

# THE EFFECT OF ORGANIZATIONAL COMMUNICATION AND ORGANIZATIONAL HEALTH ON ORGANIZATIONAL TRUST IN HOSPITALS

Muhammet Sever<sup>1</sup>, Perihan Eren Bana\*<sup>2</sup>

1. Oral and Dental Health Program, Vocational School, Istanbul Medipol University, Turkiye

2. Medical Documentation and Secretarial Program, Vocational School of Health Services, Istanbul Yeni Yuzyil University, Turkiye

\*Correspondence: [perihanbana@gmail.com](mailto:perihanbana@gmail.com)

## ABSTRACT

### BACKGROUND:

It is known that in institutions where organizational trust is low, there will be disruptions and disconnections in business processes, and deficiencies in communication.

### OBJECTIVE:

The purpose of this study was to evaluate the attitudes of employees working in a health institution towards organizational communication, organizational health perception, and organizational trust.

### METHODS:

The research was conducted with survey forms received from a total of 285 participants working on four campuses of a private university hospital in Istanbul. Ethical principles were followed during the research process. IBM SPSS and AMOS 24.0 were used for data analysis. The analyses structured are descriptive statistics, as well as explanatory and confirmatory factor and distribution analyses, normal distribution tests, distribution and regression analyses, and t-Test and variance analyses in inter-group comparisons.

### RESULTS:

The healthcare professionals participating in the study were predominantly female (73.3%), between the ages of 18-25 (37.9%), and had associate and undergraduate education levels (57.9%). A new Organizational Scale was created as part of this study. As a result of the analysis made with the structural equation model, the effect of organizational communication on organizational trust was found to be 0.76. The direct effect of organizational health on organizational trust is 0.93; The mediating role of organizational communication climate between organizational communication and organizational trust is 0.62. The mediating role of organizational communication between organizational health and organizational trust is 0.60, and the mediating role of organizational communication climate among the same variables is 0.24.

### CONCLUSION:

As a result of the structural equation modeling, the effect of organizational communication on organizational trust was found to be 0,76. The direct effect of organizational health on organizational trust was 0,93. The mediating role of organizational communication climate between organizational communication and organizational trust was 0,62. The

mediating role of organizational communication between organizational health and organizational trust was 0,60. The mediating role of organizational communication climate between organizational health and organizational trust was 0.24.

## KEYWORDS

Organizational communication, organizational health perception, and organizational trust

## INTRODUCTION

---

The first evidence regarding scientific studies on organizational communication can be traced back to the Hawthorne Studies, which emphasized the importance of communication between employees and employee behavior and led to the emergence of the "Behavioral Approach". [1]. Organizational communication is the process that connects employees, communicates with the institution and the environment, and ensures the formation and continuity of the institution [2]. According to Elmas (2017), when the scope and pace of communication are put into practice in the professional business environment, this situation is defined as 'organizational communication' [3].

Regarding organizational communication, Redding (1979) draws attention to two issues [4]. One of these is about the spread of good news upwards and the spread of bad news downwards. The second element is that the manager's being an empathetic listener and supporter increases employees' satisfaction with their jobs and makes them more productive. It should not be ignored that intra-organizational communication processes are built on the organizational structure. According to Jablin and Putnam (1990), organizational communication is structured on one of three traditional understandings (positional, relational, and cultural) [5]. It is emphasized that organizational communication should be addressed from different aspects. The first of these is related to revealing the institutions with which the organizations are related. The second element is about creating an institutional perspective and structuring the process with a historical approach. Utilizing comparative research and evaluating levels and units of analysis are other complementary elements [6]. Studies on organizational communication are generally categorized as up, down, lateral, formal, and informal. However, research goes beyond these categories and also provides insight into organizational structure. These studies also reify and elaborate the communication processes within the organization [1]. It is emphasized that organizational communication can be built on trust [7]. It's believed that communication and trust can be particularly strong in healthcare institutions. Because healthcare is a service built on communication and trust, communication and trust between employees are also crucial.

Trust is not only a calculation made to avoid risk, but also a part of the process of adaptation to people and society [8]. Organizational trust is the trust created by employees within the organization and is the positive expectation and goodwill of employees based on experiences and communication [9]. It is stated that people who trust their organizations believe that their interests are linked to success. It is also stated that trust in the groups affiliated with the organization brings success, while lack of trust can cause various problems [10]. Findings have been found that employee-perceived trust is moderately related to organizational mindset and collaboration, and highly related to organizational culture, integrity/ethical behavior, and innovation. It is also seen that there is evidence that the factor that most positively affects organizational trust is organizational culture [11]. There is various evidence in the literature about the relationship between the concept of organizational trust, which is considered as 'employees' belief in their managers, and that organizational activities will benefit employees', with the mentioned variables [12]. There is also evidence in the literature that ethical climate has an impact on organizational trust. It is seen in the literature that there are findings that ethical climate has a positive effect on employee speech. The same study also showed that organizational trust has a mediating effect between ethical climate and employee voice [13]. It is becoming increasingly important to evaluate ethical approaches and trust in healthcare institutions in terms of their impact on patients. It is important to remember that these concepts are among the fundamental medical principles.

According to the World Health Organization (WHO), health is 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.' Health is a very important issue and is not limited to human health. The concept of health is also used to express very different situations, and one of these concepts is 'organizational health'. Organizational health has been explained as 'an organization that not only maintains its existence within its environmental conditions but also continuously improves its basic capabilities and life in the long term' [14]. While the financial strength of the organization can be an indicator of its health, the effort to achieve short-term goals or create change has also been considered an indicator of organizational health [14]. It is stated in the literature that organizational health should be built on organizational trust [7]. Organizational health is an issue that the manager should address as a priority and within the innovation approach. Because organizational health provides many advantages for the organization and is a process that needs to be constantly improved. Organizational health covers the issues of conducting meaningful and rational research to improve the organization, developing the organization as a living, working, and learning area, and reducing day-to-day approaches [14]. It is important for the institutions established to provide health services to be healthy organizations in order to provide the service in a timely and accurate manner.

It is known that organizations that strive to maintain their continuity due to competitive conditions today must value people first. It is possible to say that these concepts have become more important, especially when it comes to health organizations. The reason for this is that the organization consists of more than one unit, directly or indirectly, and each unit consists of individuals with different goals and ideas. These different goals and ideas affect the organization in various ways. Establishing open communication between units has an impact on the efficiency of the organization and also has the potential to continue its development. Organizational communication becomes more important, especially in institutions such as hospitals, where a lack of communication can cause significant negative consequences. In addition, hospitals, as health institutions that undertake the duty and responsibility of providing health services, are expected to be healthy organizations. Creating a culture of trust in institutions where health services based on trust are provided is also considered to be a very important element. Based on the evidence that organizational communication and communication climate will affect organizational trust and organizational health variables, it is believed that this study, which has the stated purpose, will make a meaningful contribution to the literature.

## METHODOLOGY

The scope of the research, population and sample, data collection tools used in the research, data analysis methods and techniques, and research hypotheses will be discussed separately in this section.

