

The Relationship between Organizational Trust and Personal Initiative: The Case of Healthcare Professionals

Hüseyin DEMİR*
Elif Türkan ARSLAN**

ABSTRACT

It is aimed to investigate both the relationship between the organizational level of trust and the status of initiative taking of healthcare professionals and if the status of initiative taking and the level of organizational trust differ according to demographic variables. The population and sample comprise of 400 and 196 healthcare professionals, respectively. By using convenience sampling method 161 people can be reached. The relationship between the variables is explored with Spearman correlation coefficient and simple linear regression analysis. In the analysis, independent two samples, t test and one-way ANOVA analysis are utilized. In the advanced level research Tukey HSD test is used. It is determined that there is a moderate level of organizational trust and initiative taking among healthcare professionals, and there is a positive but weak relationship between the level of organizational trust and the status of initiative taking. The level of organizational trust can explain approximately 20% of the personal initiative behavior. It can be claimed that strengthening of healthcare professionals by supporting them would be efficient in the formation of the culture of initiative taking.

Keywords: Organizational trust, Personal initiative, Active performance, Health professionals, Health service

Örgütsel Güven ve Kişisel İnisiyatif Alma Arasındaki İlişki: Sağlık Profesyonelleri Örneği

ÖZ

Sağlık çalışanlarının örgütsel güven düzeyi ve inisiyatif alma durumları arasındaki ilişkinin araştırılması ve çalışanların inisiyatif alma durumları ve örgütsel güven düzeylerinin demografik değişkenlere göre farklılık gösterip göstermediği araştırılmıştır. Çalışmanın evreni 400 iken örnekleme 196 sağlık çalışanından oluşmaktadır. Kolayda örnekleme yöntemi kullanılarak 161 kişiye ulaşılabilmektedir. Değişkenler arasındaki ilişki Spearman korelasyon katsayısı ve basit doğrusal regresyon analizi ile araştırılmıştır. Analizde bağımsız iki örneklem t testi ve tek yönlü ANOVA analizi kullanılmıştır. İleri düzey araştırmada Tukey HSD testinden yararlanılmıştır. Sağlık çalışanlarının örgütsel güven düzeyi ve inisiyatif alma durumlarının orta düzeyde; örgütsel güven düzeyi ile inisiyatif alma durumu arasında pozitif yönlü zayıf bir ilişki olduğu saptanmıştır. Örgütsel güven düzeyi kişisel inisiyatif alma davranışının yaklaşık olarak % 20'sini açıklamaktadır. Sağlık hizmetini sunan çalışanların desteklenerek güçlendirilmesi inisiyatif alma kültürünün oluşturulmasında etkili olacağı ileri sürülebilir.

Anahtar Kelimeler: Örgütsel güven, Kişisel inisiyatif alma, Aktif performans, Sağlık profesyonelleri, Sağlık hizmeti

* Res. Assist. Department of Health Management, Hacettepe University, huseyin.demir@ikc.edu.tr

** Assist. Prof. Department of Health Management, İzmir Katip Çelebi University, elifturkanarslan@gmail.com

I. INTRODUCTION

Organisations undergo a multifaceted alteration with rapid technological improvements, dynamic environment, diversified organisational thoughts and changing concepts of occupation. The subjects such as alteration, uncertainty, innovation are quite significant in organisational life. Such circumstances in question necessitate the existence of employees who are open to change and for improvement, are ready for making sacrifice for the organisation, whose organisational level of trust are high and who can work with full performance in all conditions. Maybe one of the most important issues for the organisations subsist in a dynamic environment permanently is to comply with the changing environment and to have employees who can cope with the change. This is essential not only for the supply of the services in other sectors but also quite significant for the supply of health care services.

In the 2009 report of the World Health Organisation, health labour force is expressed as one of the building blocks of the health system (WHO 2009). Indeed health services are connected with the health care professionals that supply these services. During the supply of the health care services or in the post supply period, the problems that may be caused by health care professionals may negatively affect the quality and efficiency of the services. In the ideal supply of health care services to the patients the health care professionals are the centrepiece. The supply of these services by the health care professionals ideally is closely associated with the work environment they are in. It can be claimed that management, work environment and workmates have significant effects on the performance of health care professionals. The importance of the health care professionals that feel secure, are strong and work full performance during the supply of health care services is obvious. Those professionals having high level of organisational trust and initiative taking inclination are significant for health care services.

Health care professionals want to feel secure in every activity they perform. It may be asserted that the level of trust health care professionals have in other professionals and in the management would affect their performances. In other words, it is thought that the personal initiative status of health care professionals is closely related with their organisational levels of trust.

In the study, the relationship between the organisational level of trust and the status of initiative taking of health care professionals is examined. Moreover, it is also examined that if the status of initiative taking and the level of organisational trust differ significantly according to various demographic variables.

II. ORGANISATIONAL TRUST

Organisations become meaningful with the existence of human. The communication and interaction of the employees in the organisation is necessary in the formation of sustainable business concept. In the basis of sustainable relations the trust factor takes part. In this sense trust occupies an important position in the sustainable success of the organisation. Trust is the situation of being sure and having positive expectations against the behaviours of others in the situations containing risks. It is the expectation of the individual that other individuals, groups or organisations that the group or organisation is in relation with would give right decisions and would behave in line with ethical principles (Altuntaş 2008).

Trust can be stated as one of the natural needs of human. Each person may want to feel secure in every sphere of their lives. The existence of the “safety needs” in the second step of the needs pyramid of Maslow explicitly reveals the importance of the safety factor for

human (Maslow (1954) in Koçel 2005). Trust has been chosen as a subject in many investigations due to its importance in human relations. Sociologists, economists, psychologists and researchers in administrative sciences have inclined to the issue of trust and investigated the concept deeply. The researchers aforementioned build consensus that the trust factor is quite crucial for the development of sustainable business relations (İşcan, Sayın 2010).

In recent years it has been started to lay emphasis on and investigate the subject of trust. More complicated business world has rather increased the importance of bilateral relations and generated the need of the management of these relations ideally. In the management of relevant relations ideally trust has occupied a quite important position and it is seen as an important factor in the development of positive attitude against the organisation they work for and in the organisational performance (Baek, Jung 2015).

