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LEADERSHIP RESEARCH IN HEALTH CARE IN TURKEY

Abstract:

It is known that studies on leadership in health care in Turkey had gained increasing importance with the coming of 2000's and until 2000's, a very limited number of studies had been carried out on the subject. Moreover, there had not been any studies examining the previous studies on the subject in terms of the leadership characteristics that had been taken in focus, who were taken as samples or what kind of variables had been taken into account. The purpose of this study is to examine the studies on leadership in health care services that had been carried out between 2000 and 2013; and gather them into various categories besides trying to find out their common points and fundamental tendencies.

Studies on the above mentioned subject between 2000 and 2013 in Turkey had been determined via browsing in various databases (n=70) and these had been examined in terms of the kind of the study, study design, the year of the study, participants, health institution at which the study had been carried out, the scale that was used and primary topic area.

According to the findings, a considerable number (62.9%) of the 70 studies on leadership in health care services in Turkey between 2000 and 2013 was composed of Master's and PhD theses while the rest was (37.1%) composed of articles published in peer-reviewed scientific journals. 67 of these studies were based on research and in nearly half of them, nurses constituted the research participants. Most studies on leadership had been conducted in public health institutions and university hospitals.

With the increasing number of scientific research in the field of health services since 2008, it had been determined that most studies had been conducted between 2010 and 2012. The most common subjects of study were various determinants of the leader, leadership perceptions and at a rate of approximately one-third of the studies were concerned with the effect of leadership styles of managers on their subordinates.

This study shows that, despite many studies on leadership in the Turkish health care services literature; there are still health care profession groups that whose characteristics had never been studied, besides there are still fundamental areas and leadership characteristics which had never been or seldom studied. It is thought that the results of this study will help researchers who want to work on leadership in health care services in the future.

Keywords:

Leader, Leadership, Leadership Research, Health Care, Leadership in Turkey

JEL Classification: M10

Introduction

The concept of leadership have been existing for a long time in management and organizational behavior literature. Stodgill (1948)'s "Personal Factors Associated with Leadership: "A Survey of the Literature" is one of the first in the literature of leadership, besides the works of Burns (1978)'s "Leadership" and Bass (1985)'s "Leadership and Performance Beyond Expectations" which can be considered as the cornerstones of the leadership literature. Leadership in the ongoing publications had been used in terms of individual characteristics, leader behavior, interaction patterns, relationships role, impressing individuals, influencing aims and influencing the organizational culture or in relation to other concepts such as job satisfaction, motivation, performance, organizational culture and commitment (Vance & Larson, 2002, p.166; Yukl, 1989, p.252; Ergeneli, Gohar & Temirbekova, 2007, p.703).

In the literature, some researchers asserted that leadership is not different form social impact processes that are observed among group members and it is a collective process while others claimed that leadership is an individual activity which can be explained via the impact of a person on others. (Yukl, 1989, p .252). Northouse (2010, p.4-5) defined leadership as the process in which a person affecting or directing actions in order to fulfill certain personal or group aims under certain conditions while Maxwell (2007) defines leadership as the impact of a person on another which is neither low nor high. These differences in the literature may be due to the differences in the perspectives of the researchers or the phenomenon which might have happened in time related to the topic of leadership (Yukl, 1989, p.252). There are different leadership phenomenon and different approaches reflecting various perspectives of leadership concept.

One of the first approaches related to the topic of leadership is the trait approach. According to this approach, some people are born with some outstanding abilities which lets them to stand out from others. It had been argued that successful leaders, unlike the unsuccessful ones, are stronger in terms of certain traits. Age, height, sex, handsomeness / beauty, knowledge and intelligence are some of those traits.(Hosmer, 1982, p.48). While trait theory have contributed greatly to leadership theory in terms of grasping the traits and skills of a leader, it had been found inadequate since it examines the process of leadership only on the basis of the leader as a variable (Kocel, 2013, p.577).