### SCOPE OF THE RESEARCH, POPULATION, AND SAMPLE

The research was conducted with employees working on four campuses of a foundation university hospital chain in Istanbul and with the Ethics Committee decision numbered 125, E-10840098-772.02-6710. It was carried out by the decision of Istanbul Medipol University Non-invasive Clinical Research Ethics Committee. All national and international ethical principles were complied with during the research process.

The total number of employees in the hospitals is 360 people, 105 people work in Hospital A, 70 people work in Hospital B, 115 people work in Hospital C and 70 people work in Hospital D. 85 people from Hospital A, 51 people from Hospital B, 100 people from Hospital C, and 49 people from Hospital D were included in the study. In the study conducted by survey method, the sample consists of 285 employees. 79% of the universe has been reached. A total of 305 people participated in the research, and 20 people's answers that were filled in incorrectly or incompletely were not included in the research. The answers of 285 people were taken into account and included in the research. The study was carried out in February-March 2022. The research was carried out with the participation of doctors, nurses, midwives, physiotherapists, technicians, dentist assistant personnel, cleaning personnel, security, administrative affairs, and other unit employees who are actively involved in health institutions.

$$n = \frac{Nt^2\sigma^2}{d^2(N-1) + t^2\sigma^2} = \frac{360 * 1,645^2 * 0,43343^2}{0,05^2(360 - 1) + 1,645^2 * 0,43343^2} = 130,1 \sim 130$$

When the required sample size for the study was calculated with 95% reliability and 5% margin of error, it was determined that the minimum sample size was 130. Since 285 participants were reached in this study, it can be said that the results can be generalized for the research population.

## DATA COLLECTION TOOLS USED IN THE RESEARCH

A survey form was used as the data collection tool used in the research. The survey form consists of four parts. In the first part, nine questions aim to determine age, gender, profession, education level, marital status, unit of employment, professional experience, length of time working in the institution, and average monthly income. The Organizational Trust Scale was developed by adding items from the studies of Aydın (2019), Ersan (2018), and Çalışkan (2021) [18,19,20]. The Organizational Health Scale was used by taking statements from Gül's (2018) study [21]. The reliability values (Cronbach's alpha) of the scales taken from the literature are as follows; Organizational Communication Scale, Kalkın (2009) reliability value is 0.89 [15]. Elmas (2017) reliability value is 0.74 [3]. Eyyüpoğlu (2017) reliability value is 0.92 [16]. Kayasandık (2019) reliability value is 0.80-0.94 [17]. Organizational Trust Scale, Aydın (2019) reliability value is 0.90. Ersan (2018) reliability value is 0.95 [18,19]. Çalışkan (2021) reliability value is 0.90 [20]. Organizational Health Scale, Gül (2018) reliability value is 0.96 [21]. In this study, the researcher added two statements to contribute to Organizational Communication Scale development process. There are 29 questions in the second part (Organizational Communication Scale), 37 questions in the third part (Organizational Trust Scale), and 26 questions in the fourth part (Organizational Health Scale). A 5-point Likert Scale (1: False, 5: True) was used for the participants to evaluate the scales.

## DEVELOPMENT OF AN ORGANIZATIONAL COMMUNICATION SCALE

The Organizational Communication Scale and was used by taking items from the studies of Kalkın (2009), Elmas (2017), Eyyüpoğlu (2017) and Kayasandık (2019) [3;15,16,17]. The scale used in Elmas's (2017) study for the organizational communication variable was adopted, and statements from other studies were added. Organizational communication is addressed in different dimensions using scales employed in existing research, and due to the large number of items, the addition of statements was preferred. The added statements were either directly taken from studies or created by drawing inspiration from them. The suitability of the added and newly created statements was then evaluated by obtaining expert opinions. Subsequently, a pilot study was conducted with 30 participants, and the statements were found to be understandable. The statements taken from and added to the research, as well as those created by drawing inspiration, are presented below:

### Items Obtained Directly

My manager listens to me and takes my opinions into consideration (Kayasandık, 2019).

Communication with employees at the same level as me is complete and free (Kayasandık, 2019).

Employees are encouraged to express their opinions (Kalkın, 2009).

Employees receive a quick response when they want to obtain information on a subject (Kalkın, 2009).

### Items Formed

Employees in different units of our hospital can work together (Kayasandık, 2019).

There are sufficient information exchange and coordination among all units in our hospital (Eyyüpoğlu, 2017; and Kayasandık 2019).

Announcements are made on time and accurately at the hospital where I work (Kalkın, 2009; Eyyüpoğlu 2017).

Announcements are made on time and accurately at the hospital where I work (Eyyüpoğlu, 2017).

There is widespread and effective communication among all units in our hospital (Eyyüpoğlu, 2017).

In our institution, which is part of the health system, all units work in cooperation (Eyyüpoğlu, 2017).

Researchers also contributed to the statements inspired by the aforementioned scales, and expert opinions were obtained. This approach stemmed from the lack of a unique scale study for organizational communication in the healthcare field. The aim was to strengthen the scale development process by supporting it with subsequent studies.

## DATA ANALYSIS METHODS AND TECHNIQUES

Within the scope of the research, the data obtained from the survey form was analyzed using IBM SPSS 25.0 and AMOS 25.0 package programs. In addition to descriptive statistics, the statistical analyses performed include explanatory and confirmatory factor and reliability analyses, normal distribution tests, correlation and regression analyses, and t-test and variance analyses for comparisons between groups. In comparisons between groups, the method of analysis was decided by taking into account the kurtosis and skewness values ( $-2 < X < 2$ ). Factor analysis was performed using the Varimax Rotation Technique, and the principal component method was used to create the dimensions. Statements with factor loadings below 0.5 were removed from the analysis. In addition, unstable expressions that had loads under more than one dimension with a difference of less than 0.1 were also removed from the analysis. Care was taken to include at least two statements under each dimension. When performing correlation analyses, values of 0.4 and below were considered low, values between 0.4-0.7 were considered medium, and values above 0.7 were considered high [22].

## RESEARCH HYPOTHESES

**H1:** Health worker's perception of organizational communication affects organizational trust.

**H2:** Organizational health affects the healthcare worker's perception of organizational trust.

**H3:** Health workers' perception of organizational communication climate affects organizational trust.

**H4:** Organizational health has a mediating role between organizational communication and organizational trust.

**H5:** Organizational health has a mediating role between organizational communication climate and organizational trust.

**H6:** Organizational communication has a mediating role between organizational communication climate and organizational trust.

## RESULTS

Findings regarding the socio-demographic characteristics, percentage, and frequency information of the 285 healthcare professionals participating in the study are given in Table 1. 73.3% of the healthcare workers participating in the study are women, 37.9% are between the ages of 18-25, and 61.4% are single. The education level of 19.3% is high school or below, 57.9% have an associate degree or bachelor's degree, and 22.8% have a master's degree or doctorate level. 38.6% of the healthcare professionals participating in the study have professional experience between 1 and 5 years, and 44.2% of them have worked at the institution where the study was conducted between 1 and 5 years (Table 1).