In the literature on organisational behaviour the concept of organisational trust is defined with various points of view and in terms of scope they are expressed in various ways. Therefore it is possible to confront various definitions related to the concept. Organisational trust is sometimes defined as the trust among organisations, sometimes between organisations and employees, and sometimes among the employees (Nedkovski et al. 2017). Taş (2012) expresses organisational trust as the trust and support emotion of an employee, as the belief to the employer that she/he would be frank and keep her/his word, and as the heart of all relations and as a medium that hold people together and give the sense of confidence. Mayer et al. (1995), relate organisational trust with the risk perception of the employees regarding the activities of the organisation. Accordingly, the level of organisational trust among employees shows an increase when the risk perception regarding the field of activity is low. Ng (2015), defines organisational trust as having a positive attitude about the organisation by an individual and expresses that those individuals having high level of organisational trust may undertake various risks. Nedkovski et al. (2017), tackle with the ethical dimension of organisational trust. They argue that the formation of ethical climate in the organisation would positively affect the level of organisational trust. It is claimed that the employees' levels of organisational trust would increase when the managers keep their words. Pirson and Malhotra (2011) tackle with organisational trust differently. Accordingly organisational trust occurs in individuals when the organisation is adequate and successful in realising its business. Ashnai et al. (2016) emphasize that trust has a very crucial status in the business world. They scrutinise the place of trust both among the employees in the organisation and among the organisations. They draw attention to the importance of confidential relations in order organisations to continue their activities. By drawing attention to the importance of social change, resource dependence and transaction cost approaches they claim that the floor for trust should be formed in a dynamic environment.

Organisational trust represents the perception of employees relative to the support given by the organisation; it is a phenomenon that is formed on the bases of mutual respect and trust in the organisation. The perception of an employee of the support given by the organisation means the belief of her/him in that managers would be frank and they would stand behind their words, and it forms the basis of both horizontal and vertical intra-organisational relations (Ng 2015). In other words, organizational trust means that in case of an employee that confronts with an uncertainty and risk, her/his belief in the consistency of the commitments and behaviours of the organisation. In short, organisational trust expresses the trust inclination of the employee towards the organisation she/he works in. The most important factors for the formation of organisational trust are the values shared, openness and an autonomous structure. Organisational trust is closely related to organisational culture. In those organisations in which the culture of trust has not been formed yet, it is impossible to talk about a trust relationship both among employees and between the employees and the

management. Therefore it may be very beneficial to adopt a trust based perception in the organisational culture. The basic factor in this subject is to what extent the management support the employees (Mouzas et al. 2007).

Organisational trust can be categorised as the trust to the **managers, organisation and workmates**. **Trust to the manager** affects the environment of trust directly (Perry, Mankin 2007). The sensation of the competence of managers in terms of problem solving or the vision that the managers adopt a helpful attitude in solving the problems of employees is quite important for the trust to the managers. As the employee regards the manager as the representative of the institution the trust that she/he has is attributed to the whole institution. One of the applications that enhance the trust relationship between the manager and employee is the sharing of the control with the employees instead of leaving it as the function of only the manager. Those employees trusting the management are disposed to be defenceless to the acts of the management and are sure that their rights and interests would not be abused. On the other hand honesty is a required feature for the intra organisational relations as well as for all business connections. People do not follow dishonest managers or leaders (Ashnai et al. 2016).

The **trust to organisation** that constitutes the main factor in the transformation of individual trust to organisational trust expresses the belief of employees that corporate operations settle on solid foundations and operate rightfully. By the enterprises this belief is tried to be grounded on a relational ground that would create a synergy particularly in the team work. The procurement of multidirectional communication among employees and the accessibility of information in the organisation at any time by anybody would ensure the institutionalisation of trust in the organisation. The structure of the organisation and the human resources policies on the beam both creates an environment of high trust and increases the effect of manager on the employees (Altuntaş 2008; Martin, Cullen 2006).

Trust among workmates states the confidence that employees have to each other. Individual factors that affect the relevant trust and provide an environment for organisational trust are the trust inclination, temper, values and attitudes (Kamer 2001). The general trust inclination of employees is formed with the possibility of the estimation that how other employees would behave and with the effects of the organisational environment on individual expectations. When the values of the individual that are developed in the light of past experiences and expectations have parallels with the culture and targets of the enterprise, the trust phenomenon is affected positively (Baek, Jung 2015).

Baek and Jung (2015) claim that with an increase in interpersonal trust, the level of the organisational loyalty of the employees would increase therefore organisational trust would be affected positively. Ashnai et al. (2016) investigate the relation between interpersonal trust and organisational trust. As a result of the study, they exert that interpersonal trust has positive effect on organisational trust.

The high level of organisational trust of the employees has various benefits for the organisation they work for. As a result of high level of organisational trust, the developments experienced are sorted below (Polat 2009; Toprak 2006):

- The level of organisational justice increases.
- An increase in job satisfaction is experienced.
- Conflict and job stress decrease.
- Organisational commitment and citizenship level increase.
- Promotes risk taking.

- Information exchange gets easier.
- People and groups in an environment of trust work more efficiently.
- Employee productivity increases.

As well as for delivering services in the other sectors the level of organisational trust is quite crucial for delivering health care services. Health care services are services that are delivered with a team of professionals from different expertises. Health care professionals from different jobs and expertise levels, have crucial roles in the delivery of the services in the health institution (Wilk, Platt 2016). This idiosyncratic property of health care services necessitates the operation of all the units of the service correspondingly and reveals the importance of interaction among those actors having roles in the service chain. Throughout the health care service delivery, professionals always interact with each other. The trust level of the health care professionals to each other and to the management is determinant in the procurement of the service ideally. The level of organisational trust of the health care professionals is also important in the delivery of health care services. Hence Wilk and Platt (2016) state that doctors have a crucial place in the health care services and elaborated the trust level of doctors for maintaining the quality in the health services. In the study they claim that the number of studies investigating the trust levels of doctors is quite limited; this should be taken into account and hence there is a need for studies that investigate the trust level of doctors to the employees and to the organisation. As a justification they indicate that the productivity of doctors in the health care services should be increased and more quality health care service outcomes should be achieved. In his study on the level of organisational trust and organisational citizenship behaviour of the nurses Altuntaş (2008), she determined that the level of the organisational trust of nurses is high and there is a significant relationship between the level of organisational trust and organisational citizenship behaviour.

The crucial factors of the job dissatisfaction and exhaustion among health care professionals are the disregarding of the managers in the health care services with the employees and having a firm attitude against the employees; having bad relations with workmates; working with inadequate number of employees, and work overload (Şimşek, Taşçı 2004). These unfavourable circumstances may affect the levels of the organisational trust, job performances, and productivities of the employees negatively. Today in the health facilities having shortage of funds, the elimination of some problems caused by inherent properties of services, the enhancing of the quality of health care services delivered and the enhancing of the satisfaction of patients and their relatives, necessitate taking the job satisfaction, organisational loyalty and the level of organisational trust of the employees into consideration.

