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RESEARCH ARTICLE

MEDIATING ROLE OF ETHICAL CULTURE IN THE IMPACT OF HEALTHCARE PROFESSIONALS' PERCEPTIONS OF ORGANIZATIONAL TRUST AND ORGANIZATIONAL SUPPORT ON WHISTLEBLOWING *

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ABSTRACT

In this study, it is aimed to reveal the mediating role of ethical culture in the effect of organizational support and organizational trust perceptions of healthcare professionals on their whistleblowing tendencies. The universe of the study consists of 12,669 employees working in hospitals with 18 Joint Commission International quality and accreditation certificates serving in Istanbul, Turkey. The sample of the study consists of 589 employees, who were easily reached by sampling technique. Study data were collected online. Descriptive statistics, exploratory factor analyses, difference analyses, confirmatory factor analysis, path analysis and mediation analyzes were performed for the data. It has been observed that the perception of organizational trust and organizational support of health workers has a mediating role in the effect of ethical culture on internal whistleblowing and silence tendencies. It was observed that the perception of organizational trust and organizational support did not affect the perception of external whistleblowing. While the support and trust of the organization are important factors in the whistleblowing of unethical or illegal situations in the hospital environment to the relevant authorities through internal whistleblowing, it has been concluded that the ethical culture has an important determining power in this relationship.

Keywords: *Health services, organizational trust, organizational support, ethics, private hospitals.*

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ARAŞTIRMA MAKALESİ

SAĞLIK ÇALIŞANLARININ ÖRGÜTSEL GÜVEN VE ÖRGÜTSEL DESTEK ALGILARININ İHBARCILIK EĞİLİMLERİ ÜZERİNDEKİ ETKİSİNDE ETİK KÜLTÜRÜN ARACILIK ROLÜ *

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ABSTRACT

Bu çalışmada, sağlık çalışanların örgütsel güven ve örgütsel destek algılarının ihbarcılık eğilimleri üzerindeki etkisinde etik kültürün aracılık rolünü ortaya konulması amaçlanmıştır. Çalışmanın evrenini, Türkiye'nin İstanbul şehrinde hizmet veren ve Joint Commission International kalite ve akreditasyon sertifikasına sahip olan 18 hastanede alışan 12.669 çalışan oluşturmaktadır. Çalışmanın örneklemini, 589 sağlık çalışanı oluşturmaktadır. Çalışma verileri çevrimiçi olarak toplanmıştır. Veriler için tanımlayıcı istatistikler, keşifsel faktör analizi, fark analizleri, doğrulayıcı faktör analizi, yol analizi ve aracılık analizleri yapılmıştır. Sağlık çalışanlarının örgütsel güven ve örgütsel destek algılarının ihbarcılığın alt boyutlarından iç ihbarcılık ve sessizlik boyutlarına etkisinde, etik kültürün aracı rolü olduğu saptanmıştır. Örgütsel güven ve örgütsel destek algısının, dış ihbarcılık algısı üzerinde etkisi olmadığı gözlemlenmiştir. Etik veya yasa dışı durumların hastane ortamında ilgili makamlara iç ihbar yoluyla raporlanmasında kuruluşun destek ve güveni önemli faktörlerken, bu ilişkide etik kültürün önemli bir belirleyici güce sahip olduğu sonucuna varılmıştır.

Anahtar Kelimeler: *Sağlık hizmetleri, örgütsel güven, örgütsel destek, etik, özel hastaneler.*

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I. INTRODUCTION

Whistleblowing is an important factor in ensuring the safety and quality of service in health institutions (Jackson et al., 2014). Especially after the publication of the results of Robert Francis's study on poor patient care at Mid Stafford Hospital and its effect on patient death, there has been an important trend towards whistleblowing in the health literatüre (Kusu-Orkar et al., 2019). Park et al., (2008) expressed the concept of whistleblowing as the whistleblowing of crimes and mistakes made in organizations to people who can prevent them. If the employees make the report internally, it is internal whistleblowing, if they make the report to external authorities, it is an external report. However, external whistleblowing damages the image and brand of the institution and causes serious distrust (Park et al., 2008). Compared to other institutions, mistakes made in health institutions attract more attention and can be kept on the agenda more (Jackson et al., 2014). Despite everything, encouraging whistleblowing and especially internal whistleblowing in order to improve the quality of health services and reduce errors has many benefits for the organization (Park et al., 2008).

In health institutions, whistleblowing provides great opportunities to learn from mistakes and increase patient safety (Mannion & Davies, 2015). Whistleblowing is related to patient safety, providing quality service, preventing corruption, etc. Although it has significant benefits in many issues, it has been observed that healthcare professionals remain silent in the face of events due to reasons such as retaliation, mobbing, exclusion and dismissal (Lawton & Parker, 2002; Evans et al., 2006; Jackson et al., 2014; Zakaria, 2016).