Although the dimensions were not specified because factor analysis was not performed in two of the studies from which the Organizational Communication Scale was taken, Elmas (2017) addressed organizational communication in two sub-dimensions, and Kayasandik (2019) in five sub-dimensions [3,17]. In this study, as a result of the factor analysis of the Organizational Communication Scale, three dimensions were formed. The total reliability value of the Organizational Communication Scale is 81% and its variance is 55.2%.

**TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS**

	n	%		n	%
<b>Age</b>			<b>Gender</b>		
18-25 years old	108	37.9	Woman	209	73.3
26-35 years old	103	36.1	Male	76	26.7
>36 years old	74	26.0			
<b>Marital Status</b>			<b>Educational Status</b>		
Married	110	38.6	High School and Below	55	19.3
Single	175	61.4	Associate's degree/Bachelors degree	165	57.9
			Master's/Ph.D.	65	22.8
<b>Job</b>			<b>Unit Name</b>		
Doctor	43	15.1	Emergency Department/Polyclinic	47	16.5

Nurse/Midwife/Physiotherapist	25	8.8	External	118	41.4
Technician/Technician	35	12.3	Clinic/Service/Clinical support services (Laboratory/Radiology)	31	10.9
Cleaning/Security Worker	34	11.9	Cleaning/Security Services	30	10.5
Dentist Assistant Staff	48	16.8	Administrative Affairs	35	12.3
Administrative Affairs	72	25.3	Other (Information technology service, technical support service, psychologist, dietitian, etc.)	24	8.4
Other (IT, Technical service, Psychologist, Dietitian, etc.)	28	9.8			
<b>Professional Experience</b>			<b>Working Time in the Institution</b>		
<1 year	37	13.0	<1 year	55	19.3
1-5 years	110	38.6	1-5 years	126	44.2
5-10 years	62	21.8	5-10 years	63	22.1
10 years>	76	26.7	10 years>	41	14.4
<b>Average Monthly Income</b>					
<4.500 TL	123	43.2			
4.501-9.000 TL	100	35.1			
>9.000 TL	62	21.8			

Aydin (2019) and Ersan (2018) evaluated the Organizational Trust Scale in three sub-dimensions. Because this study was a new scale development effort, the factor analysis resulted in a significant number of excluded statements. To prevent data loss, factor analysis was conducted again for the excluded statements, and consistent results were obtained. The statements grouped under a single factor were found to represent organizational communication climate. Therefore, these statements were evaluated as organizational communication climate and used as a measurement tool. In this study as a result of factor analysis of the Organizational Trust Scale, it was reduced to three dimensions [18,19]. The total reliability value of the Organizational Trust Scale is 98% and its variance is 72.3%.

It is seen that the Organizational Health Scale was evaluated in one dimension by Gül (2018) [21]. In this study as a result of factor analysis, three dimensions were formed in the Organizational Health Scale. The total reliability value of the Organizational Health Scale is 92% and its variance is 67.3%.

As a result of factor analysis, a single dimension was formed in the Organizational Communication Climate Measuring Tool. The total reliability value of the Organizational Communication Climate is 91% and its variance is 56.7%. Organizational Communication Measuring Tool was evaluated as a single-factor measurement tool that emerged by re-factor analysis for the statements obtained as a result of the factor analysis conducted for the Organizational Communication Climate Measuring Tool used within the scope of the study, and since this measurement tool has not been used before, comparison with previous studies cannot be made. Dimensions, reliability, variance, and mean and standard deviation values of all scales and their sub-dimensions are presented in Table 2.

**TABLE 2: DIMENSIONS OF THE SCALES AND RELIABILITY MEAN AND STANDARD DEVIATION VALUES**

Scale Name	Dimension Name	Variance	Reliability	$\bar{X}(\sigma)$
Organizational Communication Scale	Organizational Communication	30.9	0.88	2.05 (0.83)
	Communication with Superiors	12.4	0.63	2.52 (1.08)
	Communication Barriers	11.8	0.62	3.02 (1.19)
Organizational Trust Scale	Trust the Manager	29.5	0.97	1.96 (0.87)
	Trust Your Colleagues	21.5	0.96	2.01 (0.91)
	Trust in the Organization	21.3	0.96	2.30 (0.96)
Organizational Health Scale	Organizational Integrity	28.0	0.93	2.13 (0.84)
	Resource Support	22.2	0.92	2.60 (1.06)
	Morale	17.2	0.89	2.73 (1.05)
Organizational Communication Climate	Organizational Communication Climate	56.8	0.91	2.21 (0.91)

As a result of the correlation analysis, it is seen that the scale total scores generally have a medium and high correlation with their sub-dimensions. It is seen that it only has a low level of correlation with the communication with superiors dimension, one of the sub-dimensions of the Organizational Communication Scale, and does not correlate with the communication barriers dimension. Some scale total scores show high correlations with sub-dimensions of other scales. It is noteworthy that especially the organizational trust sub-dimensions show a high level of correlation with the organizational communication total score and other sub-dimensions of the scale. The total dimension of the Organizational Communication Climate Scale and the total dimension of the Organizational Communication Measuring Tool show a high correlation of  $r = 0,72$  (Table 3).

The differentiation in the scale total scores and factors according to groups is shown in bold in Table 4, and the test values are presented below the table with numbers corresponding to exponents. Whether demographic variables create a significant difference in terms of research variables can be analyzed for all variables. The table of significant differences seen as a result of the analysis is expressed in exponent numbers and details about the test values are stated opposite the numbers at the bottom of the table. The table also includes the arithmetic mean and standard deviation values of the research variables and their sub-dimensions according to demographic variables. It is seen that the most significant difference between the groups is in the occupation variable (Table 4).

When the model in Figure 1 is examined, it is seen that the effects of the independent variables on the dependent variable are at medium and high levels. It is also seen that organizational communication climate mediates the effect of both organizational communication and organizational health on organizational trust. Model fit values based on the structural equation model are presented in the table above. The fit values of the model created according to the structural equation model show that the established model is acceptable [23].

**TABLE 5: THE EFFECT OF ORGANIZATIONAL COMMUNICATION AND ORGANIZATIONAL HEALTH ON ORGANIZATIONAL TRUST MODEL FIT VALUES**

Model	$\chi^2$	df	$\chi^2/df$	p	NFI	CFI	RMSEA	PCLOSE
			( $\leq 5$ )	(<0.05)	( $\geq 0.90$ )	( $\geq 0.95$ )	( $\leq 0.08$ )	(>0.05)
<b>SEM</b>	96,846	29	3.34	<0.001	0.96	0.97	0.091	0.001
SEM: Structural Equation model								