III. PERSONAL INITIATIVE

Personal initiative is a concept that emerged in Germany and is still maintaining its development. In West Germany the managers state that company employees do not take initiatives and hence they are troubled with this behaviour of the employees. German managers permanently mention the importance of highly motivated and highly inclined to personal initiative full performance employees at the workplace, instead of passive employees (Frese et al. 1997).

Today, personal initiative has become a phenomenon in the business world and in the organisations and in recent years it has become a centre of focus on which various researches are made (Wihler et al. 2014). Personal initiative is taking more roles than expected by the employee in order to realise the organisational targets and is doing extra works with an

inherent motivation; forecasting the demands that would probably arise in the future, foreseeing the probable problems and forming pro-active behaviour towards them by the employee (Stroppa, Spieb 2011). It is the attempting of the employee by displaying an active performance to perform various duties in the organisation and to overcoming some certain problems. Personal initiative represents a behaviour in which the employee takes more roles than the roles she/he has in the organisation and is more active. In this perception that resists on the activeness of the employee, the employee chooses to alter the environment she/he lives in. The employee takes steps that would be beneficial for the attainment of the targets. In this way probable problems would be solved before they spring (Hakanen et al. 2008).

Personal initiative is a prominent behaviour with its inherent self-starting nature, pro-active structure and sedulousness. The concept of personal initiative is mostly mentioned with the concept of performance and from time to time they are used interchangeably. Yet, personal initiative necessitates active performance. Active performance expresses the performance of the employee for ideally realising more than expected within the working hours; the determination of own targets by the employee and the stimulation of inherent motivations to attain these targets (Frese et al. 1996). In other words, it is the development of a long term perspective by the employees and the adaptation of themselves to this situation. Those employees working with active performance have substantially positive effect on the organisation, can realise crucial alterations in the organisation, can control the business processes more efficiently. Highly inclined employees to personal initiative can change the complexity of the organisation and establish a better control mechanism (Frese et al. 1997).

The role of performance and motivation in the behaviour of personal initiative is quite important. The behaviour of personal initiative is the appropriation of the job done by the employee, execution of the requirement of the job and also the execution of extra behaviours that create value. This, in turn, evidently reveals the importance of motivation and performance. The personal initiative inclination of an employee who do not display loyalty to the organisation she/he works for, whose motivation is low becomes difficult and may disappear over time (Wang, Li 2015).

Personal initiative is used particularly with some concepts in the literature. Intrapreneurship (Hisrich 1990), organisational citizenship and the behaviour of personal initiative are mentioned together but these concepts have different meanings. For example, Frese et al. (1997) expresses that entrepreneurs may have high initiative taking inclinations. When viewed from this aspect, it may be claimed that the increase in the initiative taking inclination of employees would increase their intrapreneurship levels.

Besides focusing on the attainment of present purposes and targets, the behaviour of personal initiative also reflects the perspective that is necessary for the future success of the organisation. The thorough analysis of the opportunities and threats that the organisation may confront in the future in advance and with the attempting for them would ensure the success of the organisation in the long term. The personal initiative status is composed of 3 dimensions. These are self-starting, pro-activeness and sedulousness (Frese et al. 1997).

Self-starting is fulfilling the duties without being dependent to others and without seeing what they do, without any instruction about what and how to do and without any role model. Self-starting is the realisation of the necessities of the role and even more by the employee without any guidance of anybody. Having authority and responsibility in her/his work would make the employee feel strong (Frese et al. 1996; Frese et al. 1997).

Pro-activeness represents the long term perspective of the employee. It expresses the examination of opportunities and threats inside and outside the organisation, and

forethoughtfulness in terms of the alteration of risks and uncertainties into the favour of the organisation. It can also be expressed as the attempts of the employee to renew herself/himself with a sense of innovativeness and to create a culture aiming these renewals (Frese et al. 1997).

Sedulousness is necessary for attaining the targets of an individual or an organisation. Personal initiative status asserts that a number of elements change permanently. Some elements such as the environment, business processes, procedures and the works done permanently change and correspondingly some mistakes are made and failures may be experienced. The personal initiative status emphasize that individual should be determined and persistent in order to overcome the aforementioned alterations and hitches (Frese et al. 1997; Frese, Fay 2001).

The personal initiative inclination is closely related to the strength of the employee in the organisation. Those employees feeling that they are strong may exhibit behaviours that can create values for the organisation with their high motivations. An increase in the roles, authority and responsibilities of an employee in the organisation would contribute to the self-confidence of the employee; hence the employee would find an opportunity to exhibit her/his potential. The understanding that is adopted by Microsoft can be given as an example in order to understand the importance of personal initiative fully. The company is a crucial example having employees who are highly inclined in terms of personal initiative. The employees of Microsoft have flexible working hours, are responsible with fulfilling the duties they have and in this regard they have personal responsibilities (Frese et al. 1997).

Personal initiative may increase the psychological welfare level of the employee. Pro-activeness not only affects the level of engagement of the employee to the job from day to day, but also affects her/his feelings and the level of stress (Wang, Li 2015). In their study Wang and Li (2015) state that the curiosity element is quite crucial for personal initiative; with an increase in the employee's level of interest and curiosity the level of personal initiative would also increase; in this way the employee would feel better and get rid of the danger of emotional exhaustion.

Even those employees having high personal initiative inclinations are necessary for the organisation; the employees having these properties are usually responded negatively by their workmates and the management. In general, the number of those employees who feel the need of self-realisation is low in the organisation. Therefore, those people who display some uncommon behaviours or try to create a culture against the traditional understanding mostly confront with reactions (Frese, Fay 2001; Wihler et al. 2014).

It is possible to say that there are many studies regarding the status of personal initiative in the literature. Frese et al. (1996) emphasize that personal initiative behaviour is related to being pro-active, focusing on the target and coming into action. Morrison and Phelps (1999) assert that initiative taking by the employees is related to the sense of responsibility, self-sufficiency and the attitudes regarding the openness of the management. The study propounds that organisational climate and particularly the support of the management are highly effective on the initiative taking inclination of the employees. Baer and Frese (2003) also defend that organisational climate affects the personal initiative behaviour significantly. In their study Gamboa et al. (2009) investigate how personal initiative affects the level of job satisfaction. In the study a significant relationship is determined between the level of job satisfaction and personal initiative status; they reveal that those employees having high personal initiatives would have higher job satisfaction. Thomas et al. (2010) confirm a relationship between personal initiative status and job performance. On the other hand, Grant et al. (2011) propound that personal initiative does not always imply high job performance.