The behavioral approach highlights the behaviors of a leader rather than his or her individual traits. In the behavioral approach, the focus is not on what the leaders are but rather what they do such as how they transfer the tasks, how they establish relationships with subordinates, how they motivate their followers and how they perform tasks (Kocel, 2013, p.470). After the behavioral approach, contingency approach gained currency. The basic assumption of this approach is that appropriate behavior of a leader will vary from case to case. According to this approach; different situations, in different people will lead to different forms of leadership behavior. Due to this reason, it is not preferable to make generalizations about leadership (Northouse, 2010, p.124).

Nowadays leaders began to adopt different leadership roles in order to to cope with changing environmental conditions and to adapt to these conditions. At the end of the 1970s and beginning of 1980s, studies on leadership got stuck and the subject

of leadership had lost its influence in the management literature. Towards the middle of 1980s, the concept of leadership transformed and new leadership theories began to form. Concepts such as strategic leadership, transformational leadership, visionary leadership, ethical leadership, transactional leadership, political leadership and charismatic leadership have emerged (Boal & Hooijberg, 2000, p.515). Strategic leadership among these leadership approaches, focuses on the leaders' skills of strategic thinking, vision creation, flexibility and ability to adapt changes while building the future of the organization (Ugurluoglu, 2009, p.151). Transformational leadership, focusing on changes in the external environment, struggles to achieve the aims of the organization via motivating the employees by meeting their existing needs (Ergeneli, Gohar & Temirbekova, 2007, p.705). Transactional leadership tries to achieve pre-determined objectives. A transactional leader's main objectives are to establish an appropriate structure for specified goals, to motivate employees in this respect and to make inspections. Therefore, these leaders; are more interested in the functions of management process such as organizing, executing, planning and control (Ulgen & Mirze, 2013, p.415). Charismatic leaders affect the followers emotionally and constitute a power center around them (Bass, 1997, p.133).

Why Should Leadership be Studied in Health Care Services Sector?

The field of health care services is a useful and important sector in terms of carrying out leadership research and promote leadership. The field of health constitutes the largest industry in many countries. It has the position of an employer having vast numbers of employees besides constituting one of the larger shares of national revenues. In addition to this; the performance of health care institutions and their services is critical for social welfare. Healthier societies mean more productive societies (Gilmartin & D'Aunno, 2007, p.388). Therefore, health care sector is an area which requires knowledge of effective leadership.

There are different views among researchers in terms of the perspectives related to leadership theories in health care services sector. In the past, researchers used to think that general leadership theories were not useful in this sector due to its specific characteristics which made them refrain from studying on the field of health (Gilmartin & D Aunno, 2007, p.389). Examination of any tertiary care hospital's organizational chart reveals a system with complex lines of authority and networks of relationships. Such a system fails to show the relations among doctors, administrators and other health care personnel (Alexander & Morlock, 1997, p.260). Because different leadership models in health care institutions such as clinical leadership, non-clinical leadership, managerial leadership and political leadership use different power sources, capacities and authority (Hartley & Benington, 2010, p.25). This fact separates health institutions from the traditional organizational structure. More recent publications try to reveal the contribution of health services to the organizational theory (Hartley & Benington, 2010; Barr & Dowding, 2012; Jasper & Jumaa, 2005). In summary, it can be said that researchers should be mindful of some important points that separates health services sector from others while they work on leadership.

The first important point is that health care sector meets conflicting or inconsistent external demands more frequently than others. A majority of these demands stem from increasingly fragmented corporate power sources and market forces which are getting stronger. While the society puts pressure on health care

providers to reduce costs; the stakeholders expect improvement of quality of service and ease of access (D'Aunno, Succi & Alexander, 2000, p.679). Therefore, many health care institutions have multiple aims such as provision of quality services, ensuring the availability of services and ensuring financial sustainability. However, it is rarely possible to provide the tools which can perform the operations required to fulfill these aims through weighing them in terms of importance (Alexander & Morlock, 1997, p.260).

The second important point is that health care sector is more technology-intensive than others. Due to this, health managers often face difficulties stemming from advances in technology. These developments can vary from new diagnostic and treatment facilities to complex information systems. All changes due to the constantly evolving technology in health care institutions, new diseases, new diagnostic methods and the emergence of new treatment opportunities and changes occurring with the force of the external environment; compel the leaders to balance quality, cost and service access issues as well as developing new control mechanisms (Gilmartin & D Aunno, 2007, p.389).