TABLE 3: CORRELATIONS OF DEMOGRAPHIC VARIABLES AND RESEARCH VARIABLES

	1.Age	2.Educational Status	3.Average Monthly Income	4.OCS Organizational	5.OCS Communication	6.OCS Communication	7.Organizational Communication	8.OTS Trust in Manager	9.OTS Trust Your Colleagues	10.OTS Trust in the Organization	11.Organizational Trust Scale	12.OHS Organizational	13.OHS Resource Support	14.OHS Morale	15.Organizational Health Scale
2	0,056														
3	<b>0,479</b> ***	<b>0,601</b> ***													
4	-0,038	-0,132	-0,021												
5	-0,067	0,072	0,052	<b>0,249</b> ***											
6	-0,135	-0,022	-0,171	0,101	<b>0,308</b> ***										
7	-0,095	-0,092	-0,065	<b>0,872</b> ***	<b>0,554</b> ***	<b>0,518</b> ***									
8	0,002	-0,06	0,063	<b>0,762</b> ***	<b>0,226</b> ***	<b>0,163</b> **	<b>0,705</b> ***								
9	<b>0,127</b> *	0,107	<b>0,181</b> **	<b>0,551</b> ***	<b>0,166</b> **	-0,005	<b>0,466</b> ***	<b>0,592</b> ***							
10	0,073	-0,057	0,059	<b>0,725</b> ***	<b>0,184</b> **	0,032	<b>0,618</b> ***	<b>0,793</b> ***	<b>0,665</b> ***						
11	0,064	-0,017	0,103	<b>0,777</b> ***	<b>0,219</b> ***	0,084	<b>0,686</b> ***	<b>0,921</b> ***	<b>0,807</b> ***	<b>0,929</b> ***					
12	0,024	-0,122	0,01	<b>0,749</b> ***	<b>0,235</b> ***	<b>0,118</b> *	<b>0,681</b> ***	<b>0,787</b> ***	<b>0,625</b> ***	<b>0,827</b> ***	<b>0,849</b> ***				
13	0,104	-0,153	0,027	<b>0,574</b> ***	<b>0,149</b> *	0,006	<b>0,483</b> ***	<b>0,633</b> ***	<b>0,476</b> ***	<b>0,777</b> ***	<b>0,718</b> ***	<b>0,778</b> ***			
14	0,090	-0,156	0,032	<b>0,516</b> ***	0,098	0,088	<b>0,456</b> ***	<b>0,575</b> ***	<b>0,436</b> ***	<b>0,664</b> ***	<b>0,637</b> ***	<b>0,712</b> ***	<b>0,704</b> ***		
15	0,072	-0,154	0,023	<b>0,699</b> ***	<b>0,192</b> **	0,081	<b>0,618</b> ***	<b>0,753</b> ***	<b>0,584</b> ***	<b>0,848</b> ***	<b>0,83</b> ***	<b>0,944</b> ***	<b>0,915</b> ***	<b>0,849</b> ***	
16	0,006	-0,104	-0,021	<b>0,862</b> ***	<b>0,21</b> ***	0,027	<b>0,729</b> ***	<b>0,775</b> ***	<b>0,598</b> ***	<b>0,784</b> ***	<b>0,819</b> ***	<b>0,776</b> ***	<b>0,615</b> ***	<b>0,556</b> ***	<b>0,737</b> ***

OCS: Organizational Communication Scale OTS: Organizational Trust Scale OHS: Organizational Health Scale, OCCS: Organizational Communication Climate (16)