Belschak et al. (2010) render that the behaviour of personal initiative should be tackled with a broader perspective. They claim that personal initiative should be investigated with its motives, with the factors affecting the behaviour and with the positive and negative sides of the behaviour. Parker et al. (2010) draw attention to the importance of the subject by stating that the concept of personal initiative is one of the most important active working concepts which have been introduced to the management literature.

IV. METHOD

4.1. Purpose and Significance

The main purpose of the study is to investigate the relationship between the level of organisational trust and the status of personal initiative. Another purpose of the study is to determine whether the level of organisational trust and the status of personal initiative differ significantly according to various demographic variables. It is thought that as the study reveals the level of organisational trust and the status of personal initiative of the health care professionals, it would make a contribution to the literature.

In line with the literature, the hypotheses developed in the study are mentioned below:

- H₁: There is a positive relationship between the level of organisational trust and the status of personal initiative.
- H₂: The status of personal initiative and the level of organisational trust differ significantly according to the gender.
- H_{2a}: The status of personal initiative differs significantly according to the gender.
- H_{2b}: The level of organisational trust differs significantly according to the gender.
- H₃: The status of personal initiative and the level of organisational trust differ significantly according to the age.
- H_{3a}: The status of personal initiative differs significantly according to the age.
- H_{3b}: The level of organisational trust differs significantly according to the age.
- H₄: The status of personal initiative and the level of organisational trust differ significantly according to the marital status.
- H_{4a}: The status of personal initiative differs significantly according to the marital status.
- H_{4b}: The level of organisational trust differ significantly according to the marital status.
- H₅: The status of personal initiative and the level of organisational trust differ significantly according to the level of education.
- H_{5a}: The status of personal initiative differs significantly according to the level of education.
- H_{5b}: The level of organisational trust differs significantly according to the level of education.
- H₆: The status of personal initiative and the level of organisational trust differ significantly according to the status in the institution.
- H_{6a}: The status of personal initiative differs significantly according to the status in the institution.
- H_{6b}: The level of organisational trust differ significantly according to the status in the institution.
- H₇: The status of personal initiative and the level of organisational trust differ significantly according to the seniority.
- H_{7a}: The status of personal initiative differs significantly according to the seniority.
- H_{7b}: The level of organisational trust differs significantly according to the seniority.
- H₈: The status of personal initiative and the level of organisational trust differ significantly according to the duration of employment.
- H_{8a}: The status of personal initiative differs significantly according to the duration of employment.

H_{8b}: The level of organisational trust differs significantly according to the duration of employment.

4.2. Population and Sample

The population of the research is formed by the health care professionals (400 people) working in a district public hospital located in the province of İzmir. Ethic committee approval is obtained from İzmir Katip Çelebi University. The sample of the research consists of 196 people. In order to determine the sample size the formula in the study of Baş (2006) is utilised. Randomization is not satisfied for the selection of those to be included in the sample. The necessary research ethics committee approval is received. As participation to the survey is voluntary, those who want to participate into the survey are reached excursively and the survey is applied to those who want to fill the questionnaire. In the field survey 161 people are reached. As this figure constitutes 82% of the quorum, it is thought that the figure can be accepted. The remaining 35 health professionals were not reached because they didn't want to include in survey.

4.3. Data Collection Tool

The survey used in the field study is composed of three categories. The first category tries to determine the personal characteristics of the participants; second category, the level of organisational trust; and third category, the level of personal initiative of the participants. In the first category of the survey, there are 7 expressions for the determination of the personal characteristics of the participants. The organisational trust scale that constitutes the second category of the survey is composed of 43 expressions; and the personal initiative scale, the third category, is composed of 32 expressions. For both, the Five Point Likert Scale is used and the points are 1: Strongly Disagree to 5: Totally Agree. The uniform scaling of both measurement tools contribute to the reliability of the measurements of the relevant tools. The level of organisational trust scale is frequently used both in the national and international literature. The validity and reliability of the relevant scale is asserted in a large number of studies. The level of organisational trust scale used in the study is taken from the Ph.D. dissertation of Altuntaş (2008) and identical to the one in the dissertation. The personal initiative scale on the other hand is quite a new scale for the national literature on social sciences. Akın (2012) asserts the validity and reliability of the relevant scale in his Ph.D. dissertation on the field of education. The scale of Akın (2012) is customised for the health care services and used in the study.

4.4. Technique and Method

For attaining sample the convenience sampling method is utilised. Convenience sampling method has some weaknesses in terms of representing the population as it is related to the suitability and accessibility of people and as there is no probability. Convenience sampling, on the other hand, is frequently utilised in the field studies as it is easy and cheap to apply (Neuman 2014). Even if it is not so strong in representing the population, due to the idiosyncratic properties of the health care services it is thought that using the convenience sampling method would be appropriate for this study. In the study, the personal initiative variable is the dependent, and the level of organisational trust variable is the independent variable.

In the field study surveys are used for data collection and for the attainment of survey data the hand-out and pick-up method is used. The confidence levels (internal consistency coefficient) of the scales of initiative taking and organisational trust are investigated with

Cronbach's Alpha. The confidence levels (α) of the scales of initiative taking and organisational trust are 0.825 and 0.796, respectively. The confidence level of the self-starting dimension among the dimensions of the scale of initiative taking is 0.796; and it is 0.812 and 0.690 for pro-activeness and sedulousness dimensions. The confidence level of trust to the manager dimension among the dimensions of the scale of organisational trust is determined to be 0.651; and the same figures are found to be 0.746 and 0.785 for the trust to the organisation and for the trust to the workmates dimensions, respectively. It may be claimed that the confidence levels of both scales are high.

As a result of the factor analysis that is made in order to examine the construct validity of the scales it is determined that the expressions of both scales have a different dispersion than the original structure and the expressions congregate under different factors. As this is not acceptable for the study, "face validity" method in which expert opinion is received in order to investigate the validity of measurement tools used and which is accepted as the most basic validity attainment method (Neuman 2014). 5 expert opinions are taken in the province of İzmir. In line with all the expert opinions, the validities of scales used in the research are found to be high.