The third important point is the high level of uncertainty that health care institutions and their employees face in provision of services. Health, in its broadest sense, is human services. The wide difference among the people who compose the entries of the health system brings uncertainty in defining and measuring the results produced by the health institutions (Savigny et al., 2009, p.43; Hasanfeld, 2010, p.9-10). Most writers agree that leaders are needed more strongly in cases where the organization's objectives are mixed, power is either centralized or spread to the whole organization, ways of obtaining information is uncertain, the relationship between the organization's activities and results of those activities are not known (Morgan, 2006, p.152; Perrow, 1961, p.854-855).

Finally, health care institution leaders must deal with professional groups such as medical doctors who are in command of health care provision in many aspects. In most health care institutions, complex professional groups and problems of managing the differences make it more difficult to carry out potential studies. This problem may be stemming from assigning different tasks or sometimes different organizational objectives to different organizational units or professional groups. These variations can create distrust between groups, misunderstandings and hostilities which leads to pressure on groups (Morgan, 2006, p.150; Atun, 2003, p.655; Paine & Peters, 2012, p.367). Although there is possibility of hostile relations in any professional group, the medical profession probably seems to be the most powerful occupation with the highest level of autonomy (Gilmartin & D Aunno, 2007, p.390).

Identification problems about performance criteria, objectives competing with each other and external demands, technological developments, uncertainty, presence of strong health care professionals; makes the subject of leadership in health care sector different from others. Aspects of health care sector that are separating it from others and its aspects which are common with other sectors both show that it is an important field in terms of the development of leadership. Health institutions, provide opportunities to researchers in terms of studying leadership roles in different professional groups which contributes the efforts of expanding the literature on the subject. However, many leadership theories may need to be adapted for health services (Gilmartin & D Aunno, 2007, p.390).

Leadership studies in health services sector are particularly focused on the effects of various forms of leadership on several individual and organizational outcome variables such as job satisfaction, empowerment, business performance and productivity besides the studies that are focused on leadership perceptions, demographic characteristics of leaders, leaders' personality and characteristics (Vance & Larson, 2002, p.166).

Methods

It is known that studies on leadership in health care in Turkey had gained increasing importance with the coming of 2000's and until this time, a very limited number of studies had been carried out on the subject. Moreover, there had not been any studies examining the previous studies on the subject in terms of the leadership characteristics that had been taken in focus, who were taken as samples or what kind of variables had been taken into account. The main purpose of this study in this sense is to discuss the studies that had been carried out between 2000 and 2013 on leadership in health care services in terms of which basic subject topics they fall under, which kinds of leadership had been studied, and which outcome variables had been associated with leadership besides their distribution according to years and their main findings. While creating the research methodology; the studies of Gilmartin and D'Aunno (2007) focused on examining the leadership studies in the field of health care and those of Vance and Larson (2002) focused on examining leadership in the fields of health services and business had been utilized.

In this study, the literature on health services in Turkey between 2000 and 2013 had been examined. Only Turkish studies had been included in the research. Five databases had been identified to examine the literature. These were Akademia Social Sciences Index, Arastirmax Scientific Publications Index, National Academic Network and Information Center, Google Scholar, The Higher Education Council National Thesis Center. Online searches had been performed in these databases between October 10 to October 25, 2013 with the keywords of "leadership" and "health", "leadership" and "health care workers", "leadership" and "hospital", "leadership" and "physician", "leadership" and " nurse ". As a result of repeated searches in all these databases, 2232 studies had been found. Out of all 2232 results, repeated items and the ones without any connection to health care field had been eliminated.

While determining the studies to be included in this study; the ones which were with characteristics of newspaper articles, the ones without full-text access whose abstracts could not provide adequate information and the ones with the characteristics of presentations had been eliminated. In addition, the main reason this study covers the literature between 2000 to 2013 is that the concept of leadership in business and health care management literature in Turkey began gaining importance after 2000's. 70 studies with internet access had been included in the study which had been determined to be outside of these limitations. They were composed of 26 articles published in peer-reviewed scientific journals, 38 master's theses and 6 doctoral dissertations.