Many factors affect the whistleblowing tendency, such as the culture of the organization, its support, the trust it gives, and adherence to ethical rules (Binikos, 2008). The employee's whistleblowing of personal and organizational mistakes includes a complex structure based on organizational and personal factors. In other words, the act of denunciation takes place in the shadow of personal and organizational factors (Nayir & Herzig, 2012). In some cases, whistleblowing is perceived as disloyalty and unethical behavior by employers and employees (Larmer, 1992). In some cases, it is perceived as an activity that promotes justice, increases quality and prevents injustice (Waytz et al., 2013).

Perceptions of organizational support and trust are among the factors that may affect the willingness of health workers to report. Organizational support refers to the degree to which employees believe that their organization values their contributions and cares about their well-being (Eisenberger et al., 1986), while organizational trust refers to the belief that the organization will act in line with the interests of its members (Kramer, 1999). Previous research has shown that higher levels of perceived organizational support and trust are associated with lower levels of whistleblowing avoidance (Skivenes et al., 2018; Tong & Green, 2005).

When the sense of justice of the employees increases, whistleblowing increases, when the loyalty dimension increases, whistleblowing increases to a certain extent, but a high level of loyalty leads to a decrease in the tendency to denounce (Dungan et al., 2015). For example, as organizational trust, which expresses the feeling of loyalty, increases, individuals do not hesitate to be whistleblowers because they think that whistleblowing will not cause any negative feedback. On the other hand, individuals with high levels of organizational trust may not need to report because they think that unethical or illegal events will not be allowed. In this respect, it can be said that the level of organizational trust has both positive and negative effects on the act of whistleblowing (Binikos, 2008).

Another factor that affects healthcare professionals' tendency to report is the concept of ethical culture. Ethical culture is defined as a set of shared values, beliefs, and behaviors that encourage ethical behavior and discourage unethical behavior (Treviño et al., 1999). Ethical culture has shown through some studies that it plays an important role in shaping the attitudes and behaviors of health professionals towards whistleblowing unethical practices in their organizations. It has been found that

the perception of organizational support and trust, in particular, affects the probability of whistleblowing behaviors among healthcare workers (Greaves & McGlone, 2012). In addition, studies have found that ethical culture within the organization can play a mediating role between perceived support/trust and whistleblowing intentions (Cheng et al., 2019). It has been emphasized in many studies that organizational trust and the perception of organizational support play an important mediating role in the formation and maintenance of ethical culture (Blenkinsopp et al., 2019).

In order to encourage and protect whistleblowing in health services, organizations should develop a culture of ethical behavior and provide support to whistleblowers (Szymczak et al., 2016). The role of organizational factors such as organizational trust and support in influencing whistleblowing behavior has been investigated in previous studies (Smith et al., 2001; Ting, 2008; Evans et al., 2006; Binikos, 2008; Seifert et al., 2014; Keil et al., 2010; Gyekye & Salminen, 2007; Mesmer-Magnus & Viswesvaran, 2005; Cassematis & Wortley, 2012; Byrne & Kelleher, 2020; Fu et al., 2018; Vadera, Pratt & Mishra, 2013). However, less attention has been paid to the role of ethical culture in promoting whistleblowing behavior among health professionals (Treviño et al., 1999; Hassinki et al., 2007; Kaptein, 2011; Tsahuridu & Vandekerckhove, 2008; Park & Blenkinsopp, 2009). On the other hand, there are limited studies on the effect of organizational trust and organizational support on ethical culture (Mugerauer, 1996; Ciulla, 1998; Bews & Rossouw, 2002; DeConinck, 2010; Pettijohn et al., 2008).

According to Fleddermann (2012), there are four different ways to solve whistleblowing problems in an organization. The first way is to establish a strong ethical culture and enforce practice. Thus, the ground for the development of ethical behavior to employees and whistleblowing unethical behavior is created. The second way is to provide all kinds of open channels of communication and to encourage any employee who wishes to voice their concerns. Third, all employees should have easy access to senior management to share their concerns, and the whistleblower should be assured that there will be no retaliation, and sometimes rewarded. Fourth, management must be able to admit its mistake publicly in some cases. Employees will be encouraged to demonstrate ethical behavior with this behavior (Fleddermann, 2012). In order for an employee to be a whistleblower, the dimension of loyalty or justice must be at a very good level (Dungan et al., 2015; Zakaria et al., 2020). While some of the studies mentioned above in the literature examined the effect of the loyalty dimension of the employees on whistleblowing, some of them questioned the effect of the justice dimension on whistleblowing. In this study, a study model was created by taking into account the findings that indicate the minimum requirements for whistleblowing in the literature (Fleddermann, 2012; Dungan et al., 2015; Zakaria et al., 2020).

