

-RESEARCH ARTICLE-

THE EFFECT OF ENTREPRENEURIAL PERSONALITY TRAITS OF HEALTHCARE WORKERS ON THEIR TENDENCY TO REPORT A MEDICAL OR NON-MEDICAL EVENT OCCURRING IN A HEALTHCARE ORGANIZATION

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Abstract

The health sector is labor and technology intensive. The health sector is affected by the social, cultural, technological, political, economic and legal environment. Each change in the health sector environment triggers entrepreneurship. Entrepreneurship plays a major role in sustaining the health status of individuals and prolonging life expectancy. The main purpose of this study is to determine the effect of entrepreneurial personality traits of healthcare professionals on their tendency to report a medical event/situation. The population of the study consisted of healthcare professionals in a public hospital providing secondary healthcare services in Istanbul. It was determined that there were a total of 2500 healthcare professionals in the hospital during the time period when the data were collected. The research data were collected by convenience sampling method using Google forms infrastructure and online survey technique. The total number of questionnaires evaluated and used in data analysis was 430. Reliability analysis, descriptive analysis, difference analysis and path analysis techniques were applied to the data. According to the results of the path analysis; entrepreneurial personality traits of healthcare workers (need for success, internal control orientation, tendency to take risks, tendency to innovate) had a statistically significant and positive effect on their tendency to report a medical event/situation (internal whistleblowing, external whistleblowing, silence). This study gives the impression that entrepreneurial personality traits have an important role in the formation of whistleblowing tendencies of healthcare professionals. This study is the first entrepreneurship indexed study that reveals that entrepreneurial personality traits have an important role in the formation of whistleblowing tendencies of healthcare workers. In this sense, it provides important contributions to the literature.

Keywords: *Entrepreneurial Personality Characteristics, Whistleblowing Report a Medical Event, Healthcare Workers, Health Organizations.*

JEL Codes: *I110, I120, M120.*

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SAĞLIK ÇALIŞANLARININ GİRİŞİMCİ KİŞİLİK ÖZELLİKLERİNİN SAĞLIK KURULUŞUNDA MEYDANA GELEN TIBBİ VEYA TIBBİ OLMAYAN BİR OLAYI İHBAR ETME EĞİLİMLERİNE ETKİSİ²

Öz

Sağlık sektörü, emek ve teknoloji yoğunudur. Sağlık sektörü, sosyal, kültürel, teknolojik, politik, ekonomik ve yasal çevreden etkilenmektedir. Sağlık sektörü çevresindeki her bir değişiklik, girişimciliği tetiklemektedir. Bireylerin sağlık durumlarının sürdürülebilir olmasında ve yaşamdan beklenen sürenin uzatılmasında girişimciliğin rolü büyüktür. Bu çalışmanın temel amacı, sağlık çalışanlarının girişimci kişilik özelliklerinin onların tıbbi bir olayı/durumu ihbar etme eğilimleri üzerindeki etkisini tespit etmektir. Araştırmanın evrenini İstanbul'da ikinci basamak sağlık hizmeti sunan bir kamu hastanesinin sağlık çalışanları oluşturmuştur. Verilerin toplandığı zaman diliminde hastanede toplamda 2500 sağlık çalışanın olduğu tespit edilmiştir. Araştırma verileri kolayda örnekleme yöntemi ile Google formlar altyapısı kullanılarak internet üzerinden anket tekniği ile toplanmıştır. Değerlendirmeye alınan ve verilerin analizinde kullanılan toplam anket sayısı 430'dur. Verilere güvenilirlik analizi, betimleyici analizler, farklılık analizleri ve yol analizi tekniği uygulanmıştır. Yapılan yol analizi sonuçlarına göre; sağlık çalışanlarının girişimci kişilik özellikleri (başarıya gereksinim duyma, içsel kontrol odaklı olma, risk alma eğiliminde olma, yenilikçilik eğiliminde olma) tıbbi bir olayı/durumu ihbar etme eğilimlerini (içsel ihbarcılık, dışsal ihbarcılık, sessizlik) üzerinde istatistiksel olarak anlamlı ve pozitif yönde etkilemiştir. Yapılan çalışma, sağlık çalışanlarının ihbarcılık eğilimlerinin oluşmasında girişimci kişilik özelliklerinin önemli bir rolü olduğunu ortaya koyan ilk girişimcilik endeksli çalışmadır. Bu anlamda literatüre önemli katkılar sağlamaktadır.

Anahtar Kelimeler: Girişimci Kişilik Özellikleri, Tıbbi Bir Olayı İhbar Etme, Sağlık Çalışanları, Sağlık Kuruluşları.

JEL Kodları: I110, I120, M120.

“Bu çalışma Araştırma ve Yayın Etiğine uygun olarak hazırlanmıştır.”

² The Extended English Summary is located the end of the Article.

1. INTRODUCTION

Today, rapid changes in new technological developments have forced organizations to perform better and develop new business strategies. This puts pressure on the managers and employees of the organization to follow the environment more closely. The entrepreneurial perspective enables businesses to respond to the changes and pressures of the environment within the framework of organizational resources and competencies (Sadler-Smith et al., 2001). However, although entrepreneurship is an innate ability, it is also a skill that can be acquired through education. Entrepreneurship research is dynamic and there is growing interest in entrepreneurial traits, entrepreneurial values and how these entrepreneurial traits contribute to the economy, economic growth and competitiveness. Therefore, although healthcare organizations differ from other businesses due to some of their characteristics, in recent years, these organizations have to ensure the satisfaction of internal and external customers as well as the provision of quality healthcare services (Audretsch, 2007).

In addition, there are many areas that can be subject to whistleblowing in healthcare organizations, such as financial, medical and administrative. Since it is not possible to tolerate mistakes to be made in health institutions and these mistakes directly affect human life, it is of great importance to prevent and reduce them. The whistleblowing tendency is an important tool to minimize these negativities and to ensure that the necessary authorities intervene. Although whistleblowing has important benefits in many areas such as patient safety, provision of quality service and prevention of corruption, it has been revealed in previous studies that healthcare workers remain silent in the face of incidents due to reasons such as retaliation, mobbing, exclusion and dismissal (Lawton and Parker, 2002; Evans and Revelle, 2008). Hussman (2011) stated that health services are more prone to corruption due to the matrix structure of health services, high staff turnover rate, as well as uncertainty and diversity of professional groups.

Based on all these data, this study aims to determine the effect of entrepreneurial personality traits of healthcare professionals on their tendency to report a medical event/situation. In this respect, it is foreseen that determining the tendency of healthcare professionals to report financial, administrative, medical and all other wrongdoings to the relevant authorities and revealing the relationship between this and entrepreneurial personality traits will provide important data on issues related to the employment of the right human resources and providing information to healthcare professionals.

This study is the first entrepreneurship indexed study that reveals that entrepreneurial personality traits have an important role in the formation of whistleblowing tendencies of healthcare workers. In this sense, it makes important contributions to the literature. Previously, there are some studies in the literature that the whistleblowing tendencies of employees in different sectors are affected by five factor personality traits, personality types, level of professional commitment, perceptions of organizational

justice, organizational citizenship behaviors, perceptions of organizational trust, perceptions of behavioral control, perceptions of organizational health and perceptions of ethical climate. However, the current study reveals the unique value of the study, as there is no research on the effect of entrepreneurial personality traits on the formation of whistleblowing tendencies of healthcare workers.