4.5. Data analysis

For the analysis of the data the SPSS 20.0 software package is used. In the summarization of the data attained with the research the frequency and percentage (%) values are utilized. The degree of the relationship among the variables is examined through Spearman correlation coefficient. On the other hand, in the cases when the dependent variable is quantitative and independent variables are qualitative, the degree of the relationship among the variables is examined through eta square (η^2). According to Alpar (2016) $\eta^2 = 0.01$ means a low influence; $\eta^2 = 0.06$ a moderate influence; $\eta^2 = 0.14$ a high influence and $\eta^2 = 0.20$ means a very high influence. The statistical significance level (α) is admitted as 0.05. As there is a linear relationship among variables, simple linear regression analysis is utilised for investigating the related relationship. In order to make the regression analysis the necessary assumptions are satisfied.

In order to examine the normality of the data attained through the research, the graphical Q-Q method and the Kolmogrov-Smirnov test method are used and it is determined that the data has a normal distribution ($p = .068 > 0.05$) (Alpar 2013). As the assumption of normal distribution is satisfied, for the determination of data centrality mean values and for the dispersion of standard deviation values are utilised. As the data related to the variables have normal distributions and as their variances are homogeneous, among the parametric methods the two-sample t-test and one-way variance analysis are used for testing the hypothesis (Alpar 2016). As parametric test assumptions are satisfied, in order to investigate from which groups among more than two independent groups the obtained difference caused from, one of the multiple comparison tests, namely Tukey HSD test is utilised.

4.6. Limitations of the Study

Inadequate sample quorum in addition to the lack of randomization are the main limitations of study. Research was conducted in a small public hospital. This aspect of study is also an important limitation.

V. FINDINGS

5.1. Findings about the personal characteristics of the participants

The descriptive statistics of the participants are summarised in Table 1.

Table 1. Participants’ descriptive statistics (n=161)

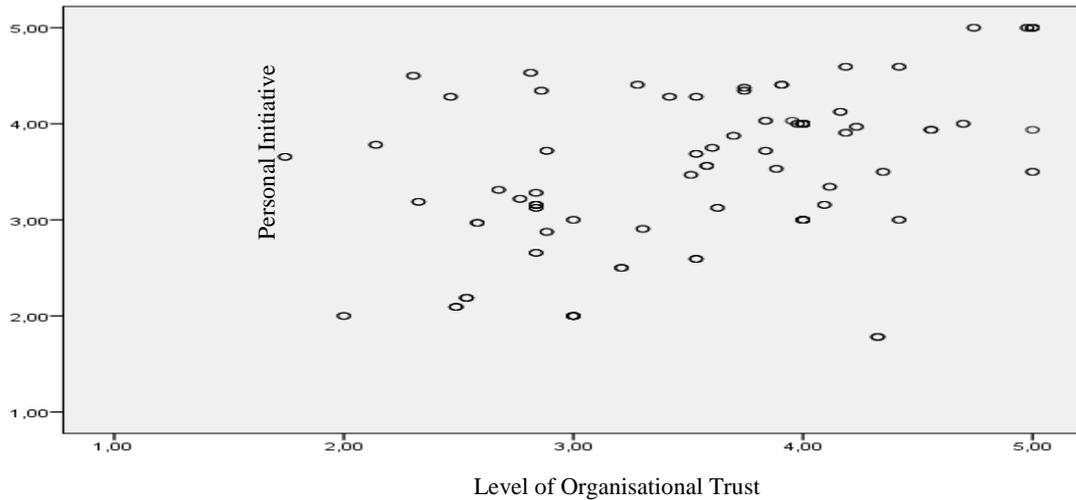
Variables	n	%
Gender		
Female	93	57.8
Male	68	42.2
Age		
35 years or less	45	28.0
36-40	44	27.3
41-45	47	29.2
46-50	17	10.6
51 years or more	8	5.0
Status		
Medium level manager	8	5.0
Low level manager	12	7.5
Doctor	15	9.3
Medical assistant	29	18.0
Nurse	67	41.6
Midwife	30	18.6
Years of working at current institution		
1 to 5 years	100	62.1
6 to 10 years	16	9.9
11 to 15 years	21	13.0
16 to 20 years	13	8.0
21 or more years	11	6.8
Marital status		
Married	114	70.8
Single	47	29.2
Education		
Associate degree	37	23.0
Bachelor	74	46.0
Master	40	24.8
Doctorate	10	6.2
Seniority		
1 to 5 years	14	8.7
6 to 10 years	32	19.9
11 to 15 years	41	25.5
16 to 20 years	42	26.1
21 or more years	32	19.9

57.8% (93 people) of the participants are women, 28% (45 people) are at/under the age 35, approximately 56% (91 people) are between the ages of 36 and 45, and approximately 15% (25 people) are at the age of 46 or older. 70.8% (114 people) of the participants are married, 77% have bachelor’s degree or higher, approximately 60% (97 people) are composed of nurses and midwives. The rate of medical assistants is 18%. The rate of medium-low level managers and doctors is approximately 22% (35 people) of the

participants. Approximately 91% of the participants have a seniority level of 6 or more; approximately 38% (61 people) of the participants work for 6 years or more in the current institution.

5.2. Hypothesis tests

The structure of the relationship between the level of organisational trust and the status of personal initiative is examined with scatter graph and the relevant graph is shown in Graph 1 below.



Graph 1. Scatter graph of the relationship between the level of organisational trust and the status of initiative taking

If the Graph 1 is examined, a positive linear relationship between two variables can be understood at the first glance. Besides, it can also be claimed that the relevant relationship is weak and there are substantial deviations from linearity. As there are deviations from linearity in the relationship between variables, in order to examine the relationship between the level of organisational trust and the status of personal initiative the Spearman correlation coefficient is calculated and the related correlation matrix is given in Table 2.

Table 2. Correlation matrix of the relationship among the variables

			Personal initiative	Organisational trust
Spearman's rho	Personal initiative	Correlation Coefficient	1.000	0.395**
		Sig. (2-tailed)		0.000
		N	161	161

** Correlation is significant at the 0.01 level (2-tailed).

Accordingly, it may be claimed that there is a positive but weak relationship between the level of organisational trust and the status of personal initiative ($r= 0.395$; $p= 0.000$). To some extent, it may be expressed that with an increase in the level of organisational trust, the status of personal initiative increases. Therefore H_1 hypothesis is accepted.

As there is a linear relationship between variables, the relationship as also solved with simple linear regression analysis and the result are summarised in Table 3.

