



Working together
www.rcis.ro

Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

EFFECTS OF LEADERSHIP AND ORGANIZATIONAL STRUCTURE ON INSTITUTION CULTURE IN AFFILIATED HOSPITALS IN TURKEY

Halil Ibrahim ICOGLU, Ayse Gozde KOYUNCU

Revista de cercetare și intervenție socială, 2020, vol. 70, pp. 190-213

<https://doi.org/10.33788/rcis.70.12>

Published by:
Expert Projects Publishing House



On behalf of:
„Alexandru Ioan Cuza” University,
Department of Sociology and Social Work
and
HoltIS Association

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA
is indexed by Clarivate Analytics (Social Sciences Citation Index),
SCOPUS and CROSSREF

Effects of Leadership and Organizational Structure on Institution Culture in Affiliated Hospitals in Turkey

Halil Ibrahim ICOGLU¹, Ayse Gozde KOYUNCU²

Abstract

The affiliation model which aims more effective use of limited facilities, has began to be implemented in Turkey since 2010. The aim of this study is to determine the effects of leadership and organizational structures on organizational culture and to determine the relationship between leadership styles of health leaders and organizational culture. The population of the study is Head Doctors, Deputy Chief Physicians, Managers, Deputy Managers, Unit Supervisor Nurses. The sample consisted of 435 health workers randomly selected from the specified 6 Affiliated Hospitals. We performed survey questions to this population. It was found that Erzincan Binali Yildirim University (EBYU) Oral and Dental Health Training and Research Hospital (ODHTRH) has the highest mean score among affiliated hospitals in the work-oriented dimension, EBYU ODHTRH also has the highest mean score among affiliated hospitals in the employee-oriented leadership, change-oriented leadership sub-dimensions and the leadership characteristics of managers. The highest mean score in the Authorization and Coordination dimensions was EBYU ODHTRH. The affiliated hospital having the highest mean scores in teamwork, developing talent, reconciliation, participation culture, change, strategic management, organizational goals, vision, adaptation culture, organizational culture was Amasya University Sabuncuoglu Serefeddin Training and Research Hospital. The Rize Recep Tayyip Erdogan University Training and Research Hospital has the highest mean scores in core values, customer centricity and organizational learning dimensions. It has been found that leadership and organizational structures contribute positively to organizational culture. This result will change the structure of administration for affiliated hospitals. This is the first study on affiliated hospitals in Turkey.

Keywords: leadership, organizational culture, affiliated hospital, health care.

- 1 Department of Business Administration, Faculty of Economics and Administrative Sciences, Near East University, Nicosia, Northern Cyprus TR-10 Mersin, TURKEY. Email: ibrahimicoglu24@hotmail.com (Corresponding author)
- 2 Department of Business Administration, Faculty of Economics and Administrative Sciences, Near East University, Nicosia, Northern Cyprus TR-10 Mersin, TURKEY. Email: aysegozde.koyuncu@neu.edu.tr

Introduction

Every organization can be seen as an enclosed system of people and processes that work together towards achieving some defined goal (Senior & Swailes, 2010). However, there are many components that are making an organization. Among these components are formal subsystems, such as management, strategy, goals, structure, operations, and technology; and informal subsystems, such as leadership, politics, and culture (Senior & Swailes, 2010). All these components have significant effect on the way the organization performs its activities, and if one component does not fit, performance of the whole organization will be hindered. Therefore, it is important to understand the way these components influence the organization.

Significantly, culture forms the basis of group identity and shared thought, belief, and feeling, one of the most decisive and important functions of leaders particularly the founders of a company is the creation and management of its culture (Christensen, 2006). Mergers require the focus of leadership

and culture so as to achieve a successful merger and synergy of the parties involved in the merger. Companies that pay attention to culture are rewarded financially through growth and value and are seen as desirable places to work. As a result, they attract the talent that will generate the next wave of growth and value (Beaudan & Smith, 2000).

Although culture definitely is a concern for many companies that plan a merger today, a problem is that it is sometimes thought that cultural compatibility between the merging firms in itself brings merger success. In many mergers, there is therefore not enough attention on agreeing upon new core values, beliefs, attitudes and managerial styles in the new company (Cartwright & Cooper 1996). Moreover, the role of the leaders is a concern with issues like unclear roles and a lack of understanding of human factors (Thatch & Nyman 2001). In literature, corporate culture and leadership come up as major factors in success of organizational transformation process in mergers and acquisitions as they have great influence on organizational structures, processes and hence performance of companies (Yildirim & Birinci, 2013).

Furthermore, every organization has a culture akin to locked objectives, roles, processes, values, practices, attitudes, and assumptions that fit together as a mutual and reinforced system in which elements combine to prevent any attempt of change at the organizational, team, or individual level. Those changes connect individual beliefs to organizational results, require a planned and disciplined implementation, and use leaders as learning leads in order to succeed in strengthening the cultural change (Remanda, 2016). It must be understood that organizational culture is rooted in two paradigms that should not be ignored: a purely cognitive paradigm and an operational paradigm. These two aspects are not manageable for companies because the dimensions of this concept are inexplicable (i.e. artefacts and

unconscious principles). The objective of leaders will therefore be to master visible aspects (beliefs) and shape them to provide an identity to the organisational structure (Ibid). An organizational structure can either promote or restrict creativity and innovation. Typically, a flat structure that emphasizes teamwork, flexibility and autonomy will increase an organization's ability to be innovative (Martins & Terblanche, 2003).