2. LITERATURE REVIEW

2.1. Entrepreneurial Personality Characteristics

A large number of studies have investigated the characteristics of successful entrepreneurs, identifying the main characteristics of successful entrepreneurs and developing a typical personality profile. Some of these characteristics have been mentioned in almost all of the studies (Nieuwenhuizen, 2004; Nieman and Bennett, 2002; Nieman et al., 2003). According to some researchers in the literature, entrepreneurial skills and behaviors can be nurtured, developed and acquired, while the likelihood of an individual being successful can be improved (Timmons et al., 1985; Chell et al., 1991).

Entrepreneurs' individual traits consist of (I) attributed traits, acquired traits, (II) learnable traits and (III) traits required to be a successful entrepreneur. Attributed entrepreneurial traits are innate traits and individuals have not made any effort to learn them. They are attributing that people are born with and consist of age, ethnicity, gender of the entrepreneur and socio-economic background. Acquired entrepreneurial traits are acquired through some combination of personal preferences, efforts and abilities and include an individual's level of education, occupation and work experiences (Ferrante, 2008). Learned entrepreneurial traits, on the other hand, are highly desirable qualities in people that entrepreneurs want to surround themselves with in order to start a business with high potential (Good, 2003).

Entrepreneurial personality traits are defined as the personality characteristics of an entrepreneur who logically plays a founding and dominant role in the development of a business (Gómez, 2006). There is a widespread belief in the literature that people are not born entrepreneurial; on the contrary, the existing potential is acquired through cultural, sociological, psychological, sociopsychological, political and economic environmental factors. Therefore, it should be recognized that family, environment and education are very important factors in the formation of entrepreneurial personality. However, there are also thinkers in the literature who argue that entrepreneurial traits can also be genetically inherent in individuals. The idea that a person must have certain characteristics in order to become an entrepreneur has been identified by a number of researchers (Bozkurt et al., 2012).

Entrepreneurship studies started to focus more on personality traits and characteristics of entrepreneurs after the 1950s. The main questions to be answered are which individuals prefer to become entrepreneurs and what are the main personality traits that affect the success level of successful entrepreneurs. Especially in the 1980s,

research on the personality traits of entrepreneurs was not viewed with much credibility (Gartner, 1988). However, the introduction of the five-factor personality model in the 1990s and the re-evaluation of all individual studies on the personality traits of entrepreneurs by meta-analysis method enabled the issue of personality in entrepreneurship to gain momentum (Zhao and Seibert, 2006).

In the 1960s, McClelland, one of the pioneers of entrepreneurship, argued that entrepreneurial individuals have a higher need for achievement and are more prone to risk-taking than non-entrepreneurs. Kets de Vries (1996), as a result of his empirical research on entrepreneurial personality, revealed the complex structure of the personality of entrepreneurial individuals and found that entrepreneurs have a particularly high need for achievement, autonomy, independence tendency and reasonable risk-taking. Utsch et al. (1999) also claimed that personality orientations play an important role in the emergence of entrepreneurs. Therefore, it has become an increasingly common area of entrepreneurship research to examine the psychological characteristics of entrepreneurs. Brokhaus (1982) has extensively explored the psychological characteristics of entrepreneurs by discussing psychological traits such as the need for achievement, internal control orientation, risk-taking tendency, independence and the desire to be a leader.

Timmons (1994), as a result of his numerous studies on entrepreneurial personality traits, focused on six general characteristics of entrepreneurs: having responsibility and determination, having leadership qualities, having a passion for opportunity, being tolerant of risk and uncertainty, having the ability to be productive, self-confidence and adaptability, and the drive to surpass or outperform others. In a similar study conducted in the 1980s, it was observed that the characteristics or attributes of entrepreneurial individuals focused on five aspects. These traits were expressed as reasonable risk-taking, tolerance of uncertainty, internal control orientation, need for autonomy, superiority, independence and self-esteem, and need for low levels of approval and support (Sexton and Bowmen, 1985).

Koh (1996), on the other hand, drew attention to some of the main characteristics of entrepreneurs in his study; the need to succeed, which is seen as a driving force behind entrepreneurship; locus of control, which refers to individuals' perceptions of rewards and punishments in their lives; risk-taking tendency, which is defined as the belief in achieving success in uncertain situations; tolerance towards uncertain situations, which means acting as a challenger in times of uncertainty and being able to overcome this situation; self-confidence, which refers to the ability to achieve goals; and innovativeness, which is defined as the point of distinguishing between entrepreneurs and non-entrepreneurs.

In recent years, many studies have tried to measure the basic characteristics of entrepreneurial individuals such as being internal control-oriented, tending to take risks, being self-confident, needing success, tending to innovate, being productive, being tolerant to uncertain situations and tending to independence. The entrepreneurial personality traits taken as a basis in this study are expressed as having

a tendency to need success, having a tendency towards internal control orientation, having a tendency to take risks, being tolerant to uncertain situations, being self-confident, having a tendency towards innovation and having a tendency towards autonomy.

2.2. Whistleblowing in Health Institutions

While the concept of whistleblowing is expressed as "whistleblowing" in English, it is seen that it has many equivalents in Turkish and is expressed with various concepts in the literature. In the Turkish literature, the concept of whistleblowing is referred to as whistleblowing (Aydın, 2003), civic virtue, moral reaction and conscientious objection (Aktan, 2006), announcement of unethical behaviors (Sayğan and Bedük, 2013), disclosure and denunciation (Alp, 2014), whistleblowing (Taş, 2015), disclosure (Karadal et al., 2016), etc., and its meaning is attributed accordingly. The concept of whistleblowing was derived from the whistle blowing of the British police to inform their colleagues and the public when they noticed people with a tendency to commit crimes (Pitt, 1996).

There are many different definitions of whistleblowing in the literature. Nader et al. (1972) defined whistleblowing as a whistleblower who puts the public interest above the interest of the organization in which he or she works and blows the whistle against immoral, illegal, fraudulent or harmful actions of the organization. Fledderman (2012) defines whistleblowing as the act of an employee reporting to the public or senior management the unethical, illegal or immoral behavior of another employee or his/her supervisor. Near and Miceli (1985) defined it as the disclosure of unethical or illegal, immoral or inappropriate behaviors by former or current organizational employees to persons or institutions that may be affected by them. Rehg et al. (2008) expanded the scope of whistleblowing and defined it as the disclosure of all kinds of harmful behaviors such as corruption, sexual harassment, discrimination among employees, mismanagement, waste, etc., including situations that harm the public. Sayğan and Bedük (2013) defined whistleblowing as an action taken to prevent all kinds of unethical behaviors and situations in an organization.

Whistleblowing is practiced in many different ways. It is generally classified in two different ways. These are classified as "internal whistleblowing" and "external whistleblowing" in terms of where and to whom the act of whistleblowing is done, and "overt whistleblowing" and "tacit whistleblowing" in terms of how and by which method it is realized (Sayğan and Bedük, 2013). It is considered as internal whistleblowing when it is revealed within the organization or reported to the authorized units within the organization (Eren & Orhan, 2013). In any case, if the whistleblowing is done within the organization, it is classified as internal whistleblowing (Gerçek, 2005). According to the studies in the literature, it is seen that employees who own their own organization and have established institutional trust prefer internal whistleblowing more (Nayır and Herzig, 2012).

External whistleblowing is the reporting of unethical/illegal incidents within the organization to the relevant authorities outside the organization such as the state,

police, media, and judicial authorities. In other words, it is the written or verbal announcement of the wrong events that take place within the organization to the competent authorities, authority owners, authorized professional groups outside the organization (Eren and Orhan, 2013). According to studies in the literature, external whistleblowing is more effective than internal whistleblowing. The main reason for this is that external whistleblowing ensures that investigations and corrective actions are initiated (Candan and Kaya, 2015).