Table 3. The simple linear regression analysis results of the level of organisational trust and the status of initiative taking relationship and confidence limits for 95%

Variable	b _j	S(b _j)	BETA	% 95 Confidence Interval		t	p
				Lower Bound	Upper Bound		
Constant	1.797	0.275	-	1.255	2.340	6.545	0.000
Organisational trust	0.484	0.075	0.456	0.336	0.631	6.463	0.000
N=161 s= 0.738 R=0.456 R ² = 0.208 (F=41.765; p=0.000<0.05)							

Dependent variable: personal initiative

The effect of the level of organisational trust on the personal initiative inclination is generally significant ($F= 41.765$; $p= 0.000<0.05$). The regression coefficient that shows the relationship between the variables is 0.456; the multiple-regression coefficient is 0.208. A one unit increase in the level of organisational trust creates a 0.484 unit increase in personal initiative ($t= 6.463$; $p= 0.000$). Approximately 20% of the personal initiative is explained by the level of organisational trust.

The relationship between the status of personal initiative and the level of organisational trust, and the gender is examined with independent two sample t test and the results are given in Table 4.

Table 4. The Relationship between the Level of Organisational Trust and the Status of Initiative Taking, and the Gender

	Gender	n	Mean	t	df	p
Personal initiative	Female	93	3.4977	-0.612	159	0.541
	Male	68	3.5787			
Organisational trust	Female	93	3.5044	-1.569	159	0.119
	Male	68	3.6988			

The variances for the status of personal initiative ($F= 1.301$; $p= 0.256>0.05$) and the level of organisational trust ($F= 1.357$; $p= 0.246>0.05$) are homogeneous. The status of personal initiative ($t= -0.612$; $df= 159$; $p= 0.541>0.05$; $\eta^2= 0.002$) and the level of organisational trust ($t= -1.569$; $df= 159$; $p= 0.119>0.05$; $\eta^2= 0.015$) differ according to the gender. The value of influence quantity (η^2) implies a low influence. Therefore H_2 hypothesis is rejected completely.

The relationship between the status of personal initiative and the level of organisational trust, and the age is investigated with one-way ANOVA analysis and the results are presented in Table 5.

Table 5. The results of the variance analysis of the relationship between the status of personal initiative and the level of organisational trust, and the age

		Sum of Squares	df	Mean Square	F	p
Personal initiative	Between Groups	15.583	4	3.896	6.473	0.000
	Within Groups	93.882	156	0.602		
	Total	109.465	160			
Organisational trust	Between Groups	12.551	4	3.138	5.771	0.000
	Within Groups	84.820	156	0.544		
	Total	97.371	160	3.896		

The variances for the status of personal initiative ($F= 6.473$; $df (4, 156)$; $p= 0.053 > 0.05$) and the level of organisational trust ($F= 5.771$; $p= 0.055 > 0.05$) are homogeneous. The status of personal initiative ($F= 6.473$; $df (4, 156)$; $p= 0.000 < 0.05$; $\eta^2= 0.142$) and the level of organisational trust ($F= 5.771$; $df (4, 156)$; $p= 0.000 < 0.05$; $\eta^2= 0.129$) differ according to the age. The value of influence quantity implies an intermediate influence. Therefore H_3 hypothesis is accepted completely.

Tukey HSD test is utilised to determine from which age group the difference is caused by and the results are given in Table 6.

Table 6. The relationship between the status of personal initiative and the level of organisational trust and the age

Dependent Variable	Age (I)	Age (J)	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Personal initiative	35 or less	46-50	-0.78145*	0.22085	0.005	-1.3910	-0.1719
		41-45	-0.46268*	0.16273	0.040	-0.9118	-0.0136
	36-40	46-50	-0.94616*	0.22154	0.000	-1.5576	-0.3347
		51+	-0.86455*	0.29817	0.034	-1.6875	-0.0416
	41-45	36-40	0.46268*	0.16273	0.040	0.0136	0.9118
	46-50	35 or less	0.78145*	0.22085	0.005	0.1719	1.3910
Organisational trust	35 or less	46-50	-0.83833*	0.20992	0.001	-1.4177	-0.2590
		51+	-0.93744*	0.28293	0.010	-1.7183	-0.1566
	36-40	46-50	-0.61793*	0.21057	0.031	-1.1991	-0.0368
		41-45	45-50	-0.62035*	0.20869	0.028	-1.1963
	46-50	35 or less	0.83833*	0.20992	0.001	0.2590	1.4177
		36-40	0.61793*	0.21057	0.031	0.0368	1.1991
		41-45	0.62035*	0.20869	0.028	0.0444	1.1963
	51+	35 or less	0.93744*	0.28293	0.010	0.1566	1.7180

* The mean difference is significant at the 0.05 level.

If the age groups are examined, it can be seen that with an increase in the age, the initiative inclination also increases. If the age group 35 and younger is examined, a significant difference with the 46-50 age group is determined. In a similar manner, there are

significant differences between 36-40 and 41-45 age groups and 46-50 and 51 and older age groups. With an increase in the age, the personal initiative inclination increases. Among other age groups, in terms of the status of personal initiative there is no significant difference. On the other hand, it is also determined that the level of organisational trust increases with the age. There are significant differences between the 35 and younger age group, and 46-50 and also 51 and older age groups. Similarly, the differences between 46-50 age group and younger age groups are positive. Therefore, it can be claimed that with an increase in the age, the level of organisational trust also increases.

The relationship between the status of personal initiative and the level of organisational trust, and the marital status is examined with independent two sample t test and the results are given in Table 7.

Table 7. The relationship between the status of personal initiative and the level of organisational trust, and the marital status

	Marital Status	N	Mean	t	df	p
Personal initiative	Married	114	3.4498	-1.979	159	0.050
	Single	47	3.7311			
Organisational trust	Married	114	3.5925	0.152	159	0.879
	Single	47	3.5719			

The variances for the status of personal initiative ($F= 1.764$; $p= 0.186$) and the level of organisational trust ($F= 1.085$; $p= 0.299$) are homogeneous. There is no significant difference between the status of personal initiative ($t= -1.979$; $df= 159$; $p= 0.050$; $\eta^2= 0.000$) and the level of organisational trust ($t= 0.152$; $df= 159$; $p= 0.879$; $\eta^2= 0.024$) differ according to marital status. The value of the influence quantity means low influence. Hence H_4 hypothesis is rejected completely.