\*:p < 0,05; \*\*:p < 0,01; \*\*\*:p < 0,001

TABLE 4: MEAN AND STANDARD DEVIATION VALUES OF SCALES AND SUB-DIMENSIONS ACCORDING TO DEMOGRAPHIC VARIABLES

		OCS Organizational Communication		OCS Communication with Superiors		OCS Communication Barriers		Organizational Communication Scale		OTS Trust in Manager		OTS Trust Your Colleagues		OTS Trust in the Organization		Organizational Trust Scale		OHS Organizational Integrity		OHS Resource Support		OHS Morale		Organizational Health Scale		Organizational Communication Climate	
		X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ	X	σ
Gender	Woman	3,94	0,57	3,51	0,90	<b>3,1</b> <sup>1</sup>	0,87	3,72	0,50	4,03	0,76	3,96	0,72	3,65	0,81	3,89	0,68	3,84	0,66	3,37	0,91	3,26	0,94	3,59	0,72	3,78	0,67
	Male	3,99	0,58	3,39	0,99	<b>2,83</b> <sup>1</sup>	0,94	3,68	0,48	4,09	0,68	4,10	0,70	3,84	0,77	4,01	0,64	3,97	0,61	3,52	0,84	3,31	0,86	3,72	0,65	3,83	0,72
Age	18-25 years old	3,98	0,52	3,55	0,96	3,19	0,77	3,77	0,46	4,03	0,68	3,88	0,68	3,62	0,67	3,86	0,59	3,86	0,55	3,29	0,89	3,22	0,95	3,58	0,65	3,80	0,61
	26-35 years old	3,95	0,62	3,46	0,82	2,94	1,01	3,68	0,51	4,08	0,82	4,04	0,75	3,72	0,97	3,95	0,78	3,86	0,78	3,47	0,99	3,21	0,96	3,62	0,82	3,77	0,77
	>36 years old	3,93	0,58	3,40	1,00	2,90	0,88	3,65	0,52	4,02	0,72	4,11	0,70	3,77	0,72	3,96	0,63	3,91	0,58	3,51	0,73	3,45	0,79	3,71	0,60	3,81	0,66
Marital Status	Married	3,96	0,55	3,44	0,91	2,95	0,95	3,69	0,48	4,08	0,73	4,05	0,71	3,80	0,74	3,98	0,64	3,91	0,62	3,48	0,88	3,38	0,85	3,68	0,67	3,86	0,67
	Single	3,95	0,58	3,50	0,93	3,07	0,86	3,71	0,50	4,02	0,75	3,96	0,72	3,64	0,83	3,88	0,69	3,85	0,67	3,37	0,90	3,21	0,96	3,59	0,72	3,75	0,69
Job	Doctor	<b>3,77</b> <sup>2</sup>	0,70	3,57	0,95	<b>2,61</b> <sup>4</sup>	0,98	<b>3,51</b> <sup>5</sup>	0,54	<b>3,99</b> <sup>9,10</sup>	0,76	4,37	0,64	3,76	0,96	4,02	0,71	3,81	0,76	3,41	0,99	3,13	0,93	3,57	0,81	3,69	0,83
	Nurse/Physiother	3,88	0,59	3,36	0,91	3,24	0,96	3,69	0,63	4,00	1,00	3,93	0,86	3,58	0,96	3,85	0,86	3,71	0,86	3,29	0,94	3,27	1,00	3,50	0,86	3,64	0,71
	Tech.	3,92	0,59	3,33	0,88	3,03	0,73	3,66	0,44	3,99	0,69	4,00	0,85	3,61	0,77	3,87	0,66	3,81	0,56	<b>3,22</b> <sup>13,14</sup>	0,74	3,07	0,79	3,50	0,56	3,68	0,70
	Clean/Secu Per	4,04	0,48	3,41	0,89	2,80	0,92	3,71	0,36	4,17	0,66	3,92	0,73	3,91	0,62	4,02	0,61	4,06	0,52	<b>3,83</b> <sup>13</sup>	0,70	<b>3,68</b> <sup>15</sup>	0,75	<b>3,92</b> <sup>17</sup>	0,55	3,92	0,58
	Dentist	<b>3,86</b> <sup>3</sup>	0,51	3,46	0,87	3,13	0,87	<b>3,66</b> <sup>6</sup>	0,45	<b>3,81</b> <sup>8,9</sup>	0,67	3,68	0,69	3,47	0,82	<b>3,67</b> <sup>11</sup>	0,66	<b>3,64</b> <sup>12</sup>	0,63	<b>2,97</b> <sup>14</sup>	1,05	<b>2,90</b> <sup>15,16</sup>	0,87	<b>3,31</b> <sup>17,18</sup>	0,72	<b>3,64</b> <sup>19</sup>	0,62
	Administrative	<b>4,17</b> <sup>2,3</sup>	0,54	3,66	0,92	<b>3,31</b> <sup>4</sup>	0,88	<b>3,93</b> <sup>5,6,7</sup>	0,47	<b>4,3</b> <sup>8</sup>	0,66	4,10	0,58	3,84	0,67	<b>4,10</b> <sup>11</sup>	0,56	<b>4,07</b> <sup>12</sup>	0,54	3,58	0,75	<b>3,52</b> <sup>16</sup>	0,86	<b>3,82</b> <sup>18</sup>	0,58	<b>4,05</b> <sup>19</sup>	0,62
	Other	3,83	0,47	3,27	1,04	2,82	0,64	<b>3,55</b> <sup>7</sup>	0,44	<b>3,83</b> <sup>10</sup>	0,76	3,86	0,63	3,57	0,82	3,75	0,70	3,84	0,63	3,58	0,83	3,24	1,10	3,65	0,73	3,66	0,59
Professional Experience	<1 year	3,97	0,47	3,54	0,91	3,28	0,70	3,78	0,42	4,10	0,62	4,00	0,53	3,80	0,64	3,98	0,55	3,97	0,48	3,54	0,82	3,45	0,92	3,75	0,60	3,85	0,57
	1-5 years	4,02	0,53	3,47	0,95	3,00	0,86	3,75	0,44	4,08	0,69	3,91	0,72	3,63	0,74	3,89	0,61	3,84	0,60	3,25	0,90	3,12	0,93	3,54	0,67	3,81	0,63
	5-10 years	3,83	0,58	3,38	0,79	2,75	0,91	3,56	0,46	3,90	0,81	3,91	0,76	3,61	0,96	3,81	0,78	3,79	0,77	3,55	0,97	3,25	0,91	3,61	0,81	3,68	0,73
10 years>	3,94	0,65	3,54	0,99	3,15	0,97	3,73	0,60	4,08	0,80	4,19	0,73	3,82	0,81	4,02	0,72	3,93	0,67	3,47	0,83	3,44	0,88	3,71	0,70	3,83	0,76	
Working Time in the Institution	<1 year	3,96	0,45	3,45	0,96	3,19	0,75	3,74	0,41	4,12	0,62	3,98	0,55	3,80	0,62	3,98	0,53	3,95	0,52	3,50	0,88	3,49	0,90	3,73	0,64	3,81	0,58
	1-5 years	4,00	0,60	3,44	0,98	2,90	0,92	3,70	0,49	4,06	0,74	3,92	0,76	3,63	0,87	3,88	0,70	3,86	0,68	3,33	0,94	3,16	0,93	3,58	0,72	3,81	0,69
	5-10 years	3,87	0,57	3,57	0,73	3,07	0,94	3,67	0,48	3,94	0,83	4,01	0,77	3,69	0,85	3,88	0,77	3,81	0,70	3,53	0,85	3,24	0,93	3,62	0,75	3,76	0,73
10 years>	3,94	0,65	3,49	0,97	3,09	0,92	3,71	0,62	4,04	0,76	4,24	0,66	3,80	0,72	4,01	0,63	3,89	0,63	3,35	0,83	3,38	0,83	3,64	0,66	3,77	0,73	
Unit of Study	Emergency/Polycl	3,89	0,62	3,40	0,96	2,92	0,84	<b>3,63</b> <sup>21</sup>	0,48	4,04	0,80	3,92	0,72	3,58	0,90	3,86	0,73	3,77	0,68	3,39	0,92	3,18	0,94	3,55	0,74	3,67	0,75
	External	<b>3,86</b> <sup>20</sup>	0,58	3,57	0,89	3,00	0,91	<b>3,65</b> <sup>22</sup>	0,48	<b>3,90</b> <sup>23</sup>	0,72	3,94	0,78	3,63	0,85	3,82	0,70	3,78	0,67	3,29	0,98	<b>3,00</b> <sup>24,25</sup>	0,92	<b>3,49</b> <sup>26,27</sup>	0,74	3,69	0,70
	Clinic/Service	4,02	0,55	3,16	0,97	3,13	0,93	3,73	0,49	4,25	0,63	4,31	0,56	3,82	0,71	4,13	0,52	3,91	0,54	3,24	0,84	3,37	0,83	3,62	0,61	3,96	0,62
	Clean/Security,	4,02	0,47	3,30	0,88	2,80	0,90	3,68	0,38	4,11	0,67	3,82	0,69	3,86	0,59	3,95	0,60	4,04	0,51	3,76	0,69	<b>3,73</b> <sup>24</sup>	0,77	<b>3,90</b> <sup>26</sup>	0,54	3,89	0,57
	Administrative	<b>4,24</b> <sup>20</sup>	0,58	3,79	0,73	3,36	0,90	<b>4,00</b> <sup>21,22</sup>	0,55	<b>4,36</b> <sup>23</sup>	0,70	4,18	0,61	3,87	0,64	4,15	0,60	4,12	0,59	3,62	0,71	<b>3,66</b> <sup>25</sup>	0,77	<b>3,89</b> <sup>27</sup>	0,56	4,05	0,67
	Other	3,98	0,47	3,35	1,12	2,99	0,85	3,69	0,50	4,00	0,84	3,97	0,57	3,64	0,84	3,87	0,71	3,90	0,74	3,53	0,82	3,54	0,89	3,73	0,75	3,76	0,56
	<High School	4,06	0,52	3,38	0,93	2,85	0,91	3,73	0,42	4,12	0,65	4,01	0,68	3,89	0,67	4,02	0,61	<b>4,07</b> <sup>30</sup>	0,56	<b>3,80</b> <sup>31,32</sup>	0,75	<b>3,68</b> <sup>33,34</sup>	0,79	<b>3,92</b> <sup>35,36</sup>	0,60	3,92	0,63