Many studies have found that it is not possible to clearly categorize whistleblowing according to personal factors (Rothschild and Miethe, 1999; Vadera et al., 2009). According to some studies, it is thought that whistleblowing employees or people who are inclined to whistleblowing have some common personal points. It has been observed that these people generally have high work ethics, love their jobs, have a sufficient level of organizational commitment and have a high position in the organization (Seifert, 2006). In some studies, it has been observed that men commit whistleblowing acts more than women (Miceli & Near, 1994; Near & Miceli, 1996; Miceli et al., 1999). Mesmer-Magnus and Viswesvaran (2005) stated that older employees tend to whistleblow more than younger employees. In addition, moral values (Miceli et al., 1999), religion and judgments (Miceli and Near, 1994; Sims and Keenan, 1998) also shape whistleblowing tendency. Whistleblowing employees are generally male and married. Their education levels, job commitment and job performance are generally high. In addition, they have worked in the same unit for a long time and are at a high hierarchical level. They are older than other employees. They have low levels of tolerance towards uncertain situations (Mercan et al., 2012).

Recently, illegal practices in workplaces and practices that are harmful to the environment or human health are frequently encountered in the media and such events have important repercussions in society (Aydm 2002). Hospitals are also frequently the subject of such news. In many health systems, whistleblowing has an increasing importance in identifying and assessing quality and safety issues. However, whistleblowing and reactions to whistleblowing have many complex and ambiguous elements that need to be considered as part of the organizational cultural dynamics of the health institution (Mannion and Davis, 2015). The subjects of whistleblowing in health institutions are unlawful behaviors, financial and administrative misconduct (forgery of documents such as issuing false reports, forging medication prescriptions, overstating the number of treatments and surgeries, obtaining unfair profits through overbilling, corruption, etc.) and behaviors against ethical values. In addition to these, malpractices and medical errors (inadequate patient safety measures, use of wrong drugs or materials, etc.) are also within the scope of whistleblowing in the health sector (Esen and Kaplan, 2012).

Hussman (2011) argues that uncertainty, asymmetric information and the large number of actors involved in the health sector make the sector complex and that this complexity creates a favorable environment for corruption and makes the sector more vulnerable to corruption than other sectors. Unlike other organizations, whistleblowing in healthcare institutions includes reporting medical errors or negative

events in addition to misconduct, corruption and unethical behaviors. Medical errors can be considered within the scope of malpractices in the whistleblowing literature. These incidents should be identified and necessary solutions should be produced before they negatively affect human health (World Health Organization, 2005). It is critical to realize that reporting poor service or malpractice can protect patients from harm and even save lives (Jackson et al., 2014). In some cases, health workers face a moral dilemma in trying to solve the negative situation encountered. Fearing that they may be demoted to a lower position, fired, or forced to retire as a result of whistleblowing, many health workers are reluctant to tell their managers (Fletcher et al., 1998).

The existing literature includes studies such as Fischer et al. (2022) examining the role of personality in whistleblowing tendency; Fischer and Gollwitzer (2022) examining the influence of personality on two types of whistleblowing; and Fischer et al. (2024) examining the role of personality in whistleblowing. However, no studies have been found examining the relationship between entrepreneurial personality traits and whistleblowing tendency. Therefore, the current study is original in this respect. Near and Miceli (1996) stated in their study that confident employees who are highly satisfied with their work are more likely to report illegal and unethical activities. Based on this, it was considered important to investigate the effect of entrepreneurial personality traits such as need for achievement, internal locus of control, risk-taking, and innovativeness on the tendency to report misconduct in this study.

3. METHODOLOGY

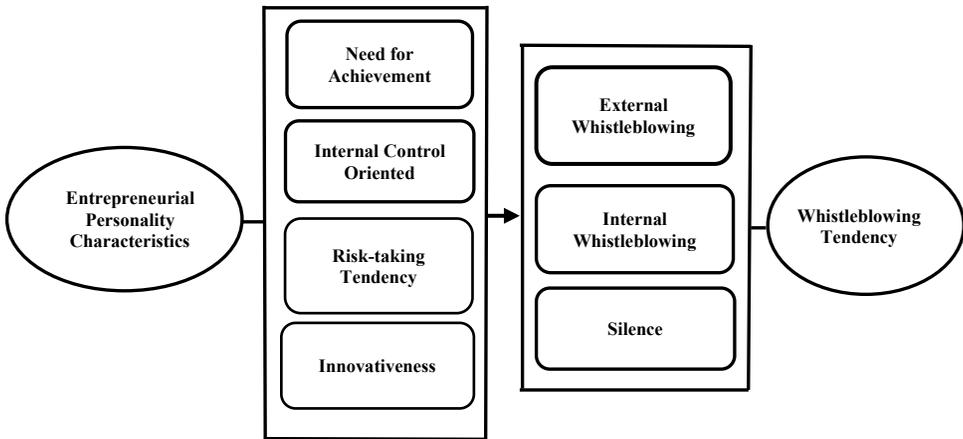
3.1. Purpose of the Study

The main purpose of this study is to determine the effect of entrepreneurial personality characteristics of healthcare professionals on their tendency to report a medical event/situation. In addition to this, it is one of the other aims of the study to reveal the entrepreneurial personality levels and whistleblowing tendency levels of healthcare workers with descriptive analyzes.

3.2. Research Model and Hypotheses

Determining the structural relationships between entrepreneurial personality characteristics and whistleblowing tendencies of healthcare workers constitute the subject of the research. The research model addresses the causal relationship between the main variables of the research (entrepreneurial personality characteristics and whistleblowing). The structural relationships between the conceptual model of the research are shown in Figure 1. In addition, the main hypotheses are listed below.

Figure 1. Conceptual Model of the Study



H1: Entrepreneurial personality characteristics have a statistically significant effect on whistleblowing.

H1_{a1}: Need for achievement entrepreneurial personality characteristic has a statistically significant effect on internal whistleblowing.

H1_{a2}: Need for achievement entrepreneurial personality characteristic has a statistically significant effect on external whistleblowing.

H1_{a3}: Need for achievement entrepreneurial personality characteristic has a statistically significant effect on keeping silent.

H1_{b1}: Internal control orientation entrepreneurial personality characteristic has a statistically significant effect on internal whistleblowing.

H1_{b2}: Internal control orientation entrepreneurial personality characteristic has a statistically significant effect on external whistleblowing.

H1_{b3}: Internal control orientation entrepreneurial personality characteristic has a statistically significant effect on keeping silent.

H1_{c1}: Risk-taking entrepreneurial personality characteristic has a statistically significant effect on internal whistleblowing.

H1_{c2}: Risk-taking entrepreneurial personality characteristic has a statistically significant effect on external whistleblowing.

H1_{c3}: Risk-taking entrepreneurial personality characteristic has a statistically significant effect on silence.

H1_{d1}: Innovativeness entrepreneurial personality characteristic has a statistically significant effect on internal whistleblowing.

H1_{d2}: Innovativeness entrepreneurial personality characteristic has a statistically significant effect on external whistleblowing.

H1_{d3}: Innovativeness entrepreneurial personality characteristic has a statistically significant effect on keeping silent.