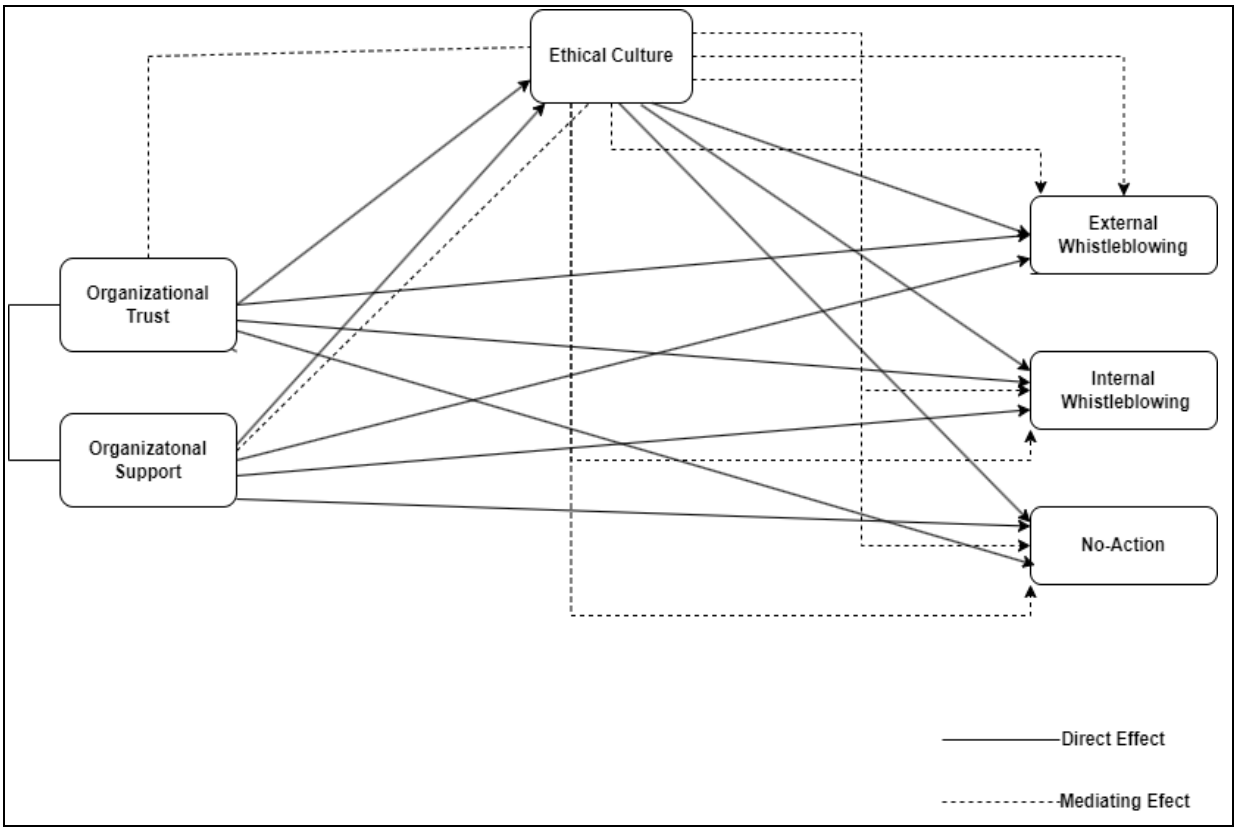
Having a good level of courage or justice perceptions of the employees is an important factor in being a whistleblower and is a primary reason. It is predicted that this study, in which two antecedent variables are combined in a single model, will provide new information to the literature. The aim of this study is to examine the relationship between health professionals' ethical culture perceptions, organizational support, trust and whistleblowing intentions. Specifically, we aim to investigate whether ethical culture mediates the relationship between organizational support, trust, and whistleblowing intentions. We believe that this study will contribute to a better understanding of the factors affecting whistleblowing behaviors among healthcare professionals and may shed light on strategies for promoting a culture of transparency and accountability in healthcare organizations. In addition, the study findings can inform the development of interventions aimed at supporting whistleblowing in health institutions. It is expected to contribute to the development of effective strategies to promote whistleblowing and ultimately improve patient safety and quality of care. It is expected that the utilization of a combination of the specified dependent, independent, and mediator variables in this study will result in a substantial contribution to the national or international literature.

II. METHOD

2.1. Model of the Research

As a result of the literature review, the model of the study was created. Accordingly, it is predicted that organizational trust and organizational support perceptions have a significant impact on the whistleblowing tendencies of healthcare professionals, and ethical culture will have a mediating role in this relationship. The research model in question is shared in Figure 1.

