basis of this data, it can be said that the functioning of a whistleblowing mechanism in a healthcare institution is an important factor in reducing unethical and illegal behaviour, and it is expected that healthcare institutions that demonstrate and actively demonstrate their level of organisational support to their staff will achieve positive results in this regard. Ultimately, fostering an environment of support not only empowers employees to take ethical stands but also enhances the integrity and accountability of the entire healthcare system, leading to improved patient outcomes and organizational trust.

Finally, the study found that the level of organisational support acts as a full mediator in the effect of healthcare workers' perceptions of organisational trust on their perceptions of whistleblowing. In other words, if healthcare workers trust their organisations, their tendency to report ethical and illegal incidents within the institution will increase. Furthermore, if the level of support from the organisation also increases in this relationship, the likelihood of whistleblowing will be even higher. Therefore, healthcare institutions should instil trust in their employees. They should be reassured that they are committed to ethical standards, that they will administer justice, and that employees will not suffer as a

result of coming forward. Employees also need to feel supported. They should be assured that the healthcare organisation will contribute to their career development, defend them in difficult situations and not leave them alone. It can be said that an employee who feels this way is more likely to whistleblow. This dynamic underscores the critical role that organizational culture plays in fostering a safe reporting environment, where employees are not only encouraged to speak up but also perceive their voices as valuable contributions to the integrity and ethical framework of the institution.

In conclusion, healthcare workers' perceptions of organisational trust positively influence their whistleblowing tendencies, and the perception of organisational support plays a mediating role in this relationship. It is essential to consider trust and supportive behaviour towards the organisation in order to activate and functionalise the whistleblowing mechanism in healthcare institutions. It is expected that this fundamental finding of the study will contribute to the literature by providing evidence-based knowledge to healthcare institutions and insights to healthcare managers.

The findings and conclusions of the study are limited to the sample and method of the study, which included healthcare workers employed in 18 private hospitals in Istanbul with JCI quality and accreditation certificates, and the analyses conducted within the scope of the study. In this respect, it is expected that future studies involving hospital workers from different cities and across Turkey, as well as comparisons between public and private hospitals, will contribute significantly to the literature. In addition, conducting in-depth analyses with smaller samples through qualitative analysis is considered beneficial. Regarding the variables used in the study, the change and relationship of healthcare workers' whistleblowing tendencies with organisational trust and organisational support variables are limited. Therefore, it would be beneficial for future studies to examine the impact of other variables that influence whistleblowing tendencies, taking into account these limitations.

Ethical Statement

Throughout the writing and publication processes of the study titled *"The Mediating Role of Organizational Support in the Impact of Healthcare Professionals' Organizational Trust Perceptions on Warning Tendencies,"* the principles of Research and Publication Ethics have been strictly adhered to, and no falsification or manipulation has been made in the data obtained for the study. Ethical approval was granted by the Scientific Research and Publication Ethics Committee of Artvin Çoruh University on 29.12.2022, under the reference number E-18457941-050.99-75976.

Author Contributions Statement

All authors have contributed to every stage of the study, from drafting to writing, and have reviewed and approved the final version of the manuscript.

Conflict of Interest Statement

This study has not led to any individual or institutional/organizational conflicts of interest.

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Extended Abstract

Mediatıng Role of Organizational Support in The Impact of Healthcare Professionals' Organizational Trust Perceptions On Warning Tendencies

Introduction The existing literature underscores the significant role that organizational trust and support play in influencing employees' whistleblowing tendencies. Organizational trust fosters employees' confidence in their institution, while organizational support assures them that they will be protected and valued for their ethical actions. This study investigates the mediating role of organizational support in the relationship between healthcare professionals' perceptions of organizational trust and their willingness to engage in whistleblowing. By analyzing these dynamics, the research provides crucial insights into health policy development and strategies for fostering ethical practices in healthcare institutions.