By targeting different levels of change, increasing the role of beliefs and values, and using leadership as the chief intermediary to show how to model and reinforce the desired changes, the influence of the organization creates a fundamental and lasting cultural level (Heckelman, Unger, & Garofano, 2013). These efforts to develop and adapt the organization into a new corporate culture ensure an organizational alignment which also maintains a culture that promotes high levels of performance in the organization (Denison, Adkins, & Guidroz, 2011).

Two companies that merge, do so in order to develop synergies and generate value for its shareholders. However, challenges do arise because the merger involves bringing two different trading relationships, histories, structures and cultures together (Baker & McKenzie, 2011). During mergers both organizations usually meet cultural clash which is one of the principal causes of unsuccessful associations. Bligh (2006: 395) notes that post-merger cultural clashes are often the main reason for the disappointing merger outcomes and that unfortunately poor research exists to conduct the merged organizations to a suitable cultural integration Schreder and Self (2003) call the culture "the make or break factor in the merger equation". Therefore, two or more independent businesses can merge under a new corporate identity by uniting all their assets and resources under a relatively equal condition and maintain as a single independent business (Ulgen & Mirze, 2010). However, Raukko (2009) define the post-acquisition integration as a transition phase that comprises of several changes, which entails continuous adjustment as well as transition. The changes entails continuous adjustment that an organization does to meet external demands while transition entails major disruptions to an organization's business model, product mix, structure and culture (Ibid). Thus, businesses can move on and meet in common decisions and practices by gathering under a single business (Yucebas, 2005).

The merger of businesses can take place in two ways: legal and economic. Legal mergers, on the other hand, can be made in two ways as formal or informal mergers. The formal merger can be achieved by maintaining the independence of the independent units (trust, holding, consortium, acquisition, joint venture)as well as by eliminating the independence of the independent units(merger, consolidation). In the informal merger, businesses continue to be active on the basis of protecting their legal assets and cooperating on various issues. Gentlemen's agreements and cartels can be given as examples of this type of merger. Economic mergers can be made horizontally, vertically or mixed (Evans, 2000: 365).

Horizontal merger is achieved by reducing competition and raising the market price between companies producing and / or selling the same products (Clougherty & Duso, 2009; Pillsbury & Meaney, 2009). Vertical merger refers to the merger of businesses that take part in different stages of the different production process of the same sector. The output of one business of this type of merger may be the input of the other business (Arnold, 2010).

The mixed merger is achieved through the merger of businesses in different sectors. The main objective of this merger is to enter the new business field and make the most of financial capacity. In this type of merger, the output of one business is not the input of the other (Church, 2008; Morresi & Pezzi, 2014). The affinity among merger and/or cooperation models emerges as the most powerful type of consolidation (DHC Healthcare, 2013). In Turkey, in the Regulation on Cooperation (Affiliation) of University Hospitals and State Hospitals dated 18.02.2011 and numbered 27850, affiliation is defined as follows; It is the cooperation and work of the parties in fields such as education, service and technique to carry out the duties and services of the Ministry and/or universities, to realize the common goals and interests. Affiliation is generally a preferred model for the purpose of gaining economies of scale, increasing employee and customer general satisfaction and achieving best practice results (DHC Healthcare, 2013).

This model, designed to provide better health services at a lower cost by providing a more comprehensive geographic network, also enables the management of university academic activities, medical school medicine practices and hospital administrative activities by separate and independent committees (Medical Development Specialists, 2012; Ugurluoglu, 2015). In this respect, affiliation has important advantages such as raising qualified manpower (education), producing information (research), providing health service (service), reducing service cost and allowing employees to improve themselves (Bor, 2015). Besides, affiliation has the advantages of taking advantage of each other's managerial and clinical strengths to better meet community needs (DHC Healthcare, 2013). In the light of all this, the effect of leadership and organizational structure in the Affiliated Hospital in Turkey on organizational culture was investigated. This study is significant in that it is not yet studied in Turkey. It is also thought that it will shed light on future research.

The Purpose and Scope of the Study

Having been serving 19 affiliated Hospital's Head Doctor, Deputy Chief Physician, Manager, Deputy Manager, Unit Supervisor Nurse who serves as health workers' views about the effect of leadership and organizational structure in the Affiliated Hospital in Turkey on organizational culture designating according to sociodemographic variables that constitutes the problem of the research.

Detailed research questions regarding the specified research are expressed as follows: (1) Do leadership and organizational structure in the Affiliated Hospital in

Turkey have any effects on organizational culture? (2) Do having been continuing their activities 19 affiliated Hospital's Head Doctor, Deputy Chief Physician, Manager, Deputy Manager, Unit Supervisor Nurse who serves as health workers' views about the effect of leadership and organizational structure in the Affiliated Hospital in Turkey on organizational culture affect according to sociodemographic variables?