Education al Status	Assoc/Undergra	3,97	0,53	3,47	0,91	<b>3,16</b> <sup>28</sup>	0,81	3,74	0,46	4,04	0,69	<b>3,90</b> <sup>29</sup>	0,67	3,62	0,74	3,87	0,63	<b>3,83</b> <sup>30</sup>	0,58	<b>3,30</b> <sup>31</sup>	0,86	<b>3,16</b> <sup>33</sup>	0,91	<b>3,55</b> <sup>35</sup>	0,64	3,78	0,62
	Master's/Ph,D,	3,83	0,70	3,58	0,95	<b>2,83</b> <sup>28</sup>	1,03	3,59	0,62	3,99	0,92	<b>4,23</b> <sup>29</sup>	0,80	3,73	1,00	3,97	0,82	3,82	0,84	<b>3,35</b> <sup>32</sup>	1,01	<b>3,21</b> <sup>34</sup>	0,96	<b>3,57</b> <sup>36</sup>	0,86	3,70	0,84
Average Monthly Income	<4,500 TL	3,93	0,50	3,45	0,95	<b>3,17</b> <sup>37</sup>	0,78	3,71	0,45	3,96	0,68	<b>3,87</b> <sup>38</sup>	0,68	3,62	0,75	3,82	0,62	3,82	0,56	<b>3,31</b> <sup>39</sup>	0,90	3,20	0,93	<b>3,55</b> <sup>40</sup>	0,66	3,76	0,58
	4,501-9,000TL	4,05	0,54	3,44	0,85	3,02	0,94	3,76	0,45	4,16	0,67	4,03	0,71	3,77	0,72	4,00	0,63	3,99	0,57	<b>3,6</b> <sup>39</sup>	0,76	3,39	0,82	<b>3,77</b> <sup>40</sup>	0,59	3,89	0,66
	>9,000 TL	3,85	0,73	3,60	0,97	<b>2,76</b> <sup>37</sup>	0,99	3,60	0,62	4,04	0,93	<b>4,20</b> <sup>38</sup>	0,74	3,72	1,00	3,98	0,82	3,78	0,87	3,30	1,04	3,23	1,03	3,54	0,90	3,68	0,88
Hospitals	Hospital A	4,01	0,58	3,44	0,92	2,85	0,96	3,70	0,50	4,08	0,76	3,97	0,80	3,72	0,88	3,93	0,75	3,86	0,69	3,43	1,04	3,20	0,92	3,61	0,75	3,90	0,70
	Hospital B	3,99	0,63	3,41	1,10	2,92	0,92	3,70	0,53	4,08	0,92	4,02	0,74	3,70	0,90	3,94	0,81	3,86	0,76	3,50	0,94	3,32	0,94	3,65	0,79	3,76	0,76
	C Hospital	3,85	0,58	3,55	0,82	3,13	0,84	3,67	0,51	3,93	0,69	3,99	0,69	3,64	0,75	3,85	0,61	3,86	0,61	3,35	0,83	3,21	0,96	3,59	0,68	3,68	0,66
	D Hospital	4,04	0,46	3,47	0,94	3,21	0,82	3,80	0,42	4,18	0,57	4,03	0,60	3,78	0,63	4,01	0,50	3,94	0,53	3,43	0,69	3,48	0,78	3,70	0,56	3,85	0,57

\*OCS: Organizational Communication Scale; OTS: Organizational Trust Scale; OHS: Organizational Health Scale, Other: Psychologist, Dietician, Information Technology Services, Technical Services

1:  $t = 2.24$ ;  $SH = 0,12$ ;  $p = 0,026$ , 2:  $F_{(6,278)} = 3,23$ ;  $SH = 0,11$ ;  $p = 0,005$  ( Tukey ), 3:  $F_{(6,278)} = 3,23$ ;  $SH = 0,10$ ;  $p = 0,048$  ( Tukey ), 4:  $F_{(6,278)} = 3,85$ ;  $SH = 0,17$ ;  $p = 0,001$  ( Tukey ), 5:  $F_{(6,278)} = 4,43$ ;  $SH = 0,91$ ;  $p < 0,001$  ( Tukey ), 6:  $F_{(6,278)} = 4,43$ ;  $SH = 0,89$ ;  $p = 0,042$  ( Tukey ), 7:  $F_{(6,278)} = 4,43$ ;  $SH = 0,11$ ;  $p = 0,008$  ( Tukey ), 8:  $F_{(6,278)} = 2,99$ ;  $SH = 0,14$ ;  $p = 0,007$  ( Tukey ), 9:  $F_{(6,277)} = 4,30$ ;  $SH = 0,15$ ;  $p < 0,001$  ( Tukey ), 10:  $F_{(6,277)} = 4,30$ ;  $SH = 0,17$ ;  $p = 0,048$  ( Tukey ), 11:  $F_{(6,277)} = 2,69$ ;  $SH = 0,12$ ;  $p = 0,010$  ( Tukey ), 12:  $F_{(6,278)} = 3,16$ ;  $SH = 0,12$ ;  $p = 0,006$  ( Tukey ), 13:  $F_{(6,278)} = 4,46$ ;  $SH = 0,17$ ;  $p = 0,014$  ( Dunnett ), 14:  $F_{(6,278)} = 4,46$ ;  $SH = 0,19$ ;  $p = 0,001$  ( Dunnett ), 15:  $F_{(6,278)} = 4,04$ ;  $SH = 0,20$ ;  $p = 0,002$  ( Tukey ), 16:  $F_{(6,278)} = 4,04$ ;  $SH = 0,17$ ;  $p = 0,004$  ( Tukey ), 17:  $F_{(6,278)} = 4,28$ ;  $SH = 0,15$ ;  $p = 0,001$  ( Dunnett ), 18:  $F_{(6,278)} = 4,28$ ;  $SH = 0,13$ ;  $p = 0,001$  ( Dunnett ), 19:  $F_{(6,278)} = 3,17$ ;  $SH = 0,12$ ;  $p = 0,017$  ( Tukey ), 20:  $F_{(5,279)} = 2,71$ ;  $SH = 0,11$ ;  $p = 0,017$  ( Tukey ), 21:  $F_{(5,279)} = 3,20$ ;  $SH = 0,11$ ;  $p = 0,009$  ( Tukey ), 22:  $F_{(5,279)} = 3,20$ ;  $SH = 0,93$ ;  $p = 0,003$  ( Tukey ), 23:  $F_{(5,279)} = 2,80$ ;  $SH = 0,14$ ;  $p = 0,015$  ( Tukey ), 24:  $F_{(5,279)} = 5,83$ ;  $SH = 0,18$ ;  $p = 0,001$  ( Tukey ), 25:  $F_{(5,279)} = 5,83$ ;  $SH = 0,17$ ;  $p = 0,002$  ( Tukey ), 26:  $F_{(5,279)} = 3,10$ ;  $SH = 0,14$ ;  $p = 0,045$  ( Tukey ), 27:  $F_{(5,279)} = 3,10$ ;  $SH = 0,13$ ;  $p = 0,034$  ( Tukey ), 28:  $F_{(2,282)} = 4,60$ ;  $SH = 0,13$ ;  $p = 0,028$  ( Tukey ), 29:  $F_{(2,281)} = 5,00$ ;  $SH = 0,10$ ;  $p = 0,005$  ( Tukey ), 30:  $F_{(2,282)} = 3,40$ ;  $SH = 0,88$ ;  $p = 0,018$  ( Dunnett ), 31:  $F_{(2,282)} = 6,80$ ;  $SH = 0,14$ ;  $p = 0,001$  ( Tukey ), 32:  $F_{(2,282)} = 6,80$ ;  $SH = 0,16$ ;  $p = 0,016$  ( Tukey ), 33:  $F_{(2,282)} = 7,10$ ;  $SH = 0,14$ ;  $p = 0,001$  ( Tukey ), 34:  $F_{(2,282)} = 7,10$ ;  $SH = 0,16$ ;  $p = 0,013$  ( Tukey ), 35:  $F_{(2,282)} = 6,23$ ;  $SH = 0,11$ ;  $p = 0,002$  ( Tukey ), 36:  $F_{(2,282)} = 6,23$ ;  $SH = 0,13$ ;  $p = 0,016$  ( Tukey ), 37:  $F_{(2,282)} = 4,36$ ;  $SH = 0,14$ ;  $p = 0,010$  ( Dunnett ), 38:  $F_{(2,281)} = 4,73$ ;  $SH = 0,11$ ;  $p = 0,008$  ( Tukey ), 39:  $F_{(2,282)} = 3,58$ ;  $SH = 0,11$ ;  $p = 0,028$  ( Dunnett ), 40:  $F_{(2,282)} = 3,20$ ;  $SH = 0,84$ ;  $p = 0,034$  ( Dunnett ).