3.3 Research Design, Procedures and Participants

Cross-sectional research design was used in accordance with the purpose of the study. This cross-sectional study was conducted on all healthcare professionals in a public hospital providing secondary healthcare services in Istanbul. The purpose of the study was explained to all healthcare professionals in advance. Basic instructions for participating in the study were given and participants were informed that all their data would be recorded anonymously. Verbal informed consent was obtained from all participants before participating in the survey and it was emphasized that participation was voluntary. A total of 430 people indicated their willingness to participate in the survey. Therefore, the final sample consisted of 430 people. The data were collected through an online survey using the Google forms infrastructure. In the study, convenience sampling, one of the non-random sampling methods, was preferred. In the study, convenience sampling method was preferred because it allows for quick data collection, more samples to be produced in a short time, the sample group can be accessed more easily, it is low cost and data collection is easier. Our study has been approved by the Scientific Research and Publication Ethics Committee of Düzce University (Date: 21.03.2024, Decision No: 2024/55).

3.4. Instruments

The questionnaire form of the study consists of four sections in total. In the first section, the main purpose of the study, statements that participation in the study is voluntary and that the personal information of the participants will be kept confidential were included. In the second section, questions about the basic characteristics of the participants were asked. In the third and fourth sections, propositions regarding the main variables of the study were included.

"Entrepreneurial Profile Scale" developed by Shanthakumar (1992) and Solymossy (1998) was used to determine the entrepreneurial personality traits of healthcare professionals. The "Whistleblowing Scale" developed by Park et al. (2005) was used to determine the tendency of healthcare workers to report a medical or non-medical event/situation. The scale was developed to reveal an individual's intention to report unethical or illegal incidents in the organization where he/she works. The questionnaire form prepared in Turkish was evaluated using a five-point Likert scale.

In the first stage, permission for the adaptation process was sought from the researchers who developed the original scale, and after their approval was obtained, the scale was translated into Turkish separately by three to five experts who were fluent in both the language of the original scale and Turkish. In the second stage, the translation made by the researcher was compared with the translations made by the expert translation group. During the comparison, each item was examined for semantic appropriateness. The third stage served as a confirmation of the previous stage. In this stage, the translated scale was given to a group of three to five people who were experts in the language of the original scale and independent of the experts in the second stage. These experts were asked to translate the scale back from Turkish

to that language. The original wording of each item was then compared sequentially with the resulting wording. The translation in the third stage was found to be compatible with the original scale. The Likert scale is defined as follows: "1=Strongly Disagree; 2=Disagree; 3=Neither Agree Nor Disagree; 4=Agree; 5=Strongly Agree." When examining the overall reliability levels of the scale, it was determined that the scale has a high level of reliability (Cronbach's Alpha = 0.913). Path analysis, one of the structural equation modeling (SEM) methods, was applied in the analysis of the study to determine the level of effect between variables and the direction of the effect.

3.5. Statistical Analysis

IBM SPSS 27 and AMOS statistical analysis programs were used to analyze the data set. Path analysis technique, one of the structural equation modeling (SEM) methods, was applied in the analysis of the study. Structural equation modeling is a method frequently used in social sciences, science, medicine, etc. The most important feature that distinguishes structural equation modeling from other analyses is that it can reveal multiple and interdependent relationships/effects with a single analysis (Hair et al., 1998).

4. RESULTS

4.1. Reliability of Research Data

For reliability analysis, "Item analysis based on item-total correlation" was applied to the data obtained from the target group. The overall reliability coefficient=0.913, Need for Achievement=0.919; Internal Control Oriented=0.904; Risk-taking Tendency=0.852; Innovativeness=0.852; External Whistleblowing=0.767; Internal Whistleblowing=0.867; Silence=0.850.

4.2. Demographic Findings, Independent Sample T Test and Anova Analysis

One of the conditions for analyzing numerical data (interval, ratio) is that the data be normally distributed. While there are many tests to determine whether data is normally distributed, the SPSS program performs normality analysis using the Kolmogorov-Smirnov and Shapiro-Wilk tests. If the number of data points is 29 or more, the Kolmogorov-Smirnov test is used; if it is less than 29, the Shapiro-Wilk test is used (Kalaycı et al., 2006: 10). Since the number of data points was greater than 29, the Kolmogorov-Smirnov normality test was performed. Therefore, the Kolmogorov-Smirnov normality test was used in the study to examine whether the data was normally distributed, and it was determined that the data did not show a normal distribution.

Independent sample t-test and Anova analyses were conducted to determine whether the personal characteristics of the health professionals participating in the study differ significantly according to their entrepreneurial personality characteristics and whistleblowing tendencies. The results of these analyzes are given below.

THE EFFECT OF ENTREPRENEURIAL PERSONALITY TRAITS OF HEALTHCARE WORKERS ON THEIR TENDENCY TO REPORT A MEDICAL OR NON-MEDICAL EVENT OCCURRING IN A HEALTHCARE ORGANIZATION

Table 1. Participants' Personal Characteristics and Differences Analysis

			NACH		ICO		RTT		INN		EW		IW		SIL			
	N	%	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c	t ^a /F ^b	p ^c		
Gender																		
Male	24 2	56, 3	2,58	0,0 1	1,4 1	0,1 6	2,5 4	0,0 1	- 2,0	0,0 3	- 2,4	0,0 3	2	- 0,8	0,3 9	8	- 1,0	0,3 2
Female	18 8	43, 7																
Age																		
18-25	75	17, 4	0,87	0,4 8	0,7 6	0,5 5	0,7 6	0,5 5	0,9 2	0,4 5	1,8 0	0,1 3	0,5 3	0,7 2	0,7 7	0,7 7	0,5 5	
26-35	10 6	24, 7																
36-45	14 2	33, 0																
46-55	78	18, 1																
56 and above	29	6,7																
Education																		
Primary School	19	4,4	11,0 1	0,0 0	3,0 9	0,0 2	5,6 8	0,0 0	4,8 6	0,0 0	1,4 5	0,2 2	2,6 4	0,0 3	0,7 2	0,7 7	0,5 8	
Secondary School	26	6,0																
High School	13 0	30, 2																
University	22 8	53, 0																
Master's or PhD	27	6,3																
Position Business																		
Hospital Owner/Partner	97	22, 6	1,01	0,3 1	0,4 9	0,6 3	1,2 9	0,2 0	- 0,0	0,9 8	0,1 3	0,9 0	2	1,5 8	0,1 2	1,8 1	0,0 6	
Senior Manager	33 3	77, 4																
Sector Working Time																		
1-5 years	16 3	37, 9	2,75	0,0 4	1,4 3	0,2 3	2,7 6	0,0 4	3,1 8	0,0 2	0,9 9	0,4 0	2,5 4	0,0 6	3,6 2	0,0 1		
6-10 years	67	15, 6																
11-15 years	66	15, 3																
15 years and above	13 4	31, 2																
Hospital Working Time																		
1-5 years	14 5	33, 7	2,49	0,0 6	1,8 1	0,1 5	5,1 8	0,0 0	3,4 4	0,0 2	9,3 5	0,0 0	0,6 3	0,6 0	2,5 1	0,0 6		
6-10 years	84	19, 5																
11-15 years	67	15, 6																
15 years and above	13 4	31, 2																

^aIndependent t test, ^bANOVA test, ^cp-value (two tailed)

(Need for Achievement - NACH; Internal Control Oriented - ICO; Risk-taking Tendency - RTT; Innovativeness – INN; External Whistleblowing – EW; Internal Whistleblowing – IW; Silence – SIL)

As seen in Table 1, according to the independent sample t-test and ANOVA analyses conducted between the personal characteristics, entrepreneurial personality traits and whistleblowing tendencies of the health care workers participating in the research; it was determined that there was a significant difference according to the subgroups of gender, educational status, working time in the sector, working time in the hospital; while there was no significant difference according to the subgroups of age, working position in the hospital.

4.3. Descriptive Analysis

The results of the descriptive analysis of the factors related to the entrepreneurial personality traits of healthcare professionals and their tendency to report a medical event/situation are given below.