Methodology

In the study using quantitative research methods, the leadership behaviour scale developed by House and Mitchell (1982), Umstot (1984) and Randolph (1985) was adapted to Turkish by Tengilimoglu, (2005) and the reliability coefficient (Cronbach Alpha) was found to be 0.98. Another scale used in the study is organizational culture scale that was developed by Denison and Mishra in 1995 and adapted to Turkish by GOKsen (2001) and later by Icin (2002) and the reliability coefficient (Cronbach Alpha) was found to be 0.96. Yahyagil (2004), on the other hand, formed the 36-item form where each of the 12 sub-dimensions of the scale was represented by three expressions and found the reliability coefficient (Cronbach alpha) as 0.89. In the study of Kelez, the reliability coefficient (Cronbach alpha) was found to be 0.94 (Kelez, 2008). The questionnaire consists of 78 statements. The study was limited to a 5-point Likert-scale questionnaire and open-ended questions (Kafadar, 2014).

The population of the study is Head Doctors, Deputy Chief Physicians, Managers, Deputy Managers, Unit Supervisor Nurses of 19 Affiliated Hospital who serve in Turkey. The sample consisted of 435 health workers randomly selected from the specified 6 Affiliated Hospitals. The data obtained from the study were analyzed by using SPSS (Statistical Package for Social Sciences) for Windows 23.0. Number, percentage, mean and standard deviation were used as descriptive statistical methods in the evaluation of the data. The t-test was used to compare quantitative continuous data between two independent groups, and the One-way ANOVA test was used to compare quantitative continuous data between more than two independent groups. After the Anova test, Scheffe test was used as a complementary post-hoc analysis to identify the differences. Pearson correlation and regression analysis were used among the continuous variables of the study. The findings were evaluated in 95% confidence interval and 5% significance level.

Results and Discussion

Tables regarding the effect of leadership and organizational structure in the Affiliated Hospitals in Turkey on organizational culture and relevant socio-demographic characteristics are given below.

Table 1. Distribution of Health Workers According to Socio-Demographic Characteristics

Hospital	Number (n)	Percentage (%)
Adiyaman Training and Research Hospital	101	23,2
İzmir Kâtip Celebi University Atatürk Training and Research Hospital	95	21,8
Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	17,5
Erzincan Binali Yildirim University Mouth and Dental Health Training and Research Hospital	37	8,5
Erzincan Binali Yildirim University Mengücek Gazi Training and Research Hospital	98	22,5
Rize Recep Tayyip Erdogan University Training and Research Hospital	28	6,4
Gender		
Female	281	64,6
Male	154	35,4
Age		
17-24	46	10,6
25-34	208	47,8
35 and over	181	41,6
Marital Status		
Married	291	66,9
Bachelor	144	33,1
Educational Background		
Vocational School of Health	45	10,3
Associate	106	24,4
Undergraduate	210	48,3
Postgraduate	33	7,6
Doctorate	41	9,4
The Organization Where She/he Works		
Anaesthesia	14	3,2
Urology	5	1,1
Biochemistry	2	,5

Dermatology	7	1,6
Pediatrics	14	3,2
Internal Medicine	29	6,7
Endocrinology	2	,5
Infectious Diseases	10	2,3
Physical Medicine and Rehabilitation	4	,9
General Surgery	11	2,5
Geriatrics	2	,5
Thoracic Surgery	11	2,5
Eye Diseases	3	,7
First and Immediate Aid	18	4,1
Obstetrics and Gynecology	6	1,4
Cardiovascular Surgery	14	3,2
Cardiology	9	2,1
Otorhinolaryngology	14	3,2
Microbiology	5	1,1
Nephrology	5	1,1
Neurology	21	4,8
Neurosurgery (Brain Surgery)	3	,7
Radiology	3	,7
Orthopedics and Traumatology	10	2,3
Psychiatry	4	,9
Other Services (Administration, Human Resources, Administrativia, Accounting, etc.)	209	48,0
Position		
Nurse	154	35,4
Midwife	13	3,0
Health Officers Technician health officer	33	7,6
Health Officers Technician	44	10,1
Specialist	12	2,8
Manager	7	1,6
Physician Associate	7	1,6
Practising Physician	7	1,6
Officier	97	22,3

Deputy Manager	6	1,4
Secretary	11	2,5
Dialysis technician	9	2,1
ATT	6	1,4
Dentist	16	3,7
Administrator	6	1,4
Laborant	7	1,6
Working time in position		
0-5 years	148	34,0
6-10 years	150	34,5
11-15 years	59	13,6
16-20 years	31	7,1
21 years and above	47	10,8
Time on Total professional experience		
0-5 years	94	21,6
6-10 years	146	33,6
11-15 years	73	16,8
16-20 years	44	10,1
21 years and above	78	17,9

Table 1 shows the distribution of the affiliated hospital worker according to socio-demographic characteristics. When the tables 18, 19 and 20 were examined, it has been identified that 23.2% of the health workers included in the study were from Adiyaman Training and Research Hospital, 21.8% were from İzmir Katip Celebi University Atatürk Training and Research Hospital and 17.5% were from Amasya University Sabuncuoglu Serefeddin Training and Research Hospital, 8.5% from Erzincan Binali Yildirim University Mouth and Dental Health Training and Research Hospital, 22.5% from Erzincan Binali Yildirim University Mengücek Gazi Training and Research Hospital, 6.4% of the participants were from Rize Recep Tayyip Erdogan University Training and Research Hospital. It is found that 64.6% were female, 35.4% were male, 10.6% were 17-24, 47.8% were 25-34, 41.6% were 35 and over. 66.9% were married and 33.1% were single.