The relationship between the status of personal initiative and the level of organisational trust, and the level of education is investigated with one-way ANOVA analysis and the results are presented in Table 8.

Table 8. The results of the variance analysis of the relationship between the status of personal initiative and the level of organisational trust, and the level of education

		Sum of Squares	df	Mean Square	F	p
Personal initiative	Between Groups	6.635	3	2.212	3.377	0.020
	Within Groups	102.830	157	0.655		
	Total	109.465	160			
Organisational trust	Between Groups	2.620	3	0.873	1.447	0.231
	Within Groups	94.751	157	0.604		
	Total	97.371	160			

The variances for the status of personal initiative ($F= 3.377$; $df (3, 157)$; $p= 0.052$) and the level of organisational trust ($F= 1.447$; $df (3, 157)$; $p= 0.150$) are homogeneous. The status of personal initiative ($F= 3.377$; $df (3, 157)$; $p= 0.020$; $\eta = 0.061$) differs with the level of education while the level of organisational trust ($F= 1.477$; $df (3, 157)$; $p= 0.231$; $\eta^2=$

0.027) does not differ with the level of education. While there is a medium influence in personal initiative, there is low influence in the level of organisational trust. Hence H_{5a} hypothesis is accepted; H_{5b} hypothesis is rejected. Therefore H_5 hypothesis is partially accepted.

Tukey HSD test is utilised to determine from which age groups the difference in status of personal initiative according to the level of education is caused by and the results are summarised in Table 9.

Table 9. The relationship between the status of personal initiative and the level of organisational trust, and the level of Education

Dependent Variable	Education (I)	Education (J)	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Personal initiative	Associate degree	Master	-0.48334*	0.184	0.047	-0.9627	-0.0040
	Master	Associate degree	0.48334*	0.184	0.047	0.0040	0.9627

*The mean difference is significant at the 0.05 level

An increase in the level of education is partially effective on the status of personal initiative. The difference between the statuses of personal initiative of those having associate degree and master's degree is significant. An increase in the level of education increases the initiative inclination at the least. A significant difference cannot be determined among the other levels of education.

The relationship between the status of personal initiative and the level of organisational trust, and the status in the institution is investigated with one-way ANOVA analysis and the results are given in Table 10.

Table 10. The results of the variance analysis of the relationship between the status of personal initiative and the level of organisational trust, and the status in the institution

		Sum of Squares	df	Mean Square	F	p
Personal initiative	Between Groups	7.883	5	1.577	2.406	0.039
	Within Groups	101.581	155	0.655		
	Total	109.465	160			
Organisational trust	Between Groups	4.822	5	0.964	1.615	0.159
	Within Groups	92.548	155	0.597		
	Total	97.371	160			

The variances for the status of personal initiative ($F= 2.406$; $df (5, 155)$; $p= 0.262$) and the level of organisational trust ($F= 1.615$; $df (5, 155)$; $p= 0.155$) are homogeneous. The status of personal initiative ($F= 2.406$; $df (5, 155)$; $p= 0.039$; $\eta^2= 0.072$) differs with the status in the institution while the level of organisational trust ($F= 1.615$; $df (5, 155)$; $p= 0.159$; $\eta^2= 0.050$) does not differ with the status in the institution. The status in the institution has an intermediate effect on the status of personal initiative and on the level of organisational trust. Hence H_{6a} hypothesis is accepted; H_{6b} hypothesis is rejected. Therefore H_6 hypothesis is accepted partially.

Tukey HSD test is utilised to determine from which groups the differences regarding the personal initiative according to the status in the institution are caused by and the results are given in Table 11.

Table 11. The relationship between the status of personal initiative and the status in the institution

Dependent Variable	Status (I)	Status (J)	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Personal initiative	Low level manager	Doctor	-0.95583*	0.31354	0.032	-1.8606	-0.0511
	Doctor	Low level manager	0.95583*	0.31354	0.032	0.0511	1.8606
		Nurse	0.70114*	0.23124	0.033	0.0339	1.3684
	Nurse	Doctor	-0.70114*	0.23124	0.033	-1.3684	-0.0339

*The mean difference is significant at the 0.05 level

The personal initiative inclination of low level managers is lower than the doctors and the difference is significant. On the other hand, the personal initiative inclination of doctors is higher than nurses and the difference between them is statistically significant. No significant difference is determined among other statuses.

The relationship between the status of personal initiative and the level of organisational trust, and the level of seniority is investigated with one-way ANOVA analysis and the results are presented in Table 12.

Table 12. The results of the variance analysis of the relationship between the status of personal initiative and the level of organisational trust, and the seniority

		Sum of Squares	df	Mean Square	F	p
Personal initiative	Between Groups	14.353	4	3.588	5.886	0.000
	Within Groups	95.111	156	0.610		
	Total	109.465	160			
Organisational trust	Between Groups	10.018	4	2.504	4.472	0.002
	Within Groups	87.353	156	0.560		
	Total	97.371	160			

The variances for the status of personal initiative ($F= 5.886$; $df(4, 156)$; $p= 0.058$) and the level of organisational trust ($F= 4.472$; $df(4, 156)$; $p= 0.052$) are homogeneous. The status of personal initiative ($F= 5.886$; $df(4, 156)$; $p= 0.000$; $\eta^2= 0.131$) and the level of organisational trust ($F= 4.472$; $df(4, 156)$; $p= 0.002$; $\eta^2= 0.103$) differ significantly according to the seniority. It can be claimed that the level of seniority has an intermediate influence on both variables. Therefore H_7 hypothesis is accepted completely.

Tukey HSD test is utilised to determine from which groups the differences regarding both variables are caused by and the results are given in Table 13.

Table 13. The relationship between the status of personal initiative and the level of organisational trust, and the seniority

Dependent Variable	Seniority (I)	Seniority (J)	Mean Differences (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Personal initiative	6- 10	21 +	-0.56094*	0.19521	0.037	-1.0997	-0.0222
	16- 20	21 +	-0.86838*	0.18322	0.000	-1.3741	-0.3627
	21 +	6- 10	0.56094*	0.19521	0.037	0.0222	1.0997
		16- 20	0.86838*	0.18322	0.000	0.3627	1.3741
Organisational trust	6-10	21 +	-0.71563*	0.18708	0.002	-1.2319	-0.1993
	11- 15	21 +	-0.51481*	0.17651	0.033	-1.0020	-0.0276
	21 +	6- 10	0.71563*	0.18708	0.002	0.1993	1.2319
		11- 15	0.51481*	0.17651	0.033	0.0276	1.0020

*The mean difference is significant at the 0.05 level

It is possible to claim that with an increase in seniority, the personal initiative inclination and the level of organisational trust also increase. The personal initiative status and the average level of organisational trust of the participants having a seniority of 6 to 10 years are lower than the participants having a seniority of 21 years or more, and the difference between them is statistically significant. With an increase in the level of seniority, the difference between the averages of groups related to both variables is positive and this difference is statistically significant.