Table 2. Descriptive Statistics

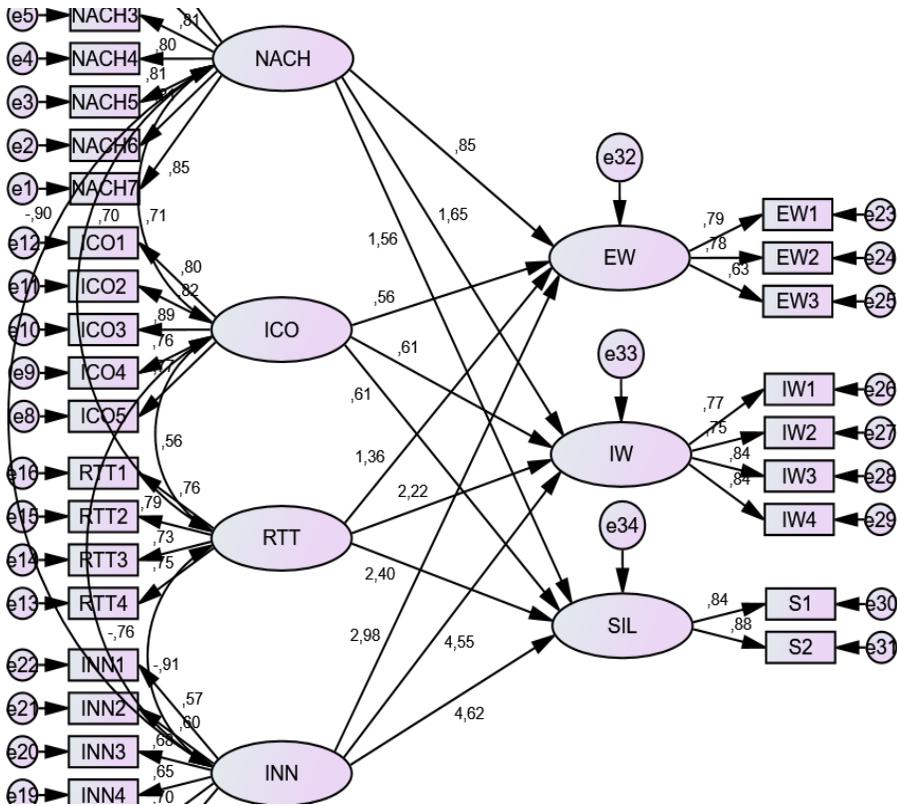
Factors	N	Mean	Standard Deviation	Variance	Cronbach's Alpha
Need for Achievement (NACH)	430	2,9568	,99709	,994	,919
Internal Control Oriented (ICO)	430	2,6953	,93476	,874	,904
Risk-Taking Tendency (RTT)	430	2,8506	,96057	,923	,852
Innovativeness (INN)	430	3,2612	,86612	,750	,852
External Whistleblowing (EW)	430	3,6062	,96559	,932	,767
Internal Whistleblowing (IW)	430	3,6297	,94713	,897	,867
Silence (SIL)	430	3,6779	1,00597	1,012	,850

On average, the health professionals who participated in the study reported “neither agree nor disagree” for Need for Achievement (NACH), Internal Control Oriented (ICO), Risk-Taking Tendency (RTT) and Innovativeness (INN) dimensions, while they reported “agree” for External Whistleblowing (EW), Internal Whistleblowing (IW) and Silence (SIL) dimensions.

4.4. Findings Related to Path Analysis

Path analysis was conducted to determine the effect of entrepreneurial personality traits of healthcare professionals on their tendency to report a medical event/situation. Path analysis shows the relationship between variables with a path diagram. The path diagram consists of the direction, amount, direct and indirect effects and evaluation processes of the relationships.

Figure 2. Path Analysis Model



(NACH: Need for Achievement, ICO: Internal Control Oriented, RTT: Risk-Taking Tendency, INN: Innovativeness, EW: External Whistleblowing, IW: Internal Whistleblowing, SIL: Silence)
 [(X²/df=3,426; ≤CFI=0,908>0,90; RMR=0,068<0,08; RMSEA=0,079<0,08; SRMR=0,0515<0,08)]

The fit values obtained show that the data fit the model well. The good fit of the data to the model indicates that the model has construct validity (Gürbüz, 2019, p.34). There is no restriction on the values to be considered. The reported values can change according to the values that the researcher wants to draw attention to.

Table 3. The Items' Estimate and The Constructs' Cronbach's α , AVEs and CRs.

Constructs	Items	Estimate	Cronbach's α	AVE	CR
NACH	NACH7	,845	,919	,62	,88
	NACH6	,807			
	NACH5	,807			
	NACH4	,802			
	NACH3	,811			
	NACH2	,756			
	NACH1	,679			
ICO	ICO5	,767	,904	,66	,89
	ICO4	,760			
	ICO3	,893			
	ICO2	,822			
	ICO1	,798			
RTT	RTT4	,748	,852	,57	,80
	RTT3	,729			
	RTT2	,794			
	RTT1	,757			
INN	INN6	,615	,852	,40	,76
	INN5	,697			
	INN4	,646			
	INN3	,676			
	INN2	,602			
	INN1	,568			
EW	EW1	,785	,767	,54	,72
	EW2	,780			
	EW3	,626			
IW	IW1	,774	,867	,64	,84
	IW2	,745			
	IW3	,837			
	IW4	,841			
SIL	SIL1	,843	,850	,74	,83
	SIL2	,876			

The table above shows the standardized regression weights (estimate). The regression values indicate how well the questions (variables) in the scale predict the latent variables. Although the AVE value is less than 0.50, a CR of 0.60 or greater indicates that there is goodness of fit (Fornell & Larcker, 1981: 382-388). According to Fornell and Larcker (1981), if the AVE value is below 0.50 but the CR value is above 0.70, AVE values below 0.50 can also be accepted. In order not to damage the original of the scale, an effort was made not to remove any questions from the scale as much as possible. Since the AVE values calculated in the table above are 0.40 and greater and the CR values are 0.72 and greater, the model provides goodness of fit. Cronbach's alpha internal consistency reliability coefficient is obtained by dividing the sum of the variances of the questions in a scale by the total variance. It takes values in the range $0 \leq \alpha < 1$. If $0.80 \leq \alpha < 1$, the scale is a highly reliable measure (Karagöz, 2023: 19).

Since the reliability coefficients are NACH=.919, ICO=.904, RTT=.852, INN=.852, EW=.767, IW=.867, SIL=.850, the scale is highly reliable.

Table 4. Results of Path Analysis

Hypothesis	Paths	Estimate	S.E.	C.R.	P	Result
Direct Effects						
Impact of NACH on EW						
H ₁	EW <--- NACH	.851	.305	2,521	P<.05	Significant
Impact of NACH on IW						
H ₂	IW <--- NACH	1,649	.408	3,400	P<.05	Significant
Impact of NACH on SIL						
H ₃	SIL <--- NACH	1,564	.435	3,181	P<.01	Significant
Impact of ICO on EW						
H ₄	EW <--- ICO	.563	.191	3,030	P<.01	Significant
Impact of ICO on IW						
H ₅	IW <--- ICO	.613	.249	2,358	P<.05	Significant
Impact of ICO on SIL						
H ₆	SIL <--- ICO	.614	.267	2,312	P<.05	Significant
Impact of RTT on EW						
H ₇	EW <---RTT	1,359	.413	3,481	P<.01	Significant
Impact of RTT on IW						
H ₈	IW <---RTT	2,215	.552	3,945	P<.01	Significant
Impact of RTT on SIL						
H ₉	SIL <---RTT	2,398	.596	4,164	P<.01	Significant
Impact of INN on EW						
H ₁₀	EW <--- INN	2,981	.895	4,191	P<.01	Significant
Impact of INN on IW						
H ₁₁	IW <--- INN	4,552	1,203	4,432	P<.01	Significant
Impact of INN on SIL						
H ₁₂	SIL <--- INN	4,620	1,286	4,425	P<.01	Significant

H₁: The effect of NACH on EW is significant (P<.05). The degree of effect is positive (.851). In other words, a 1-unit increase in NACH is associated with a 0.851-unit increase in EW.