It has been stated in Table 1 that 10.3% of the health workers were graduated from Vocational School of Health, 24.4% were associate degree, 48.3% were bachelor's degree, 7.6% were master's degree, 9.4% were doctoral degree and 3.2% of the health workers work at anesthesia, 1.1% Urology, 0.5% of Biochemistry, 1.6% of the skin, 3.2% of Pediatrics, 6.7% Internal Medicine, 0.5% Endocrinology, 2.3% Infectious Diseases, 0.9% Physical Therapy and Rehabilitation, 2.5% General Surgery, 0.5% Geriatrics, 2.5% in Thoracic Surgery, 0.7% in Ophthalmology,

4.1% in First and Emergency Aid, 1.4% in Gynecology and Obstetrics, 3.2% in Cardiovascular Surgery, 2.1 Cardiology, 3.2% ENT, 0.5% Microbiology, 0.5% Nephrology, 4.8% Neurology, 0.7% Neurosurgery (Brain Surgery) , 0.7% Radiology, 2.3% Orthopedics and Traumatology, 0.9% Psychiatry and 48.0% Other Services (Administration, Human Resources, Administrativia, Accounting, etc.).

Again in *Table 1*, 35.4% of the health workers are nurses, 3.0% are midwives, 7.6% are health officers technicians, 10.1% are health officers technicians, 2.8% are specialists. , 1.6% Managers, 1.6% Physician Associates, 1.6% Practitioners, 22.3% Officers, 1.4% Deputy Managers, 2.5% Secretaries, Dialysis technician was 2.1%, ATT was 1.4%, Dentist was 3.7%, Administrator was 1.4% and Laborer was 1.6%. Working time in their positions is 0-5 years for 34.0%, 6-10 years for 34.5%, 11-15 years for 13.6%, 16-20 years for 7.1%, 10% , 8 years 21 years and over, time on total professional experience 21.6% 0-5 years, 33.6% 6-10 years, 11.8% 11-15 years, 10.1% were 16-20 years and 17.9% were 21 years and over.

Table 2. Comparison of The Scores Of Leadership and Organizational Culture Scales According to The Hospitals Where Health Workers Work (n=435)

Scales	Hospitals	n	\bar{x}	s	Lower	Upper	F	p	Difference
Business-oriented leadership	Adiyaman Training and Research Hospital	101	40,28	7,67	10	50	3,302	,006*	4-6
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	43,15	6,26	14	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	41,59	6,30	10	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	44,00	4,77	33	50			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	42,35	7,03	10	79			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	39,71	6,01	30	50			

Employee-oriented leadership	Adiyaman Training and Research Hospital	101	40,50	8,17	10	50	2,921	,013*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	43,10	5,77	16	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	41,86	6,40	10	49			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	44,57	6,08	36	72			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	42,06	5,76	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	40,76	6,27	30	50			
Change-oriented leadership	Adiyaman Training and Research Hospital	101	40,52	8,33	10	50	2,263	,047*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	43,44	5,92	22	69			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	41,55	6,44	10	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	43,73	4,53	31	50			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	42,68	7,58	10	75			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	41,88	8,92	30	75			

Leadership scale	Adiyaman Training and Research Hospital	101	40,44	7,94	10	50	2,997	,011*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	43,22	5,75	17	56			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	41,68	6,24	10	49			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	44,13	4,54	35	54			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	42,35	5,92	10	52			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	40,81	6,29	30	51			
Authorisation	Adiyaman Training and Research Hospital	101	20,95	7,18	10	43	5,146	,000*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	24,28	7,47	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	25,04	8,71	10	46			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	26,12	7,00	16	43			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	25,64	7,94	10	43			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	22,38	7,52	10	36			

* $p < 0,05$

Table 2 was examined, and no statistically significant difference was found between the mean scores of teamwork, which is the sub-dimension of the participation culture that is the sub-dimension of organizational culture and the hospitals in which the health workers work ($p > 0.05$). There was a statistically significant difference between developing talent, core values, reconciliation, and mean scores in accordance with the hospitals where health workers worked ($p < 0.05$). It has been found that while Amasya University Sabuncuoglu Serefeddin Training and Research Hospital has the highest mean score of developing talent and reconciliation scales, which are sub-dimensions of organizational culture, Adiyaman Training and Research Hospital has the lowest mean score; Rize Recep Tayyip Erdogan University Training and Research Hospital has the highest mean score in the subscale of core values while Adiyaman Training and Research Hospital has the lowest mean score.