These studies had been examined in terms of 7 aspects which can be stated as the type of study, research design, the year of research, the participants, the health care institutions in which the studies had been carried out, survey used and main

subject area (see Table 1). The studies had been gathered under 7 topics and had been evaluated (see Figure 1). These titles were demographic identifiers of the leader (age, gender, etc.), other identifiers of the leader (personality, behavior, characteristics, etc.), leadership perceptions, leadership training, leadership measurement tools, the impacts of the leader on subordinates and organizational outcomes of leadership. The studies which could not be placed under any of the above mentioned titles were evaluated under the "other" category. The studies had been coded by researchers independently and then in order to ensure inter-rater reliability, they had been revised together.

The frequency and percentages of the data had been evaluated through the analysis with SPSS 20.0 package program. Dispersion of the study subjects according to years had been analyzed with Pearson's Chi-Square test to determine the important trends.

RESULTS

According to the findings, a considerable number (62.9%) of the 70 studies on leadership in health care services in Turkey between 2000 and 2013 were composed of Master's and PhD theses while the rest were (37.1%) composed of articles published in peer-reviewed scientific journals. 67 of these studies (95.7%) were based on research and nurses constituted the research participants in nearly half (52.2%) of them. Immediately after the nurses, the most studied group of participants are all health professionals working in health institutions (28.4%). 22 of the studies (32.8%) had been carried out in the public health institutions and 15 of them (22.4%) had been performed in university hospitals (see Table 1).

Table 1. Categories Related to Leadership in the Field of Health Care

Category	Values	n	%
Type of study	Article	26	37.1
	Master's Thesis	38	54.3
	Ph.D. Thesis	6	8.6
Research Design	Research	67	95.7
	Literature Review	3	4.3
Participants	Nurse	35	52.2
	Physician	3	4.5
	Manager	8	11.9
	Allied health personnel	2	3.0
	Health Personnel	19	28.4
Ownership of the Health Facility in which the Research Conducted	Public	22	32.8
	Private	10	15.0
	University	15	22.4
	Public and Private	11	16.4
	Public, Private, University	9	13.4
The Scale Used	Leader Behavior Description Questionnaire	6	9.0
	Task and People Oriented Questionnaire	4	6.0
	Multifactor Leadership Questionnaire	9	13.4
	Questionnaire Leader-Member Exchange (LMX-12)	4	6.0
	Leadership Practices Inventory	5	7.5
	Leadership Behaviors Scale	4	6.0
	Others *	35	52.1
Main Subject Area	Leader Demographic Identifiers (descriptions) (age, gender, etc.).	2	2.9
	Other Identifiers of the Leader (Personality,	19	27.1

Behavior, Characteristics, etc.).		
Leadership Perceptions	12	17.1
Leadership Training	2	2.9
Leadership Measurement Tools	3	4.3
Effects of Leader on Subordinates	23	32.9
Impact of Leadership on Organizational Outcomes	6	8.6
Other	3	4.3

* Besides the surveys measuring various leadership traits like charismatic leadership, attendant leadership, self-leadership and strategic leadership; surveys developed by the researchers and mixed surveys had been used for the studies under this category.

Most frequently used scales on leadership in health services are; Multifactor Leadership Questionnaire (13.4%) developed by Bass and Avolio (1999); Leader Behavior Description Questionnaire (9%) developed by the members of Ohio State University Leadership Studies (Ohio State University, 1957); Leadership Practices Inventory (7.5%) developed by Kouzes and Posner (2003) and Task and People Oriented Questionnaire (6%) developed by Luthans (1992). For some studies covered in here (12.9%), questionnaires created by the writers of this study, after reviewing the literature, had been used. The most studied leadership style was found to be transformational leadership (12/70, 17.2%).