Figure 1. Model of the Study



According to the model in Figure 1, the following hypotheses have been developed.

H1: Ethical culture has a mediating role in the effect of organizational trust perceptions of healthcare professionals on their internal whistleblowing tendencies.
H2: Ethical culture has a mediating role in the effect of organizational trust perceptions of healthcare professionals on their external whistleblowing tendencies.
H3: Ethical culture has a mediating role in the effect of organizational trust perceptions of healthcare professionals on their silence tendencies.
H4: Ethical culture has a mediating role in the effect of organizational support perceptions of healthcare professionals on their internal whistleblowing tendencies.
H5: Ethical culture has a mediating role in the effect of organizational support perceptions of healthcare professionals on their external whistleblowing tendencies.
H6: Ethical culture has a mediating role in the effect of organizational support perceptions of healthcare professionals on their silence tendencies.

2.2. Research Population and Sample

Lewis (2006) found the reporting rate to be 95% in public institutions, while this rate was 63% in the private sector. Due to the tendency of the private sector to report less, private hospitals were

preferred in the selection of the research population. Among private hospitals, hospitals with Joint Commission International (JCI) certificate were preferred. JCI refers to the accreditation document issued by the internationally operating division of the world's largest accreditor JCAHO (Joint Commission on Accreditation of Healthcare Organizations), which accredits approximately 18,000 health care institutions in the USA. It is anticipated that hospital staff with this certificate will be more qualified and give more realistic answers.

As a result, the population of the study was determined as 12,669 employees working in 18 private hospitals with JCI quality and accreditation certificate in Istanbul. Since the number of population was known as 12,669 in the study, 95% of the confidence level (z table value for alpha 0.05 (t)=1,96) was taken as 0.5, and the standard deviation estimated for the population was 0.5. Since a five-point Likert was used, the standard deviation was taken as d=0.05 for the universe estimation of the investigated event. When the data were inserted into the formula, the required sample number was calculated as at least 373. In the study, 589 health workers were reached and it was decided that this number was sufficient for the representative of the sample group. It is easily seen that more than half of the sample social science studies use this technique. Convenience sampling technique was preferred considering that it would provide convenience in the study (Monette et al., 2002).

2.3. Data Collection Tools Used in the Study

The research data were obtained through a questionnaire. The survey consists of five sections: the first section includes a demographic information form, the second section includes the whistleblowing scale, the third section includes the organizational trust scale, the fourth section includes the organizational support scale, and the fifth section includes the ethical culture scale.

Demographic Information Form: This section was devised by the researchers and comprises six inquiries aimed at delineating the demographic profile of the respondents. These questions encompass inquiries pertaining to age, gender, marital status, educational attainment, occupation, and professional tenure, and were addressed to the participants.

Whistleblowing Scale: The Whistleblowing scale was developed by Park et al., (2005). The scale was developed in order to reveal the intention of the individual to report ethical or illegal events that occur in the institution where he/she works. The scale consists of 9 questions and three sub-dimensions in total. The first three questions of the scale express the external whistleblowing dimension, the four questions the internal whistleblowing dimension, and the last two questions the indifference sub-dimension. The scale is five-point Likert type.

Organizational Trust Scale: It was developed by Cummings and Bromiley (1996) in order to reveal the organizational trust level of employees. The short form of the organizational trust scale was used in the study. The scale has two sub-dimensions, cognitive confidence and emotional trust. In the emotional dimension, the organizational trust perceptions of the employees are revealed in terms of feelings, while the organizational trust perceptions of the employees in the cognitive dimension are revealed in terms of thought.

Organizational Support Scale: It was developed by Eisenberger et al., (1986) to measure the level of organizational support perceived by employees. It was shortened and reduced to 10 items by Armstrong-Stassen & Ursel (2009). The scale consists of one dimension.

Ethical Culture Scale: Developed by Muel Kaptein (Kaptein, 2008). The scale developed by Kaptein has been found to be the most comprehensive, detailed and accurate scale to measure the ethical culture level of an organization. The scale consists of 58 items and 8 sub-dimensions in total. Two dimensions (Clarity and Applicability) of the scale consisting of 8 dimensions were included in the model. The decision to include only these two dimensions was due to the scale being excessively long when used alone, which would have diverted the study from its main purpose. There are also studies in the literature that use the scale with this logic (DeBode et al., 2013).