evaluated in terms of educational status, it is noteworthy that increasing education level negatively affects the perception of organizational health. The reason for this may be related to the fact that participants make a more critical evaluation as their education level increases.

There is evidence in the literature that organizational communication and trust positively affect organizational commitment [39,40]. It has been found that the approach that has the most impact on employees' trust in the institution they work for is empathic communication, and that using an empathetic language in the organizational communication process affects organizational trust by 53% [41]. According to the findings obtained in this study, it is seen that organizational communication affects organizational trust by 76%. It can be said that these findings are compatible with the findings obtained by Men et al. (2021). Zainab et al. (2022) showing that organizational trust has a mediating effect between organizational communication and openness to change can also be said to support the mediating effect in this study [10,41]. Findings from another study conducted with healthcare professionals show that transparency is positively related to trust. Increasing employees' perceptions of corporate transparency also increases their trust in the hospital. In the study, organizational trust is discussed with the sub-dimensions of competence, integrity and goodwill and transparency was evaluated with the sub-dimensions of participation, substantial information, accountability and confidentiality. Other findings from the same study revealed that employees find honesty and goodwill more important than competence. Employee participation, which occurs when employees develop attitudes towards sharing information they find important, is the strongest determinant of overall transparency [42]. The findings obtained in Rawlins's (2008) study coincide with the findings obtained in this study in that healthcare professionals found the concepts of communication and trust to be related [42].

Evidence that trust, leadership, and effective communication have a significant impact on organizational health supports the findings of this study. [43]. A meta-analysis study on organizational health literacy shows that communicating with clients is the concept most closely associated with organizational health literacy [44]. The findings reveal the importance of communication in the delivery of health services.

It should not be ignored that this situation will increase employee performance and service quality. It is thought that the high impact of organizational health and organizational communication on organizational trust are the most important findings obtained in this study and should be supported by other studies. However, studies in which research variables are handled with different variables also reveal that more studies should be conducted with these variables. For example, it is seen that organizational trust affects organizational commitment but has no effect on work engagement [39]. There is also evidence in the literature that organizational communication increases organizational commitment [40]. In addition, evidence has been found in the literature that organizational trust and communication have a positive effect on openness to change. It was also shown in the same study that organizational trust has a mediating effect between organizational communication and openness to change [10]. Therefore, evaluating organizational trust only in the context of organizational communication and organizational health will be limited. It is also thought that it is important to evaluate the relationship between the variables discussed in the research, especially organizational trust, and variables such as quality of working life and performance.

## CONCLUSION

The findings of this study indicate that organizational communication has a 76% impact on organizational trust, while organizational health has a 93% impact on organizational trust. Furthermore, organizational communication climate has a 62% mediating effect between organizational communication and organizational trust, and communication climate has a 24% mediating role between organizational health and organizational trust. In light of these findings, it can be recommended that healthcare managers undertake efforts to improve the communication climate to increase trust and communication. These interrelated variables, which have such a strong impact on each other, once again demonstrate the importance of communication and trust among healthcare professionals.

In the study, various findings were obtained through the structural equation model, in which correlation between variables, comparison between groups and organizational trust were evaluated as dependent variables and the effects of other variables were examined. It has been observed that studies in the literature are generally conducted outside the healthcare sector. In this respect, the dynamics of the health sector have been ignored. This study is unique from other studies in the literature because healthcare workers are taken into account as the sampling frame. For example, it is quite durable among those with under five years of experience. It suggests that the fact that the employees are predominantly young can give institutions a dynamic and innovative structure. Another unique aspect of the research is related to the limited number of studies conducted with the variables included in this research in the business literature. It is thought that this study is an original study because these variables include the concepts of health and trust, which are the basic elements in the service process for healthcare institutions.

Considering the evidence that organizational trust not only increases communication among employees but also increases positive behaviors such as organizational commitment, job satisfaction, performance, innovative behaviors and organizational citizenship behavior, it can be said that the research findings are within the framework of the literature [45]. The findings of this study support the evidence in the literature on the relationship between organizational trust and communication [46].

The findings obtained in this research show that organizational communication and organizational health greatly increase the employee's sense of organizational trust. In this context, it is thought that the employee's trust in the organization will reduce the intention to leave the job and increase the employee's commitment to the organization. It can be also said that the communication established by managers is very effective in the trust of employees in the organization. One of the factors that reduce organizational trust may be the negative emotions reflected by the manager. Especially during crisis periods (COVID-19), organizational communication and trust become more important. Organizational health is necessary for patient health, and maintaining organizational health depends on the optimization of communication processes [7].

When studies with similar findings are evaluated, it is thought that organizational trust should be addressed with different variables. This research represents a limited population and contains many limitations inherent in the research. One of these limitations is that the research was not supported by qualitative data. To reach generalizable results, more research is needed on the variables included in the study. In addition, it is recommended to conduct studies with other variables that may influence, be affected by, or interact with the research variables. The fact that the findings obtained are findings obtained in the health sector should be taken into consideration in studies to be conducted in different sectors. It is hoped that the study will contribute to the literature.

## References:

1. Weick K.E. & Browning L. D. Argument and narration in organizational communication. *Journal of Management* 1986; 12(2) 243-259.
2. Karcioğlu F. Timuroğlu K. & Çınar O. An application on the relationship between organizational communication and job satisfaction. *Journal of Management* 2009; 20(63) 59-76.
3. Elmas N. The Effect of Organizational Communication on Job Satisfaction and an Application (Masters Thesis Istanbul Commerce University) 2017.
4. Redding C. W. Organizational communication theory and ideology: An overview. *Annals of the International Communication Association* 1978; 3(1) 309-341.
5. Jablin F. M. & Putnam L. Organizational communication. *Human communication: Theory and research* 156-182 1990.
6. Lammers J. C. & Barbour J. B. An institutional theory of organizational communication. *Communication Theory* 2006; 16(3) 356-377.
7. Brittain A. C. & Carrington J. M. A concept analysis of organizational health and communication. *Nursing Administration Quarterly* 2019; 43(1) 68-75.
8. Kramer RM (ed.) *Organizational Trust: A Reader*. Oxford: Oxford University Press 2006.