Table 3. Comparison of The Scores of Leadership and Organizational Culture Scales According to The Hospitals Where Health Workers Work (Continuation)

Scales	Hospitals	n	\bar{x}	s	Lower	Upper	F	p	Difference
Coordination	Adiyaman Training and Research Hospital	101	23,49	7,66	10	40	7,109	,000*	1-3
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,26	8,13	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	29,91	6,59	13	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	31,44	17,83	16	13,00			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	27,38	7,26	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	29,28	5,83	16	40			

Participation Culture	Adiyaman Training and Research Hospital	101	24,44	6,55	10	38	6,642	,000*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	26,73	6,74	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	29,38	5,65	19	45			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	28,60	6,89	15	44			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	27,81	5,78	10	43			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	27,85	4,30	20	34			
Change	Adiyaman Training and Research Hospital	101	24,02	7,86	10	43	6,881	,000*	1-4
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,08	8,57	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	30,13	7,53	16	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	27,29	8,67	10	50			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	29,25	7,88	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	29,76	7,13	20	50			

Customer Centricity	Adiyaman Training and Research Hospital	101	23,66	8,58	10	40	6,897	,000*	1-6
	İzmir Katip Celebi University Atatürk Training and Research Hospital	95	27,73	8,15	10	50			
	Amasya University Sabuncuoğlu Serefeddin Training and Research Hospital	76	30,04	6,67	10	50			
	Erzincan Binali Yıldırım University Oral and Dental Health Training and Research Hospital	37	28,82	7,33	13	50			
	Erzincan Binali Yıldırım University Mengücek Gazi Training and Research Hospital	98	28,33	9,91	10	10,33			
	Rize Recep Tayyip Erdoğan University Training and Research Hospital	28	30,59	6,60	20	50			

* $p < 0,05$

Table 3 was examined, and it was found that there was a statistically significant difference between the mean scores of coordination, participation culture, change, and customer-centricity according to the hospitals in which the health workers worked ($p < 0.05$). While Amasya University Sabuncuoğlu Serefeddin Training and Research Hospital has the highest mean score of coordination scale, Adiyaman Training and Research Hospital has the lowest mean score of coordination scale that is subdimension of organization culture; Erzincan Binali Yıldırım University Oral and Dental Health Training and Research Hospital has the highest mean score of subscales participation culture and change scales, while Adiyaman Training and Research Hospital has the lowest mean score; in the customer-centricity scale, the highest mean score was found to belong to Rize Recep Tayyip Erdoğan University Training and Research Hospital, and the lowest mean score was found to belong to Adiyaman Training and Research Hospital.

Table 4. Comparison of The Scores of Leadership and Organizational Culture Scales According to the Hospitals Where Health Workers Work (Continuation)

Scales	Hospitals	n	\bar{x}	s	Lower	Upper	F	p	Difference
Organizational Learning	Adiyaman Training and Research Hospital	101	23,86	9,89	10	80	7,368	,000*	1-6
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,93	8,16	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	31,49	7,62	10	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	28,37	7,27	13	43			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	29,86	10,03	10	96			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	32,73	18,65	16	12,33			
Strategic management	Adiyaman Training and Research Hospital	101	24,25	8,68	10	40	8,338	,000*	3-1
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,36	8,20	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	30,52	6,25	20	43			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	27,56	6,78	10	40			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	29,55	6,83	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	30,00	4,53	20	36			

Organization goals	Adiyaman Training and Research Hospital	101	24,05	8,06	10	43	5,495	,000*	3-1
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	26,45	8,94	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	30,52	8,97	10	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	27,74	8,78	10	50			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	27,92	8,08	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	27,85	7,32	10	43			
Vision	Adiyaman Training and Research Hospital	101	24,98	8,42	10	46	7,700	,000*	3-1
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	28,45	8,68	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	31,57	7,53	10	50			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	28,64	6,73	10	50			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	30,03	7,36	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	30,95	5,50	20	40			

* $p < 0,05$

Table 4 was examined, and it was found that there was a statistically significant difference between the mean scores of organizational learning, strategic management, organizational goals and vision scales according to the hospitals where health workers worked ($p < 0.05$) It has been found that Amasya University Sabuncuoglu Serefeddin Training and Research Hospital has the highest mean scores of strategic management, organizational goals and vision scales that are subdimensions of organizational culture while Adiyaman Training and Research Hospital has the lowest mean scores in these subdimensions. In the organizational learning subscale, the highest mean score was found to belong to Rize Recep

Tayyip Erdogan University Training and Research Hospital, while the lowest mean score was found to belong to Adiyaman Training and Research Hospital.

Table 5. Comparison of the Scores of Leadership and Organizational Culture Scales According to the Hospitals Where Health Workers Work (Continuation)

Scales	Hospitals	n	\bar{x}	s	Lower	Upper	F	p	Difference
Adaptation Culture	Adiyaman Training and Research Hospital	101	24,14	6,76	10	40	11,198	,000*	3-1
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,50	7,52	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	30,71	5,88	14	47			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	28,07	6,29	12	42			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	29,16	6,11	10	50			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	30,31	4,58	22	41			
Organizational Culture	Adiyaman Training and Research Hospital	101	24,29	,6,21	10	37	10,274	,000*	3-1
	İzmir Katip Celebi University AtatUrk Training and Research Hospital	95	27,11	6,46	10	50			
	Amasya University Sabuncuoglu Serefeddin Training and Research Hospital	76	30,05	5,25	18	45			
	Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital	37	28,34	6,02	13	41			
	Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital	98	28,48	5,51	10	46			
	Rize Recep Tayyip Erdogan University Training and Research Hospital	28	29,08	3,89	21	36			

* $p < 0,05$

Table 5 was examined, and it was found that there was a statistically significant difference between the mean scores of health workers in terms of adaptation culture and organizational culture scales that are sub-dimension of organizational culture ($p < 0.05$). It has been found that Amasya University Sabuncuoglu Serefeddin Training and Research Hospital has the highest mean score of adaptation culture and organizational culture scales that are sub-dimension of organizational culture while Adiyaman Training and Research Hospital has the lowest mean score.