H₂: The effect of NACH on IW is significant (P<.05). The degree of effect is positive (1,649). In other words, a 1-unit increase in NACH is associated with a 1,649-unit increase in IW.

H₃: The effect of NACH on SIL is significant (P<.01). The degree of effect is positive (1,564). In other words, a 1-unit increase in NACH is associated with a 1.564-unit increase in SIL.

H₄: The effect of ICO on EW is significant (P<.01). The degree of effect is positive (.563). In other words, a 1-unit increase in ICO is associated with a 0.536-unit increase in EW.

H₅: The effect of ICO on IW is significant (P<.05). The degree of effect is positive (.613). In other words, a 1-unit increase in ICO is associated with a 0.613-unit in IW.

H₆: The effect of ICO on SIL is significant ($P<.05$). The degree of effect is positive (.614). In other words, a 1-unit increase in ICO is associated with a 0.614-unit in SIL.

H₇: The effect of RTT on EW is significant ($P<.05$). The degree of effect is positive (1,359). In other words, a 1-unit increase in RTT is associated with a 1,359-unit in EW.

H₈: The effect of RTT on IW is significant ($P<.05$). The degree of effect is positive (2,215). In other words, a 1-unit increase in RTT is associated with a 2,215 in IW.

H₉: The effect of RTT on SIL is significant ($P<.01$). The degree of effect is positive (2,398). In other words, a 1-unit increase in RTT is associated with a 2,398 in SIL.

H₁₀: The effect of INN on EW is significant ($P<.05$). The degree of effect is positive (2,981). In other words, a 1-unit increase in INN is associated with a 2,981 in EW.

H₁₁: The effect of INN on IW is significant ($P<.05$). The degree of effect is positive (4,552). In other words, a 1-unit increase in INN is associated with a 4,552 in IW.

H₁₂: The effect of INN on SIL is significant ($P<.01$). The degree of effect is positive (4,620). In other words, a 1-unit increase in INN is associated with a 4,620 in SIL.

As a result; $CMIN/DF=3,426<5$, $RMR=0,068<0,08$, $RMSEA=0,079<0,08$, $SRMR=0,0515<0,08$ fit values obtained with path analysis show that the data fit the model. The fact that the data fit the model shows that the model has construct validity. In addition, the AVE (NACH=.62, ICO=.66, RTT=.57, INN=.40, EW=.54, IW=.64, SIL=.74) values of the dimensions of the model obtained by path analysis are 0.40 and higher and CR (NACH=.88, ICO=.89, RTT=.80, INN=.76, EW=.72, IW=.84, SIL=.83) values are 0.72 and greater, the factors have convergent validity and meet the model validity conditions. Since the reliability coefficients are NACH=.919, ICO=.904, RTT=.852, INN=.852, EW=.767, IW=.867, SIL=.850, the scale is highly reliable. According to the results obtained; NACH, ICO, RTT and INN dimensions significantly and positively affect EW, IW and SIL dimensions. In other words, as NACH, ICO, RTT and INN increase, EW, IW and SIL will also increase.

5. DISCUSSION

In the category of factors affecting whistleblowing tendency, the effects of factors such as organizational trust, ethical attitude, ethical climate, moral values, organizational justice, personality traits, organizational health and organizational citizenship were questioned and significant relationships were generally obtained. These factors are factors in encouraging whistleblowing. However, factors such as retaliation, dismissal, etc. are also known to affect the tendency to whistleblowing.

In the study conducted by Aydan (2017) to determine the effect of ethical climate and organizational trust on whistleblowing intention in the health sector, it was found that organizational trust had a direct effect of 39% on ethical climate score and ethical climate had a direct effect of 69% on whistleblowing intention. It was also found that organizational trust had an indirect effect of 27% on whistleblowing intention. The

study emphasized that in order to encourage whistleblowing in organizations, employees' perception of ethical climate and organizational trust level should be kept high. In the study conducted by Çetinel and Taslak (2019) to determine whether there is a mediating role of organizational justice perception on the relationship between personality traits and whistleblowing tendencies of employees; it was found that the relationship between personality traits and whistleblowing tendency was statistically significant. In addition, it was found that perceived organizational justice did not play a mediating role in the relationship between personality traits and whistleblowing tendency.

As a result of the difference analyses conducted in our study, significant differences were observed in the entrepreneurial personality traits of the participants according to their gender, education level, length of service in the sector and length of service in the hospital, while no significant difference was observed according to their age and position. Furthermore, no significant differences were found in participants' whistleblowing tendencies based on their gender, age, education level, position, length of service in the sector, or length of service at the hospital. In our study, it was determined that women's entrepreneurial personality tendencies were more positive than men.

In the literature, there are various studies on the relationship between demographic variables and whistleblowing behavior. Similar to our study, Sims and Keenan (1998) found that women are more likely to engage in extrinsic whistleblowing than men. In contrast to these findings, Rehg et al. (2008) stated that women experience fear of retaliation more than men and therefore tend to whistleblow less. Sims and Keenan (1998) found that, in general, men are more likely to whistleblow than women. The relationship of whistleblowing in terms of gender varies in the literature and it does not seem possible to reach a clear conclusion.

While no significant relationship was found in our study; when we look at the studies on age variable and whistleblowing tendency; Mesmer-Magnus and Visweswaran (2005) found that older employees are more prone to whistleblowing than younger employees. In a study conducted by Ulucan (2015), it was concluded that gender, mother and father's education level, working position and field of study have no effect on entrepreneurship tendency. In terms of education level, another study found that those with less education tended to report at a lower level (Aydan and Kaya, 2018), while another study found no difference (Altıntaş and Özata, 2020). In terms of tenure in the sector, a similar study found that those with shorter tenure tend to be less likely to whistle-blowers (Aydan and Kaya, 2018), while another study found no difference (Altıntaş and Özata, 2020).

Unlike our study, it was found that the whistleblowing intentions of the participants according to personality types A and B showed a significant difference in intrinsic, extrinsic, supportive and across the scale; while the reasons for whistleblowing showed a significant difference in organizational benefit, moral and professional value, retaliation concern and across the scale. As a result of the analysis conducted

for the relationship between personality types and whistleblowing intentions and reasons for whistleblowing, it was concluded that there is a negative and significant relationship between personality types and intrinsic, extrinsic, supporter and whistleblowing intentions in general; and a negative and significant relationship between personality types and organizational benefit, moral and professional value, retaliation concern and reasons for whistleblowing in general (Kılıç et al., 2022).

Mesmer-Magnus and Viswesvaran (2005) found that whistleblowing increases in organizations and that there is a strong relationship between personal characteristics and whistleblowing. On the other hand, Arslan and Kayalar (2017) found that there was no relationship between employees' personality traits and whistleblowing behavior. Çetinel and Taslak (2019), another study on personality traits and whistleblowing, found that individuals with extraverted, responsible, adaptable and openness to innovations personality traits have a tendency towards internal whistleblowing. Similarly, Aksu (2019) concluded that there is a significant relationship between extraversion, openness to innovations and responsibility personality traits and whistleblowing tendency. Bjørkelo et al. (2010) examined the relationship between five-factor personality and whistleblowing behavior and found that personality has a significant effect on whistleblowing. Similarly, Menk (2011) concluded that personality has a significant effect on whistleblowing intention.