2.4. Collection of Research Data and Ethical Aspects

Before collecting the data of the study, an application was made from Duzce University Scientific Research and Publication Ethics Committee with the necessary documents to evaluate the compliance of the study with ethical and research principles. Ethics committee approval was obtained with the decision dated 30.12.2021 and numbered 2021/338 that the study was appropriate in terms of ethics and research principles. Then, questionnaires were distributed to the health workers of the 18 hospitals that constituted the universe of the study. The questionnaire was administered online. The online survey was conducted using Google Forms. To obtain informed consent from the participants, an explanatory text was provided at the beginning of the survey. This text indicated that participants agreed to participate in the research by completing the survey and that their data would be kept confidential. The survey was announced to the employees via the WhatsApp application and delivered with a link containing the survey link. To prevent individuals who had already completed the survey from doing so again, an automatic duplication check was implemented by the survey platform. This check helped prevent duplication by detecting repeated forms filled out from the same IP address. Data were collected between 11.02.2022-21.12.2022.

2.5. Analysis of Data

For the data obtained, firstly, missing data analysis was carried out and 17 questionnaires were found to be incompletely filled and were not included in the analysis. In the study, an evaluation was made on the numerical percentages of the demographic information. Then, explanatory factor analysis, confirmatory factor analysis, CR, AVE and reliability analyzes were performed for the whistleblowing, organizational trust, organizational support and ethical culture scales used in the survey. In the next part of the study, the measurement model and structural model, which constitute the basic working principle of SEM studies, were established and after this stage, the hypotheses put forward for the study were evaluated by making path analysis with hidden variables. IBM SPSS 25 and AMOS 23 package programs were used to analyze the data.

III. RESULTS

When the demographic characteristics of the study sample are examined; 53.1% of the health professionals participating in the study are between the ages of 20-30, 28.0% are between the ages of 31-40, 68.4% are female, 68.3% are single, 79.5% are undergraduate graduates, 11.0% are high school graduates, 65.9% have 1-5 years of professional experience, 15.8% have 6-10 years of experience, 48.4% are nurses/midwives, 12% It was observed that ,1% were doctors and 20.0% were other health workers.

First of all, explanatory factor analysis was performed for the variables used in the study. The data obtained are shared in Table 1.

Table 1. Results of Explanatory Factor Analysis Regarding The Variables

No	External whistleblowing	Internal whistleblowing	No-action	Emotional trust	Cognitive trust	Trust in organizational communication	Organizational support	Career Support	Openness	Applicability
H1	0.854									
H2	0.856									
H3	0.754									
H4		0.713								
H5		0.766								
H6		0.834								
H7		0.828								
H8			0.874							
H9			0.903							
G4				0.616						
G5				0.749						
G6				0.824						
G10				0.628						
G12				0.773						
G7					0.802					
G8					0.818					
G9					0.695					
G11					0.789					
G1						0.868				
G2						0.850				
D2							0.784			
D3							0.818			
D4							0.787			
D5							0.804			
D6							0.579			
D7							0.755			
D8								0.931		
D10								0.879		
E1									0.719	
E2									0.703	
E3									0.771	
E4									0.789	
E5									0.829	
E6									0.700	
E8										0.664
E9										0.712
E11										0.664
E12										0.688

Extraction Method: Principal Component Analysis. /Rotation Method: Varimax
Total Variance Explained: Whistleblowing:%71.409/KMO:0.754. Organizational Trust: %69.681/ KMO: 0.898
Organizational Support:%66.330/ KMO: 0.824 Ethical Culture:%55.918/ KMO: 0.877

When Table 1 is examined, the KMO value is very good (>0.600) for all three scales, indicating that the sample is sufficient for factor analysis. Additionally, the result of the Bartlett test is significant (<0.05), confirming that the relationships in the correlation matrix are adequate for performing factor analysis (Monette et al., 2002). In addition, principal components analysis (Principal Components) and varimax rotation technique were used for factor analysis. Expressions with low equivalence and less than 0.50 (G3, D1, D9, M7, E10) were excluded from the scales.

The whistleblowing scale has been verified in its original form and no changes have been made. In addition to the original cognitive and emotional trust dimensions of the organizational trust scale, it was observed that three dimensions emerged, namely the dimension of trust in organizational communication. While the original version of the organizational support scale was one dimension, it was observed that two sub-dimensions, institutional support and career support, emerged in this study. In the ethical culture scale, the dimensions did not change. In naming the sub-dimensions, an expression representing the general expressions collected in the dimension was preferred.

Table 2 shows the CR, AVE and Cronbach alpha values of the scales and their sub-dimensions.