Considering the core subject areas of the studies (Figure 1); they were found to be distributed under the subjects of the leader's age, gender, ethnicity and demographic identifiers (2.9%), the leader's personality and other identifying characteristics such as behavior (27.1%), the way the leader is perceived (17.1%), leadership training (2.9%) and leadership scale validity and reliability studies (4.3%). Approximately one-third of the studies analyzed (23/70, 32.9%) were focused on the effects of leadership types on subordinates. 5 of these studies (21.7%) were about subordinates' job satisfaction, another 5 of them (21.7%) were about subordinates' commitment to work, 3 of them (13%) were about their motivation levels while 2 of them (8.7%) were about their performance and other studies were about the effect of leadership on various variables such as subordinates' organizational citizenship behavior, their intentions to leave the organization and their confidence in the organization. Another important subject area that the studies focus on was the effect of leadership on productivity, labor productivity, conflict and work outcomes (8.6%).

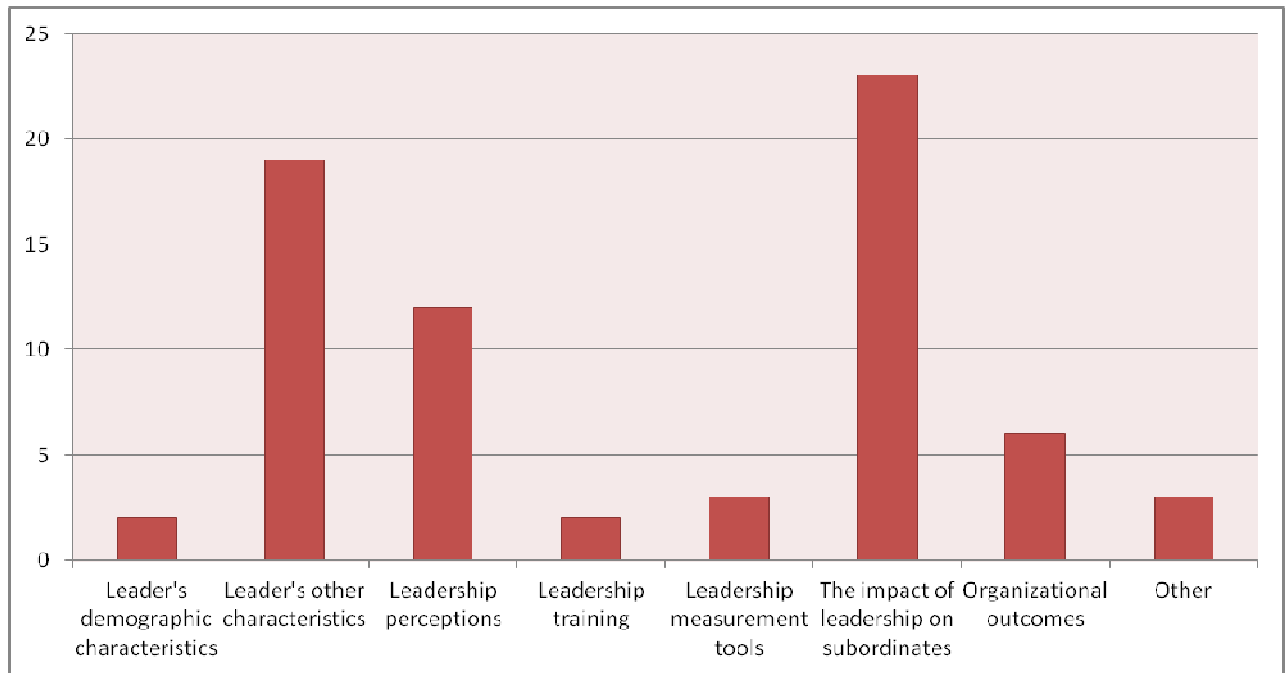


Figure 1. The Distribution of Leadership Studies According to Main Subject Areas

Figure 2 includes the distribution of the studies on leadership in the literature on health services in Turkey according to years. Accordingly, it can be seen that at leadership studies conducted in the field of health care services were few in number at the beginning of 2000's while the number of them had been increasing since 2008. It is striking that between 2010 and 2012, 29 (41.4%) studies had been conducted on the subject. Only in 2012, 12 (17.1%) studies had been carried out. In 2013, only 2 (2.9%) studies had been conducted. This decline can be explained with the fact that the last three months of the year 2013 had not been included in this study or leadership studies in health care field might have reached to a certain level of saturation. In order to be able to determine the main reason for this requires following of this trend in the coming years. There are some important trends in the distribution of study subjects according to years. When the studies published between 2008 and 2013 are compared with the ones published between 2000 and 2007; the studies in the 2008-2013 period were more focused on leadership and relationships with subordinates (respectively 73.9% and 26.1%), leadership and relationships between organizational outcomes (respectively 100% and 0), leader's other characteristics like personality and behavior (respectively 63.2% and 36.8%) and leadership measurement tools (respectively 100% and 0) (Pearson Chi-Square = 16.664, $p=0.020$, 2-tailed).