In addition, in our current study, the effect of entrepreneurial personality traits on the tendency to remain silent was positive. Similarly, the literature demonstrates that despite the significant benefits of reporting in many areas, such as patient safety, ensuring quality service, and preventing corruption, healthcare professionals remain silent in the face of incidents due to reasons such as retaliation, mobbing, ostracism, and dismissal (Fletcher et al., 1998; Lawton and Parker, 2002; Evans and Revelle, 2008; Sorra et al., 2008). Similar results have been obtained in studies conducted in Turkey (Şerifoğlu and Sungur, 2007; Dursun et al., 2010; Tak, 2010).

CONCLUSION

This study aims to determine the effect of entrepreneurial personality traits of healthcare professionals on their tendency to report a medical event/situation. The population of the study consisted of healthcare professionals in a public hospital providing secondary healthcare services in Istanbul. It was determined that there were a total of 2500 healthcare professionals in the hospital at the time the data were collected. The research data were collected by convenience sampling method using Google forms infrastructure and online survey technique. The total number of questionnaires evaluated and used in data analysis was 430. IBM SPSS 27 and AMOS package programs were used for data analysis. Reliability analysis, descriptive analysis, difference analysis and path analysis techniques were applied to the data.

Although the current study has successfully highlighted several notable implications, it has some limitations in terms of sampling and generalization. The data for this study was collected from healthcare workers of only one public hospital providing

secondary healthcare services in Istanbul. Therefore, the responses collected may not be representative of the perceptions and characteristics of the entire population of healthcare workers representing Turkey. Future studies may examine more locations in the search for target respondents to obtain a more representative sample.

The current study is important for determining the general tendency of the studies conducted in recent years on the whistleblowing tendencies of healthcare workers towards entrepreneurial personality traits. Knowing the factors that will encourage or hinder health workers to whistleblowing is of great importance in establishing health policies and increasing quality.

In addition, future studies could focus on a comprehensive assessment of whether health workers know the channels through which they can report, how safe they feel in raising their concerns, and how confident they are that the organization will take their concerns into account. Evaluating what kind of consequences employees face in case of whistleblowing can also make important contributions.

SAĞLIK ÇALIŞANLARININ GİRİŞİMCİ KİŞİLİK ÖZELLİKLERİNİN SAĞLIK KURULUŞUNDA MEYDANA GELEN TIBBİ VEYA TIBBİ OLMAYAN BİR OLAYI İHBAR ETME EĞİLİMLERİNE ETKİSİ

1. GİRİŞ

Girişimci bakış açısı, işletmelerin örgütsel kaynaklar ve yetkinlikler çerçevesinde çevrenin değişim ve baskılarına cevap verebilmelerini sağlamaktadır (Sadler-Smith vd., 2001). Ancak girişimcilik doğuştan gelen bir yetenek olsa da aynı zamanda eğitim yoluyla da kazanılabilen bir beceridir. Girişimcilik araştırmaları dinamik ve girişimcilik özelliklerine, girişimcilik değerlerine ve bu girişimcilik özelliklerinin ekonomiye, ekonomik büyümeye ve rekabetçiliğe nasıl katkıda bulunduğuna yönelik ilgi giderek artmaktadır. Bu nedenle, sağlık kuruluşları bazı özellikleri nedeniyle diğer işletmelerden farklılık gösterse de son yıllarda bu kuruluşlar kaliteli sağlık hizmetleri sunmanın yanı sıra iç ve dış müşterilerin memnuniyetini de sağlamak zorundadır (Audretsch, 2007).

Ayrıca sağlık kuruluşlarında ihbarcılığa konu olabilecek mali, tıbbi ve idari gibi birçok alan bulunmaktadır. Sağlık kurumlarında yapılacak hatalara göz yummak mümkün olmadığından ve bu hatalar insan hayatını doğrudan etkilediğinden, bunların önlenmesi ve azaltılması büyük önem taşımaktadır. Whistleblowing eğilimi bu olumsuzlukları en aza indirmek ve gerekli mercilerin müdahale etmesini sağlamak için önemli bir araçtır. Whistleblowing'in hasta güvenliği, kaliteli hizmet sunumu ve yolsuzlukların önlenmesi gibi birçok alanda önemli faydaları olmasına rağmen sağlık çalışanlarının misilleme, mobbing, dışlanma ve işten çıkarılma gibi nedenlerle olaylar karşısında sessiz kaldıkları daha önce yapılan çalışmalarda ortaya konmuştur (Lawton ve Parker, 2002; Evans ve Revelle, 2008). Hussman (2011) sağlık hizmetlerinin matris yapısı, yüksek personel devir hızı, meslek gruplarının belirsizliği ve çeşitliliği nedeniyle sağlık hizmetlerinin yolsuzluğa daha yatkın olduğunu belirtmiştir.

Tüm bu verilerden hareketle bu çalışma, sağlık çalışanlarının girişimci kişilik özelliklerinin tıbbi bir olayı/durumu bildirme eğilimleri üzerindeki etkisini belirlemeyi amaçlamaktadır. Bu doğrultuda, sağlık çalışanlarının mali, idari, tıbbi ve diğer tüm yanlışlıkları ilgili mercilere bildirme eğilimlerinin belirlenmesi ve bunun girişimci kişilik özellikleri ile ilişkisinin ortaya konulmasının, doğru insan kaynağı istihdamı ve sağlık çalışanlarının bilgilendirilmesi ile ilgili konularda önemli veriler sağlayacağı öngörülmektedir.

2. YÖNTEM

Çalışmanın amacına uygun olarak kesitsel araştırma deseni kullanılmıştır. Bu kesitsel çalışma, İstanbul'da ikinci basamak sağlık hizmeti veren bir kamu hastanesindeki tüm sağlık çalışanları üzerinde gerçekleştirilmiştir. Çalışmanın amacı tüm sağlık çalışanlarına önceden açıklanmıştır. Çalışmaya katılım için temel talimatlar verilmiş

ve katılımcılar tüm verilerinin anonim olarak kaydedileceği konusunda bilgilendirilmiştir. Ankete katılmadan önce tüm katılımcılardan sözlü bilgilendirilmiş onam alınmış ve katılımın gönüllülük esasına dayandığı vurgulanmıştır. Toplam 430 kişi ankete katılmaya istekli olduğunu belirtmiştir. Dolayısıyla nihai örneklem 430 kişiden oluşmuştur. Veriler, Google form altyapısı kullanılarak çevrimiçi bir anket aracılığıyla toplanmıştır.

3. BULGULAR

Sağlık çalışanlarının girişimci kişilik özelliklerinin tıbbi bir olayı/durumu bildirme eğilimleri üzerindeki etkisini belirlemek için yol analizi yapılmıştır. Elde edilen uyum değerleri, verilerin modele iyi uyum sağladığını göstermektedir. Verilerin modele iyi uyum sağlaması, modelin yapı geçerliliğine sahip olduğunu göstermektedir. Regresyon değerleri, ölçekte yer alan soruların (değişkenlerin) gizil değişkenleri ne kadar iyi yordadığını göstermektedir. AVE değeri 0,50'den küçük olsa da CR'nin 0,60 veya daha büyük olması uyum iyiliğinin olduğunu göstermiştir. Yukarıdaki tabloda hesaplanan AVE değerleri 0,40 ve üzeri, CR değerleri ise 0,72 ve üzeri olduğu için model uyum iyiliği sağlanmıştır.