Table 6. Correlations Between Scores Of Leadership And Organizational Culture Scales Of Health Workers

Variable	Correlation/ significance	Leadership Organization
Authorisation	r	,025
	p	,602
Teamwork	r	,018
	p	,702
Developing talent	r	,072
	p	135
Core values	r	,024
	p	,619
Reconciliation	r	,012
	p	,805
Coordination	r	-,012
	p	,804
Participation culture	r	,032
	p	,512
Change	r	-,097
	p	,043*
Customer centricity	r	,006
	p	,908
Organizational learning	r	,000
	p	,999
Strategic management	r	-,003
	p	,945
Organization goals	r	-,047
	p	,332

Vision	r	-,016
	p	,733
Adaptation culture	r	-,032
	p	,506
Organization culture	r	-,002
	p	,975

* $p < 0,05$

When the results of the correlation analysis between the leadership and organizational culture scale scores of the health workers given in *Table 7* were examined, it was found that there were low strength and significant correlations between the scores obtained from the change dimension, which is a sub-dimension of the adaptation culture that is a sub-dimension of the organizational culture ($p < 0.05$). Since the direction of this correlation is negative, as the scores of the health workers on the change subscale increase and the scores on the leadership scale decrease.

Table 7. Health workers' predicting of scores of leadership and organizational culture scales

Variable	Standardized Non-Coefficients		Standardized Coefficients	t	p
	B	S.H.	Beta		
(Constant)	4,172	,155		26,857	,000
Authorisation	,084	,078	,103	1,081	,280
Teamwork	,047	,082	,051	,568	,570
Developing talent	,152	,072	,227	2,099	,036*
Core values	,091	,079	,110	1,156	,248
Reconciliation	,061	,082	,084	,749	,454
Coordination	,056	,074	,079	,756	,450
Change	-,132	,087	-,168	-1,514	,131
Customer centricity	,088	,073	,117	1,199	,231
Organizational learning	,076	,070	,120	1,081	,281
Strategic Management	,076	,089	,090	,846	,398
Vision	,109	,097	,136	1,128	,260
Organization culture	-,698	,668	-,660	-1,045	,297

* $p < 0,05$

It was found that scores of developing talent subscale on the leadership scale of health workers positively predicted the organizational culture. The fact that health workers receive one more point from the developing talent sub-dimension increases their organizational culture scale scores by 0.52 points.

Conclusion

This research has achieved the most participation from Adiyaman Training and Research Hospital by 23.2% and 22.5% from Erzincan Binali Yildirim University MengUcek Gazi Training and Research Hospital among the affiliated hospitals ongoing operations in Turkey. It was specified that 64.6% of the participants were women, 47.8% were between 25-34 years old, 66.9% were married, 48.3% were undergraduate graduates, 48.0% were worked in other services (Management, Human Resources, administrative affairs, accounting, etc.), 35.4% were nurses, 34.5% were employed in positions they hold for 6-10 years; 33.6% of the participants had a total professional experience of 6-10 years.

In the study conducted by Karakisla (2012: 3) on nurses, it was determined that the highest value was found to be participation culture dimension and the lowest value was found to be the consistency culture dimension. In a study conducted by Ozyaman (2010: 4) on administrative and technical personnel at a university hospital and consultancy staff, the highest value was found to be consistency culture dimension, and the lowest value was found to be vision culture dimension. In our study, it was observed that there was no statistically significant difference between the scores obtained from authorization, teamwork, developing talent, core values, reconciliation, coordination, participation culture, change, customer centricity, organizational learning, strategic management, organizational goals, vision, adaptation culture and organizational culture.

According to a study conducted by Casida (2008: 107) on nurses, the highest value was found to be participation culture, and the lowest value was found to be the adaptation and mission culture. In our study, it was seen that core values that are the subdimension of participation culture have the highest value; authorisation has the lowest value. It was found that Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital has the highest mean score among affiliated hospitals in the work-oriented dimension, Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital also has the highest mean score among affiliated hospitals in the employee-oriented leadership, change-oriented leadership sub-dimensions and the leadership characteristics of managers.

Findings showed that the affiliated hospital which has the highest mean score in the Authorization and Coordination dimensions was Erzincan Binali Yildirim University Oral and Dental Health Training and Research Hospital, the affiliated hospital having the highest mean scores in teamwork, developing talent,

reconciliation, participation culture, change, strategic management, organizational goals, vision, adaptation culture, organizational culture was Amasya University Sabuncuoglu Serefeddin Training and Research Hospital, and Rize Recep Tayyip Erdogan University Training and Research Hospital has the highest mean scores in core values, customer centricity and organizational learning dimensions.