Table 2. CR, AVE and Cronbach alpha Values of the Latent Variables

Scales	**Sub-dimension**	**CR (Composite Reliability)**	**AVE (Average Variance Extracted)**	**Cronbach alpha**	
Whistleblowing	External whistleblowing	0.859	0.671	0.770	0.756
	Internal whistleblowing	0.851	0.589	0.821	
	No-action	0.874	0.777	0.834	
Organizational trust	Trust in organizational communication	0.840	0.724	0.793	0.892
	Cognitive trust	0.861	0.609	0.867	
	Emotional trust	0.846	0.526	0.837	
Organizational support	Organizational support	0.875	0.542	0.859	0.841
	Career Support	0.838	0.640	0.826	
Ethical culture	Openness	0.864	0.517	0.861	0.825
	Applicability	0.769	0.455	0.719	
				Total reliability	0.935

Since the Cronbach alpha coefficients of the scale and its sub-dimensions are >700, it is seen that each scale used in the study has sufficient reliability. The study variables were found to have CR >700 and AVE >500, except for applicability. According to Hair et al., (2010), it is acceptable for AVE to be less than 0.50 when CR is greater than 0.600. Therefore, it was decided that the CR and AVE values of the applicability dimension were acceptable. As a result, it has been decided that the scale and its sub-dimensions have reliability and high structure reliability, thus concordance validity.

In the study, confirmatory factor analysis was performed to test the structural reliability of the model. According to the results of the confirmatory factor analysis, the model fit values were CMIN: 1.917, GFI: 0.910, RMSEA: 0.036, RMR: 0.031, CFI: 0.954, TLI: 0.947 and IFI: 0.954. Accordingly, it was decided that the model was compatible with itself without testing the mediation analysis and that there was no problem. In other words, it was seen that the model was valid as a construct and the variables were in the fit range.

3.1. Testing Research Hypotheses

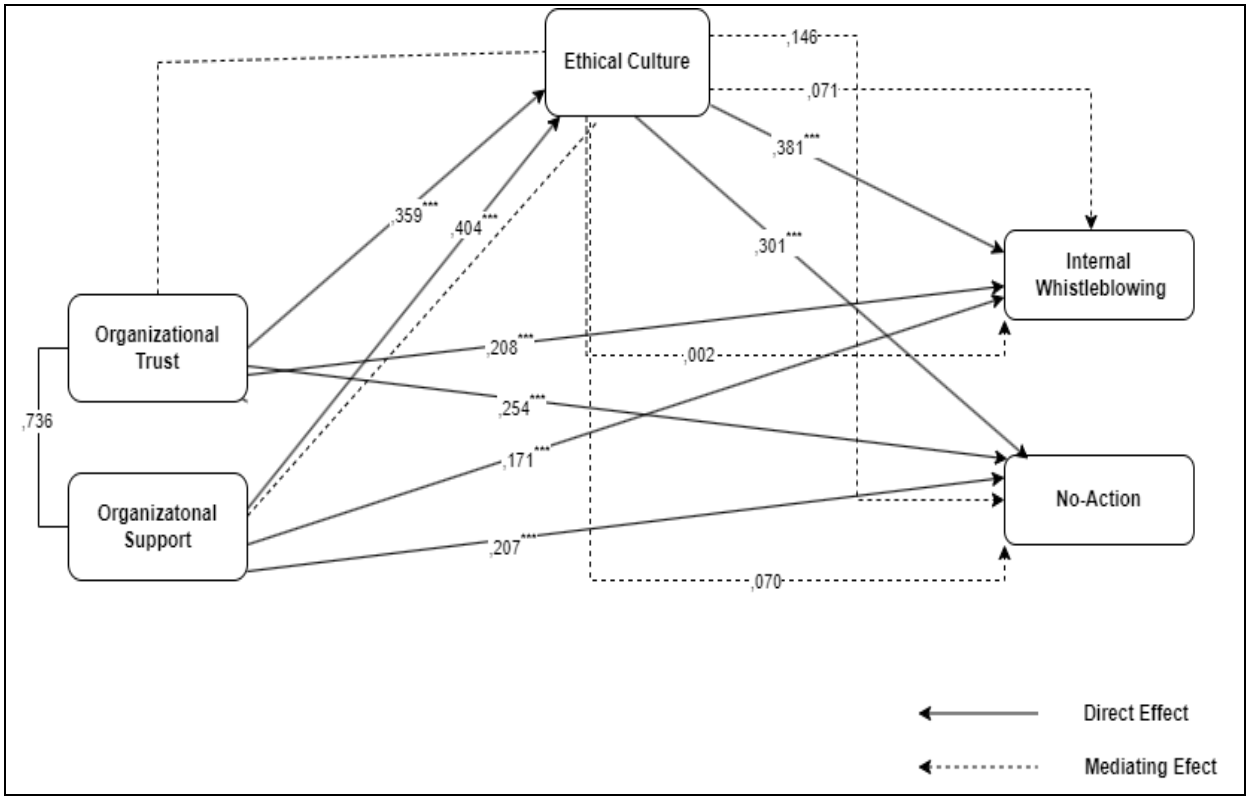
In order to prove the role of the mediator variable with Path analysis, four stages need to be provided. First, the effect of the independent variable on the mediating variable, the second, the independent variable on the dependent variable, and the third, the effect of the mediating variable on the dependent variable should be significant. Fourth, when the mediating variable and the independent variable are included in the analysis together, the effect of the independent variable on the dependent variable should decrease or disappear completely. The complete disappearance of the effect of the independent variable on the dependent variable is expressed as a full mediator, and its decrease is expressed as a partial mediator (Baron & Kenny, 1986).