The relationship between the status of personal initiative and the level of organisational trust, and the duration of employment in the institution is examined with one-way ANOVA analysis and the results are presented in Table 14.

Table 14. The results of the variance analysis of the relationship between the status of personal initiative and the level of organisational trust, and the duration of employment

		Sum of Squares	df	Mean Squares	F	p
Personal initiative	Between Groups	2.476	3	0.825	1.211	0.308
	Within Groups	106.988	157	0.681		
	Total	109.465	160			
Organisational trust	Between Groups	1.708	3	0.569	.935	0.426
	Within Groups	95.662	157	0.609		
	Total	97.371	160			

The variances for the status of personal initiative ($F= 1.211$; $df (3, 157)$; $p= 0.058$) and the level of organisational trust ($F= 0.935$; $df (3, 157)$; $p= 0.060$) are homogeneous. The status of personal initiative ($F= 1.211$; $df (3, 157)$; $p= 0.308$; $\eta^2= 0.023$) and the level of organisational trust ($F= 1.211$; $df (3, 157)$; $p= 0.426$; $\eta^2= 0.018$) do not differ according to the duration of employment. The values of influence quantity for both variables are quite low and this implies a low influence. Therefore H_8 hypothesis is rejected completely.

VI. DISCUSSION AND CONCLUSIONS

The health care professionals have central role in the delivery of health care services. Due to their roles, their potential to influence the service delivery is quite high. Since they influence the delivery of health care service directly and they can affect the efficiency of the delivery of the service, it can be mentioned that health care professional should deliver the service ideally. As the decision makers of the sourcing and service delivery in the health care

services are the health care professionals it is quite crucial that these professionals should work with active performance for the delivery of the service. On the other hand, apart from the works they should do the extra conducts that would add value to the institution is also crucial in terms of the efficiency of the institution. The importance of health care professionals whose initiative taking inclination is high, in other terms, who start work on themselves, who work pro-actively and who insist on the solution of the problems/obstacles they confront, and hence carry the institution one step further in attaining the targets, is great. Inherently this is possible with the health care professionals whose motivations are high, who are engaged in the work and whose loyalties to the institution are high. Ultimately, the existence of loyal employees can be explained with the high level of trust they have to the institution. In other words, it may be claimed that the existence of health care professionals whose initiative taking inclinations are high hinges on the professionals whose organisational trust levels are high.

In the study, the relationship between the level of organisational trust and the personal initiative status is examined; it is also tried to be determined that whether the level of organisational trust and the personal initiative status change significantly with various demographic variables. As a result of the correlation analysis made for the investigation of the relationship between the level of organisational trust and the initiative taking status a positive but weak relationship is determined. Although the relationship is weak, the structure of it is linear. As a result of the simple regression analysis that is made for the in detail investigation of the relationship, it appeared that approximately 20% of the initiative taking behaviour can be explained by the level of organisational trust and the relationship is significant. It is determined that with an increase in the level of organisational trust of health care professionals, the initiative taking inclination also increases. As health care services are quite complicated and necessitate expertise, in the delivery of the services each health care professional may be responsible for the job she/he do. In the services concerning human life and health and are quite difficult and high-powered, it is quite difficult to expect extra responsibility from health care professionals. Although the situation is difficult, in compliance with the principle of “who does the job personally, knows the best” it may be seen as an acceptable approach that during the delivery of health care services health care professionals, apart from the jobs they should do, are asked to exhibit behaviours that would add value to the institution. Therefore, extra performance of the health care professionals by taking initiative for the institution they work in; realising the job without receiving any instruction; presenting solution recommendations for the probable problems they foresee; optimally overcoming the obstacles they confront are surely quite crucial for the institution. After all, it may be stated that the level of organisational trust of the health care professionals who make sacrifice by taking extra responsibilities is influential in this circumstances. Those health care professionals who do not feel secure, who have feeling of insecurity for their workmates and who believe strongly that if they confront with a problem the management would leave them alone would certainly abstain from taking responsibility.

In order to investigate whether the level of organisational trust and personal initiative behaviour differ significantly according to demographic variables independent two-sample t-test and one-way ANOVA analyses are used. As a result of the analyses, it is determined that the status of personal initiative and the level of organisational trust do not differ significantly according to the gender, to the age and to the marital status; the status of personal initiative differs significantly according to the level of education; the level of organisational trust on the other hand do not differ significantly according to the level of education; the status of personal initiative differs significantly according to the status in the institution; the level of organisational trust on the other hand do not differ significantly according to the status in the institution; the status of personal initiative and the level of organisational trust differ significantly according to the seniority; and finally, the status of personal initiative and the

level of organisational trust do not differ significantly according to the duration of employment in the institution.

It is quite crucial that the status of personal initiative differ significantly according to the level of education. Those having higher level of education are more inclined to take initiative. Taking responsibility and to execution of these responsibilities can better be explained with a good education or with expertise. Therefore it can be asserted that those health care professional that would take initiative would be among the health care professionals having higher level of education. Hence it can also be claimed that the encouragement of particularly the nurses and midwives to postgraduate education would be an efficient way of attaining high sense of responsibility among employees. In terms of the study another important finding is that the initiative taking inclination of the doctors is higher than other health care professionals. It can be said that doctors are the most basic factor in the delivery of health services. It can be expressed that guiding of the delivery of the service with the roles the doctors have in the delivery of the service, the effects of doctors on the sourcing activities of the management support the situation of doctors as a backbone in the health care services.

Nowadays, particularly in the delivery of health care services, the importance of the existence of highly inclined employees in terms of personal initiative is clear. Moreover this situation would become more important in the near future. Likewise the competition among organisations increases and this, in turn, signals the need for active employees who can work under a competitive environment. The factors such as the professions of tomorrow, changes in the concept of profession, new concepts of production, the development of innovation, global competition increase the necessity of highly inclined employees in terms of personal initiative. It can be asserted that the existence of highly inclined employees in terms of personal initiative is possible with the existence of employees having high level of organisational trust.

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