While complete integrated model is applied in Turkey, the powers of the person to whom the powers are gathered, namely the head doctor, and power are insufficient to manage the system. In this statement, it can be suggested that the person who will administer the system as short-term solution proposal should be the dean of the medical faculty instead of a head doctor who is appointed by the rector and has a confusion of authority. The authority of the dean over the department heads and the fact that she is also at the head of the hospital system can eliminate this confusion of authority. Examples of structuring that the dean also acts as the hospital's head doctor are seen in some university hospitals today, but these examples are limited. This model will, surely, increase the dean's responsibilities considerably. However, the dean can lighten the burden by sharing his powers with his assistants in this system. Also, the dean's position as vice-rector may increase his academic competence. The majority of employees are integrated into their work. Everyone can access the required information when necessary as there is enough information sharing among the employees. While doing business planning (planning patient care and treatment), all employees are included in the decision making process to a certain extent. There is no cooperation between different departments (service units). Doing teamwork is based on all our work. All employees have understood the relationship between their duties and the objectives of the organization. Employees are given the necessary authority to plan their own jobs. Employees' capacity to work is constantly improving. Everything needed to increase the work skills of the employees is done. Managers apply what they say. We have a clear and consistent system of values that guide our working methods. There are no (ethical) values that guide our behavior in conducting the works and enable us to distinguish between right and wrong. When a conflict arises in business activities, each employee makes a great effort to find a satisfactory solution. This workplace has a strong organizational culture.

A consensus can be easily achieved even in subjects with problems. Our employees can share a common perspective in business activities, even if they are in different parts of the organization. Studies (projects) carried out by different departments of the institution are easily coordinated. Working with someone from another department is similar to working with someone from a different institution. Our working style is very flexible and open to change. Management may develop appropriate strategies depending on other health institutions and changes in the field of business. Innovations and developments in our business are monitored and implemented by management. The requests and suggestions of the people we serve can lead to frequent changes in business activities. All employees make a point of understanding the wishes and needs of the people served. The requests

(demands) of the people we serve are not generally taken into consideration in our business activities. In the event of any failure, this is considered by management as an opportunity for development and learning. Innovativeness and taking risks in works are demanded and rewarded by management. It is an important goal for the employees to learn about their jobs (obtain new information). We have a long-term work program and a specific development plan. We have a clear and explicit corporate mission to guide the work of the employees. There is no strategic business planning for the future of the institution. There is a complete consensus among the employees regarding the operational objectives of the institution. Managers can act in line with the main objectives of the institution. Employees know what needs to be done to ensure the success of the institution in the long run. Employees are far from sharing the vision of the institution determined for the future. Our managers have a long-term perspective, Short-term expectations can be met without compromising our vision.

Recommendations

Further studies conducting on all affiliated hospitals that continue their facilities across Turkey provide benefit to reveal the leadership styles of health managers working in affiliated hospitals and to determine the relationship with organizational culture.

References

- Arnold, R.A. (2010). *Microeconomics*. USA: Cengage Learning Inc
- Baker & McKenzie. (2011). *Post-Acquisition Integration Handbook - Expanded and Updated Content, including Global Compliance Issues*. Baker & McKenzie. <http://www.bakermckenzie.com/files/Uploads/Documents/Post%20Acquisition%20Integration%20Handbook%202011.pdf>.
- Beaudan, E., & Smith, G. (2000). Corporate culture: asset or liability". *Ivey Business Journal(Online)*. Available at: <<http://iveybusinessjournal.com/publication/corporate-culture-asset-or-liability/>> (Accessed 8th June 2020).
- Bligh, M.C. (2006). Post-merger Culture Clash: Can Cultural Leadership Lessen Casualties?. *Leadership*, 2(4), pp. 395-426. DOI: 10.1177/1742715006068937
- Bor, S. (2015). *Meeting Report of University Hospitals Association* , <http://docplayer.biz.tr/1863065-2-universite-hastaneleri-birligi-toplanti-raporu.html>.
- Cartwright, S., & Cooper, C.L. (1996). *Managing mergers, acquisitions & strategic alliances: Integrating people and cultures* (second edition). Oxford: Butterworth-Heinemann Ltd.
- Casida, J. (2008). Linking Nursing Unit's Culture to Organizational Effectiveness: A Measurement Tool. *Nursing Economics*, 26(2), 106-110.
- Christensen, C.M. (2006). *What is an organisation's culture?* Boston, MA: Havard Business School Press.
- Church, J. (2008). Conglomerate Mergers, Issues in Competition Law and Policy. *ABA Section of Antitrust Law*, 3(2), 1503-1552.