Based on these criteria, first the effect of the independent variable on the dependent variable, then the effect of the independent variable on the mediating variable and the effect of the mediating

variable on the dependent variable were examined. In the last step, the independent variable, dependent variable and mediator variable were analyzed within the framework of a model.

In the analysis, 5000 resampling options were preferred with the bootstrap technique. This method shows whether the indirect effect is significant over the confidence intervals. The lower and upper limit values reached in the 95% confidence interval for the path coefficients reached were also examined. If "0" is included in the values in the lower and upper confidence intervals, it is accepted that the indirect effect is not significant (Baron & Kenny, 1986). The findings obtained by testing the research model in the Amos program are given in figure 2.

Figure 2. Research Model Results



It was observed that organizational trust and organizational support perception, which are independent variables of the study, did not have a significant effect on the dependent variable external whistleblowing ($p > 0.05$). Therefore, it was removed from the model and hypotheses H2 and H5 were rejected.

Organizational trust has a significant effect on internal reporting ($\beta = 0.208$, $p < 0.05$) and ethical culture ($\beta = 0.359$, $p < 0.05$). The effect of ethical culture on internal whistleblowing is also significant ($\beta = 0.381$, $p < 0.05$). When organizational trust and ethical culture are included in the analysis together, it is seen that the effect of organizational trust on internal whistleblowing becomes meaningless ($\beta = 0.071$, p: 0.067 > 0.05). In addition, the indirect effect of organizational trust on internal whistleblowing was obtained as β:0.137 and the 95% confidence interval was 0.930/0.184, and since this interval did not include 0, the indirect effect was found to be statistically significant. As a result, there is full mediation and H1 hypothesis was accepted.

Organizational trust has a significant effect on silence ($\beta = 0.254$, $p < 0.05$). The effect of ethical culture on silence is also significant ($\beta = 0.301$, $p < 0.05$). When organizational trust and ethical culture are included in the analysis together, it is seen that the effect of organizational trust on silence decreases and the significant effect continues ($\beta = 0.146$, p: 0.02 < 0.05). In addition, the indirect effect of organizational trust on silence was obtained as β: 0.108 and the 95% confidence interval was

0.062/0.158, and since this interval did not include 0, the indirect effect was found to be statistically significant. As a result, there is partial mediation and H3 hypothesis was accepted.

Organizational support has a significant effect on internal reporting ($\beta = 0.171$, $p < 0.05$) and ethical culture ($\beta = 0.404$, $p < 0.05$). When organizational support and ethical culture are included in the analysis together, it is seen that the effect of organizational support on internal whistleblowing becomes meaningless ($\beta = 0.02$, p: 0.963 > 0.05). In addition, the indirect effect of organizational support on internal whistleblowing was obtained as β: 0.170 and the 95% confidence interval was 0.117/0.227, and since this interval did not include 0, the indirect effect was found to be statistically significant. As a result, there is full mediation and H4 hypothesis was accepted.

Organizational support has a significant effect on silence ($\beta = 0.207$, $p < 0.05$). When organizational support and ethical culture are included in the analysis together, it is seen that the effect of organizational support on silence becomes meaningless ($\beta= 0.070$, p: 0.144 > 0.05). In addition, the indirect effect of organizational support on silence was obtained as β: 0.137 and the 95% confidence interval was 0.081/0.196, and since this interval did not include 0, the indirect effect was found to be statistically significant. As a result, there is full mediation and H6 hypothesis was accepted.

IV. DISCUSSION

Important findings were obtained in this study, which investigated the mediating role of ethical culture in the effect of organizational trust and organizational support perception of healthcare professionals on their whistleblowing tendencies. In this section, the findings will be discussed by comparing them with similar studies in the literature.

In the study, it has been seen that ethical culture has a mediating role in the organizational trust perceptions of health workers and their internal whistleblowing and silence tendencies. In various studies, it has been observed that the internal whistleblowing mechanism does not work due to the lack of trust in the organization. In addition, it has been observed that organizational trust has a positive relationship with the behaviors of voicing problems and a negative relationship with the behaviors of silence (Ting, 2008; Evans et al., 2006; Binikos, 2008; Cakinberk et al., 2014; Seifert et al., 2014; Keil et al., 2010). According to the studies in the literature, it is seen that employees who own their own organization and have established the trust of the institution prefer internal whistleblowing more (Nayır & Herzig, 2012). Based on the findings of the study and the literature, it can be said that it is seen that the trust of the organization in not keeping silent in the face of ethical and illegal events occurring in the hospital is a primary reason, and that ethical culture perceptions are also an important factor in this relationship. In other words, an employee who trusts his organization in an institution does not stay silent with the effect of a positive ethical culture and does not hesitate to be an internal whistleblower.