Methodology

Research Model The study employs a conceptual model where organizational trust is the independent variable, whistleblowing is the dependent variable, and organizational support acts as the mediating variable. Based on prior research (e.g., Binikos, 2008; Kurtessis et al., 2017), four key hypotheses were formulated:

1. Organizational trust positively influences whistleblowing tendencies.
2. Organizational trust positively affects perceptions of organizational support.
3. Organizational support positively influences whistleblowing tendencies.
4. Organizational support mediates the relationship between organizational trust and whistleblowing. The study also examines the mediation relationships through sub-dimensions of the variables.

Sampling and Data Collection The study was conducted in 18 private hospitals in Istanbul that hold Joint Commission International (JCI) accreditation, ensuring a qualified workforce and reliable responses. The study population comprised 12,669 healthcare employees. Using Bryman and Cramer's (2001) formula, a minimum sample size of 310 was required, but 337 healthcare professionals participated voluntarily. Convenience sampling was utilized due to its efficiency in data collection.

Data were gathered through a structured survey, consisting of 38 questions divided into four sections:

1. Demographics (age, gender, education, profession, experience, etc.)
2. Organizational Trust Inventory (Cummings and Bromiley, 1996)
3. Perceived Organizational Support Scale (Eisenberger et al., 1986)
4. Whistleblowing Scale (Park et al., 2005)

Factor analysis confirmed the validity of the scales, while reliability tests (Cronbach's alpha) demonstrated strong internal consistency across all variables.

Data Analysis Data were analyzed using SPSS 25. Descriptive statistics were calculated, and normality was assessed using skewness and kurtosis values. Factor analysis was conducted to ensure construct validity, while reliability was assessed via Cronbach's alpha, Composite Reliability (CR), and Average Variance Extracted (AVE). Correlation analysis examined multicollinearity among variables, and mediation analysis followed Baron and Kenny's (1986) approach to assess the indirect effects of organizational support. Additionally, a bootstrapping method (Preacher and Hayes, 2008) was used to confirm mediation effects, ensuring robustness in statistical findings.

Results and Discussion The findings indicate that healthcare professionals' perceptions of organizational trust significantly influence their whistleblowing tendencies, supporting previous research (Binikos, 2008; King, 1999; Seifert et al., 2014). Additionally, organizational trust positively affects perceptions of organizational support, aligning with studies demonstrating a strong link between trust and support (Gyekye and Salminen, 2007; DeConinck, 2010; Kurtessis et al., 2017).

Furthermore, organizational support significantly influences whistleblowing tendencies, reinforcing the notion that a supportive environment encourages employees to report ethical or legal violations (Sims and Keenan, 1998; King, 1999). Most importantly, organizational support acts as a mediator between organizational trust

and whistleblowing behavior. Employees who trust their organization are more likely to perceive high levels of support, which, in turn, enhances their willingness to report misconduct.

When examining sub-dimensions, both cognitive and emotional trust perceptions partially mediate the relationship between whistleblowing and managerial support. Healthcare professionals who experience both rational and emotional trust in their organization are more inclined to report ethical breaches, particularly when they perceive strong managerial support. Internal whistleblowing is generally preferred, as it aids organizational improvement, whereas external whistleblowing is less common due to its potential negative consequences for the institution.

Conclusion

This study highlights the importance of fostering an environment of trust and support within healthcare institutions. Healthcare managers should focus on building trust among employees by demonstrating fairness, ethical leadership, and commitment to justice. Additionally, organizations should ensure that employees feel supported in their career development and ethical decision-making processes. By strengthening these elements, institutions can enhance whistleblowing mechanisms, ensuring ethical integrity and improved healthcare outcomes.

Future research should explore whistleblowing tendencies across different healthcare settings, including public hospitals, and incorporate qualitative analyses for deeper insights. Examining additional influencing factors, such as job satisfaction and fear of retaliation, would also provide a more comprehensive understanding of whistleblowing behaviors in healthcare institutions.