9. İşcan Ö.M. Sayın.U . The relationship between organizational justice job satisfaction and organizational trust Atatürk University Journal of Economics and Administrative Sciences Volume: 2010; 24(4) 195-216.
10. Zainab B. Akbar W. & Siddiqui F. Impact of transformational leadership and transparent communication on employee openness to change: mediating role of employee organization trust and moderated role of change-related self-efficacy. *Leadership & Organization Development Journal* 2022; 43(1) 1-13.
11. Canning E. A. Murphy M. C. Emerson K. T. Chatman J. A. Dweck C. S. & Kray L. J. Cultures of genius at work: Organizational mindsets predict cultural norms trust and commitment. *Personality and Social Psychology Bulletin* 2020; 46(4) 626-642.
12. Laschinger H.S. Finegan J. & Shamian J. The Impact of workplace empowerment organizational trust on staff nurses' Work Satisfaction oath organizational Commitment . *health Care Management Review* 2001; 26 (3) 7–23.
13. Bilen G. Yikilmaz İ. & Sürücü L. Examining the mediating role of organizational trust on the effect of ethical climate on employee voice in the health sector. *Electronic Journal of Social Sciences* 2023 22(88) 2117-2136.
14. Miles M. B. *Planned Change and Organizational Health--Figure And Ground -- Figure oath Ground . Chapter 2 Change processes Of the Public Schools* 1965.
15. Kalkın, G. (2009). *The Impact of Organizational Communication on Internal Image: An Application in Private Hospitals in Malatya* (Masters Thesis, İnönü University, Institute of Social Sciences).
16. Eyyüpoğlu A. A. (2017). *The Importance of Organizational Communication in Terms of the Effectiveness of Relationships for the Organization: The Case of Şırnak University*. PhD Thesis, Gazi University.
17. Kayasandık, A. E. (2019). *The Mediating Role of Organizational Communication Satisfaction in the Relationship between Organizational Culture and Job and Life Satisfaction: A Study on Academicians*.
18. Aydın, E. (2019). *The Effect of Organizational Trust on Organizational Commitment: A Study on Physicians Receiving Specialization Training in Medicine* (Masters Thesis, Sakarya University).
19. Ersan, H. (2018). *The Relationship between Organizational Trust and Organizational Citizenship Behavior in Healthcare Institutions and a Study* (Masters Thesis, Pamukkale University Institute of Social Sciences).
20. Çalışkan, A. (2021). *Organizational trust: a scale development study*. *Antalya Bilim University International Journal of Social Sciences*, 2(1), 42-59.
21. Gül, İ. (2018). *The Effect of Organizational Commitment and Openness to Organizational Change on Organizational Health in Healthcare Institutions: A Study in Afyonkarahisar City Center Hospitals* (Doctoral Dissertation, Süleyman Demirel University, Institute of Social Sciences, Department of Health Management, Isparta).
22. Alpar R. *Applied Statistics and Validity-Reliability: With Examples from Sports Health and Educational Sciences* . Detay Publishing 2018.
23. Tabachnick B. G. & Fidell L. S. *Use of Multivariate Statistics*. (6th Edition). Pearson Publishing House 2015.
24. Halis M. *A Research on organizational communication and communication satisfaction*. *Atatürk University Journal of Economics and Administrative Sciences* 2000; 14(1).
25. Çanak M. & Avcı Ö. Y. Examination of teachers' organizational identification and organizational communication levels. *International Journal of Educational Sciences* 2016; (7) 91-110.
26. Demir Ö. & Sezgin EE. Examination of problems resulting from organizational communication in the banking sector: a research conducted in Elazığ and Malatya provinces. *Firat University Journal of Social Sciences* 2017; 27(1) 121-140.
27. Bektaşoğlu A. & Şengün H. *A Research to determine the effects of organizational communication on organizational commitment in the health sector*. *Aydin Health Journal* 2020; 6(2) 155-182.
28. Çetinel E. *A Research on the Relationship Between Organizational Trust and Organizational Commitment*. Master's Thesis Sakarya University. 2008.
29. Yazıcıoğlu İ. "A Field research on employees' organizational trust feelings job satisfaction and intentions to quit in accommodation establishments" *Electronic Journal of Social Science* 2009; 8(30) 235-249.
30. Taskin F. & Dilek R. *A Field Research on organizational trust and organizational commitment*. *Journal of Organization and Management Sciences* 2010; 2(1) 37-46.
31. Baş G. Şentürk C. & Directorate of National Education. *Primary school teachers' perceptions of organizational justice organizational citizenship and organizational trust*. *Educational Management in Theory and Practice* 2011; 1 (1) 29-62.
32. Altunay E. *Examining the relationship between organizational trust and commitment levels of primary school teachers*. *Journal of National Education* 2017; 46(213) 37-66.

33. Çiftçi G.E. The Relationship between Organizational Silence Work Alienation and Organizational Trust 2015.
34. Cemaloğlu N. Examination of primary school teachers' perceptions of organizational health in terms of different variables. Hacettepe University Faculty of Education Journal 2006; 30(30) 63-72.
35. Polatçı S. Ardiç K. & Kaya A. Analysis of organizational health and variables affecting organizational health in academic institutions. management and economics: Celal Bayar University Faculty of Economics and Administrative Sciences Journal 2008; 15(2) 145-161.
36. Kurum G. (2013). The Relationship Between Perceptions of Organizational Health and Levels of Organizational Trust of Faculty Members Working at Trakya University Master's Thesis Trakya University Social Sciences Institute 2013.
37. Ballı FE & Ateş Ö. T. (2021). Organizational communication climate : Scale development study . Cukurova university Faculty of Education Journal 2021; 50(1) 400-433.
38. Arslan A. & Gül H. The Effect of Organizational communication climate on trust in the institution. Manas Journal of Social Research 2022; 11 (4) 1542-1558.
39. Ha J. C. & Lee J. W. Realization of a sustainable high-performance organization through procedural justice: the dual mediating role of organizational trust and organizational commitment. Sustainability 2022; 14(3) 1259.
40. Karyatun S. Soelton M. Arief H. Sarafian E. Krisna S. & Syah T. Recognizing How the Organizational Communication and Distributive Justice Towards Organizational Citizenship Behavior in Interior Design Companies–Indonesia. The Seybold Report Journal 2022; 17(10) 1910-1922.
41. Men L. R. Qin Y. S. & Jin J. Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory. International Journal of Business Communication 2022; 59(2) 193-218.
42. Rawlins B. R. Measuring the relationship between organizational transparency and employee trust. Public Relations Journal 2008; 2 (2) 1-21.
43. Hicks, Joel M. Leader communication styles and organizational health. The health care manager, 2011, 30.1: 86-91
44. Bremer, Daniel, et al. Which criteria characterize a health literate health care organization?—a scoping review on organizational health literacy. BMC health services research, 2021, 21.1: 664.
45. Rahayuningsih, I.. The positive impact of organizational trust: A systematic review. Journal of Educational, Health and Community Psychology, 2019, 8.1: 436755.
46. Linzer, Mark, et al. Characteristics of health care organizations associated with clinician trust: results from the healthy work place study. JAMA Network Open, 2019, 2.6: e196201-e196201.