In the study, it was seen that ethical culture has a mediating role in the organizational support perceptions of health workers and their internal whistleblowing and silence tendencies. In studies conducted in the literature, it has been observed that perceived institutional support is positively related to the intention to report among healthcare professionals and negatively related to the tendency to silence, and that perceived institutional support has a positive effect on reporting medical errors and negatively affects the silence of healthcare professionals (Cassematis & Wortley, 2012; Vadera et al., 2013; Fu et al., 2018; Byrne & Kelleher, 2020). Keenan (2000) found that open policies and standards in organizations increase the tendency of whistleblowing. Martens & Kelleher (2004) found that organizational culture should encourage the whistleblower in order for whistleblowing to take place effectively. Based on the findings of the study and the literature, it can be said that the support of the organization is a leading factor in not keeping silent in the face of ethical and illegal events occurring in the hospital and reporting to the organizational supervisors, and ethical culture perceptions are also an important factor in this relationship. In other words, an employee who receives the support of the organization in an institution does not stay silent with the effect of a positive ethical culture and does not hesitate to be an internal whistleblower.

In the study, it was seen that the effects of organizational trust, organizational support and ethical culture perceptions of health workers on external whistleblowing were not significant. Various studies have shown that organizational trust does not affect the perception of external whistleblowing (Kramer, 1999; Binikos, 2008). External whistleblowing causes serious distrust and greater interventions towards the health institution. The results of external whistleblowing are more precise and severe than internal whistleblowing. For this reason, employees may not want to turn to external reporting while internal reporting is available. On the other hand, employees may perceive external whistleblowing directly as harming the institution and avoid external whistleblowing.

Miceli et al., (1999) stated that whistleblowing contains many problems both in theory and in practice. On the other hand, they stated that both at the organizational and political level, encouraging and implementing whistleblowing action can take place and there is no need for a comprehensive theoretical framework for this. Some researchers have argued that they can only make recommendations regarding whistleblowing (Park & Blenkinsopp, 2008).

Reporting creates an invisible control mechanism within the health institution and prevents many mistakes. Internal whistleblowing is a necessary factor in order to provide quality services and improve patient safety. In this respect, it is necessary to develop internal whistleblowing in health institutions, to encourage health workers and to establish the necessary infrastructure.

V. CONCLUSIONS AND RECOMMENDATIONS

The findings of the research underscore the crucial importance for healthcare organizations to prioritize organizational trust, support, and ethical culture. These factors play a pivotal role in fostering an environment conducive to internal reporting among employees while mitigating tendencies towards silence. It is incumbent upon organizations to cultivate a culture of trust and support, thereby enabling healthcare professionals to speak up and embrace ethical conduct within the workplace. Consequently, healthcare managers bear a significant responsibility to enhance organizational culture and foster perceptions of trust and support among their staff.

Furthermore, becoming a whistleblower necessitates possessing a high level of loyalty or a strong sense of justice, if not both. Given that the study incorporates variables assessing perceptions of justice and loyalty, it is envisaged that the perception of justice acts as a mediator, leading to an increased incidence of whistleblowing as organizations demonstrate fairness in their actions and behaviors.

Moreover, the data obtained from the study offer valuable insights into the consideration of organizational trust, support, and ethical culture perception in the deployment of healthcare workers. This extends particularly to units within healthcare institutions that are more susceptible to errors, aiming to mitigate financial, administrative, and medical errors effectively. By integrating these insights into organizational policies and practices, healthcare institutions can significantly enhance their operational efficiency and effectiveness, ultimately improving patient care outcomes.

On the other hand, since health services are a simultaneous service, whistleblowing is an important factor in reporting the mistakes made and in referencing the actions of the employees. In this respect, it is thought that it would be useful to determine which factors are effective and which factors constitute an obstacle for the health workers to use the act of whistleblowing more accurately in practice. In addition, important data on personnel employment will be presented to the units that are more prone to whistleblowing action in the field of human resources management, and where errors are common or more notices are expected. The fact that the act of whistleblowing is active within the institution or the determination of the factors affecting the act of whistleblowing also reduces the possibility of making mistakes and provides important opportunities.

In addition, health workers can be trained on whistleblowing under license and awareness can be created on the subject.

Ethical Approval: Ethics committee approval of Duzce university was obtained with the decision dated 30.12.2021 and numbered 2021/338 that the study was appropriate in terms of ethics and research principles.

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