- Clougherty, J. A., & Duso, T. (2009). The Impact of Horizontal Mergers on Rivals: Gains to Being Left Outside A Merger. *Journal of Management Studies*, 46(8), 1365-1395. DOI: 10.1111/j.1467-6486.2009.00852.x
- Denison, D.R., Adkins, B., & Guidroz, A.M. (2011). *Managing cultural integration in cross-border mergers & acquisitions. Advances in Global Leadership*. Emerald Group Publishing Limited, 6, pp. 95-115. DOI:10.1108/NBRI-01-2016-0005
- DHG Healthcare (2013). *What Hospital Executives Should be Considering in Hospital Mergers and Acquisitions*, http://www2.dhgllp.com/res_pubs/Hospital-Mergers-and-Acquisitions.pdf, (22.12.2018).
- Evans, G.W. (2000). Environmental stress and health. In: A. Baum, T. Revenson, & J. E. Singer (Eds.), *Handbook of Health Psychology* (pp. 365-385). Mahwah, NJ: Erlbaum.
- GOksen, U. (2001). *Diagnosing Organizational Culture in the Army*, Master's thesis, Bilkent University, Institute of Social Sciences.
- Heckelman, W.L., Unger, S., & Garofano, C. (2013). Driving culture transformation during large-scale change. *OD Practitioner*, 45(3), 25-30. DOI: 10.17349/JMC116206
- House, R., & Mitchell, T. (1982). Path Goal Theory of Leadership, *Contemporary Perspectives in Organizational Behavior*. icinde, (Ed. D.D. White), Boston: Allyn and Bacon, Inc.
- Icin, İ. (2001). *Culture Profile of an Organization In Industrial Sector*, Unpublished Master Thesis, Yeditepe University, Istanbul, Institute Of Social Sciences.
- Kafadar, O. (2014). *Quantitative and Qualitative Research Methods*. Afyonkarahisar: Afyonkarahisar University
- Karakisla, Y. (2012). *Job Satisfaction and Organizational Culture Perceptions of Nurses Working in Public and Private Hospitals*. Master's Thesis. Halic University Graduate School of Health Sciences.
- Kelez, A. (2008). *Nurses' Perception of Organizational Culture and Leadership Behavior of Managers*, Master's Thesis. MarmaraUniversity, Graduate School of Health Sciences.
- Martins, E.C. & Terblanche, F. (2003). Building organizational culture that stimulates creativity and innovation. *European Journal of Innovation Management*. 6(1), 64-74. DOI: 10.1108/14601060310456337
- Medical Devoplement Specialist, (2012). Effect of the Affiliation of Hoag Memorial Hospital Presbyterian with St. Joseph Health System on the Availability or Accessibility of Healthcare Services, http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/pdf/hoag_impact.pdf, (22.12.2018).
- Morresi, O., & Pezzi, A. (2014). *Cross-Border Mergers and Acquisitions: Theory and Empirical Evidence*. Palgrave New York: Macmillan.
- Ozyaman, H.G. (2010). *Organizational Culture in Health Institutions: Akdeniz University Medical Faculty Hospital A Study on Perceptions of Assistant Staff*. Published Master's Thesis. Akdeniz University Institute of Social Sciences.
- Pilsbury, S., & Meaney, A. (2009). Are Horizontal Mergers and Vertical Integration a Problem?. *Joint Transport Research Centre, Discussion Paper No.4*.
- Randolph, W.A. (1998). *Understanding and Managing Organizational Behavior; A Developmental Perspective*. Homewood, Illinois: Richard D. Irwin, Inc.

- Raukko, M. (2009). Organizational commitment during organizational changes: A longitudinal case study on acquired key employees. *Baltic Journal of Management*, 4(3), 331-352. DOI: 10.1108/17465260910991028
- Remanda, C.L. (2016). A Review of Organizational Culture in the Mergers & Acquisitions Process. *Journal of Media Critiques*, 2(8), 99-110. DOI: 10.17349/JMC116206
- Schreder, M., & Self, D.R. (2003). Enhancing the success of mergers and acquisitions: An organisational culture perspective. *Management Decision*, 41, 511-522. DOI: 10.1108/00251740310479359
- Senior, B., & Swales, S. (2010). *Organizational Change*, 4th edition. Harlow: Prentice Hall.
- Tengilimoglu, D. (2005). A Field Study on Determination the Characteristics of Leadership Behavior in Public and Private Sector Organizations. *Elektronik Sosyal Bilimler Dergisi*, 4(14), 1-16.
- Thatch, L., & Nyman, M. (2001). Leading in Limbo Land: the role of a leader during merger and acquisition transition. *Leadership and Organization Development Journal*, 22(4), 146-150. DOI: 10.1108/01437730110395033
- Ugurluoglu, O. (2015). Evaluation of Organizational Structures Applied in University Hospitals. *Isletme Bilimi Dergisi*, 3(1), 52-63.
- Ulgen, H., & Mirze, S. K. (2010). *Strategic Management in Business*. Istanbul: Beta Printing.
- Umstot, D.D. (1984). *Understanding Organizational Behavior*. New York: West Publishing Company.
- Yahyagil, M. (2004). A Study of Validity and Reliability of the Denison Organizational Culture Measurement Tool. *Istanbul University Isletme Iktisadi Enstitusu Yonetim Dergisi*, 15(47), 53-76.
- Yildirim, N. & Birinci, S. (2013). Impacts of organizational culture and leadership on business performance: A case study on acquisitions. 2nd International Conference on Leadership, Technology and Innovation Management. *Procedia - Social and Behavioral Sciences*, 75 , 71-82. DOI: 10.1016/j.sbspro.2013.04.009
- Yucebas, O. (2005). *Business Combinations and Turkey Application*, Publishes Master's Thesis, Ankara University Institute of Social Sciences, Ankara.