4. TARTIŞMA

Bilgi uçurma eğilimini etkileyen faktörler kategorisinde örgütsel güven, etik tutum, etik iklim, ahlaki değerler, örgütsel adalet, kişilik özellikleri, örgütsel sağlık ve örgütsel vatandaşlık gibi faktörlerin etkileri sorgulanmış ve genel olarak anlamlı ilişkiler elde edilmiştir. Bu faktörler whistleblowing'i teşvik eden faktörlerdir. Ancak misilleme, işten çıkarma vb. faktörlerin de bilgi uçurma eğilimini etkilediği bilinmektedir.

Aydan (2017) tarafından sağlık sektöründe etik iklim ve örgütsel güvenin bilgi uçurma niyeti üzerindeki etkisini belirlemek amacıyla yapılan çalışmada, örgütsel güvenin etik iklim puanı üzerinde %39, etik iklimin ise bilgi uçurma niyeti üzerinde %69 oranında doğrudan etkiye sahip olduğu bulunmuştur. Ayrıca örgütsel güvenin bilgi uçurma niyeti üzerinde %27 oranında dolaylı bir etkiye sahip olduğu tespit edilmiştir. Çalışmada, örgütlerde bilgi uçurmayı teşvik etmek için çalışanların etik iklim algısının ve örgütsel güven düzeyinin yüksek tutulması gerektiği vurgulanmıştır. Çetinel ve Taslak (2019) tarafından çalışanların kişilik özellikleri ile ihbarcılık eğilimleri arasındaki ilişkide örgütsel adalet algısının aracılık rolünün olup olmadığını belirlemek amacıyla yapılan çalışmada; kişilik özellikleri ile ihbarcılık eğilimi arasındaki ilişkinin istatistiksel olarak anlamlı olduğu bulunmuştur. Ayrıca, algılanan örgütsel adaletin kişilik özellikleri ile ihbarcılık eğilimi arasındaki ilişkide aracılık rolü oynamadığı tespit edilmiştir.

Benzer bir çalışmada, A ve B kişilik tiplerine göre katılımcıların bilgi uçurma niyetlerinin içsel, dışsal, destekleyici ve ölçek genelinde; bilgi uçurma nedenlerinin ise örgütsel fayda, ahlaki ve mesleki değer, misilleme endişesi ve ölçek genelinde anlamlı farklılık gösterdiği tespit edilmiştir. Kişilik tipleri ile whistleblowing niyeti

ve whistleblowing nedenleri arasındaki ilişki için yapılan analiz sonucunda, kişilik tipleri ile genel olarak içsel, dışsal, destekleyici ve whistleblowing niyetleri arasında negatif ve anlamlı bir ilişki olduğu; kişilik tipleri ile genel olarak örgütsel fayda, ahlaki ve mesleki değer, misilleme endişesi ve whistleblowing nedenleri arasında negatif ve anlamlı bir ilişki olduğu sonucuna varılmıştır (Kılıç vd., 2022).

Mesmer-Magnus ve Viswesvaran (2005) örgütlerde bilgi uçurmanın arttığını ve kişisel özellikler ile bilgi uçurma arasında güçlü bir ilişki olduğunu bulmuştur. Öte yandan, Arslan ve Kayalar (2017) çalışanların kişilik özellikleri ile ihbarcılık davranışı arasında bir ilişki olmadığını bulmuştur. Çetinel ve Taslak (2019) kişilik özellikleri ve ihbarcılık üzerine yaptıkları bir başka çalışmada dışadönük, sorumluluk sahibi, uyumlu ve yeniliklere açık kişilik özelliklerine sahip bireylerin içsel ihbarcılığa eğilimli olduklarını bulmuşlardır. Benzer şekilde, Aksu (2019) dışadönüklük, yeniliklere açıklık ve sorumluluk kişilik özellikleri ile ihbarcılık eğilimi arasında anlamlı bir ilişki olduğu sonucuna ulaşmıştır.

SONUÇ

Bu çalışmanın amacı, sağlık çalışanlarının girişimci kişilik özelliklerinin tıbbi bir olayı/durumu rapor etme eğilimleri üzerindeki etkisini belirlemektir. Araştırmanın evrenini İstanbul'da ikinci basamak sağlık hizmeti veren bir kamu hastanesindeki sağlık çalışanları oluşturmaktadır. Verilerin toplandığı tarihte hastanede toplam 2500 sağlık çalışanı olduğu tespit edilmiştir. Araştırma verileri kolayda örnekleme yöntemi ile Google form altyapısı ve çevrimiçi anket tekniği kullanılarak toplanmıştır. Değerlendirilen ve veri analizinde kullanılan toplam anket sayısı 430'dur. Verilerin analizinde IBM SPSS 27 ve AMOS paket programları kullanılmıştır. Verilere güvenilirlik analizi, betimsel analiz, fark analizi ve yol analizi teknikleri uygulanmıştır.

Sonuç olarak; yol analizi ile elde edilen $CMIN/DF=3,426<5$, $RMR=0,068<0,08$, $RMSEA=0,079<0,08$, $SRMR=0,0515<0,08$ uyum değerleri verilerin modele uyduğunu göstermektedir. Verilerin modele uyması modelin yapı geçerliliğine sahip olduğunu göstermektedir. Ayrıca yol analizi ile elde edilen modelin boyutlarının AVE ($NACH=.62$, $ICO=.66$, $RTT=.57$, $INN=.40$, $EW=.54$, $IW=.64$, $SIL=.74$) değerlerinin 0,40 ve üzerinde olması ve CR ($NACH=.88$, $ICO=.89$, $RTT=.80$, $INN=.76$, $EW=.72$, $IW=.84$, $SIL=.83$) değerlerinin 0,72 ve üzerinde olması faktörlerin yakınsak geçerliliğe sahip olduğunu ve model geçerliliği koşullarını sağladığını göstermektedir. Elde edilen sonuçlara göre; NACH, ICO, RTT ve INN boyutları EW, IW ve SIL boyutlarını anlamlı ve pozitif yönde etkilemektedir.

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*THE EFFECT OF ENTREPRENEURIAL PERSONALITY TRAITS OF HEALTHCARE WORKERS ON
THEIR TENDENCY TO REPORT A MEDICAL OR NON-MEDICAL EVENT OCCURRING IN A
HEALTHCARE ORGANIZATION*

KATKI ORANI / CONTRIBUTION RATE	AÇIKLAMA / EXPLANATION	KATKIDA BULUNANLAR / CONTRIBUTORS
Fikir veya Kavram / <i>Idea or Notion</i>	Araştırma hipotezini veya fikrini oluşturmak / <i>Form the research hypothesis or idea</i>	Fuat YALMAN
Tasarım / <i>Design</i>	Yöntemi, ölçeği ve deseni tasarlamak / <i>Designing method, scale and pattern</i>	Fuat YALMAN
Veri Toplama ve İşleme / <i>Data Collecting and Processing</i>	Verileri toplamak, düzenlenmek ve raporlamak / <i>Collecting, organizing and reporting data</i>	Fuat YALMAN
Tartışma ve Yorum / <i>Discussion and Interpretation</i>	Bulguların değerlendirilmesinde ve sonuçlandırılmasında sorumluluk almak / <i>Taking responsibility in evaluating and finalizing the findings</i>	Fuat YALMAN
Literatür Taraması / <i>Literature Review</i>	Çalışma için gerekli literatürü taramak / <i>Review the literature required for the study</i>	Fuat YALMAN