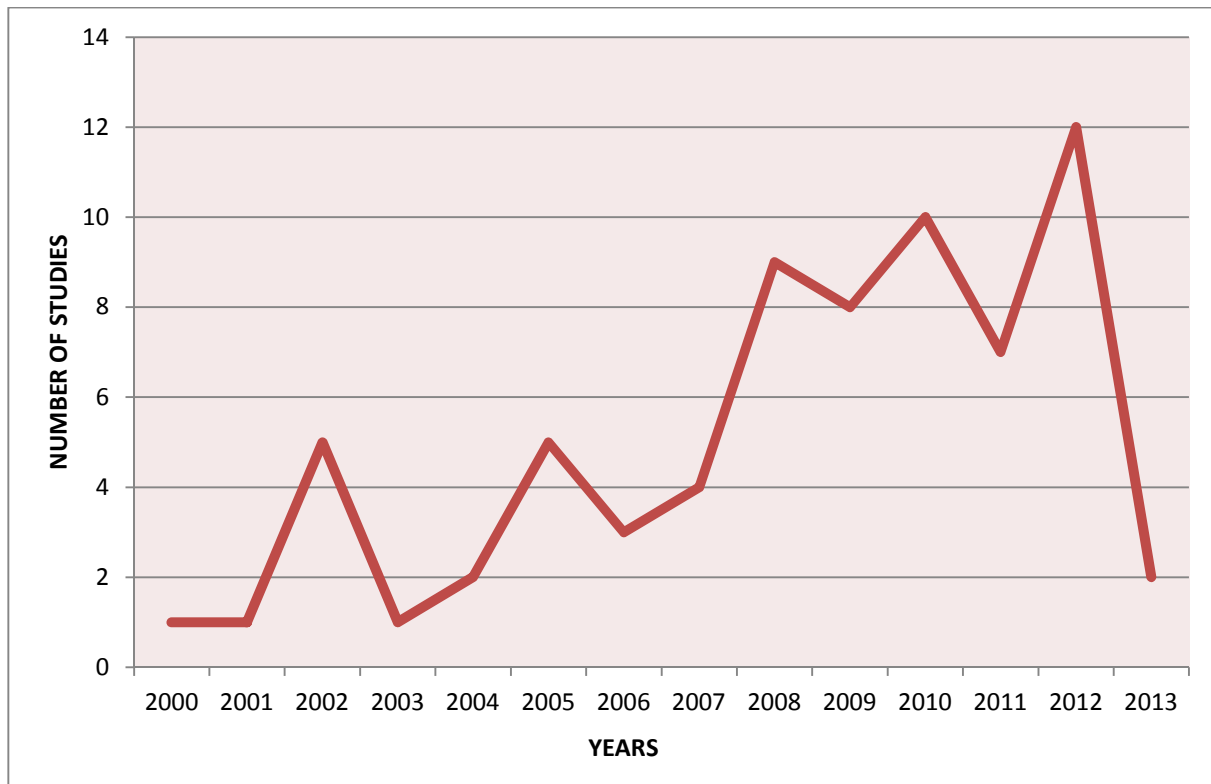


Figure 2. The Distribution of Leadership Studies in Health Care According to Years

In Table 2 there the basic variables and main findings which had been examined in some studies focusing on the effect of leaders on subordinates and organizational outcomes (10/70, 7%). As can be seen from the table, these studies focused on the effect of leaders on subordinates' job satisfaction, job commitment, performance and motivation or the effect of leaders on some organizational outcomes like efficiency, patient safety, teamwork and productivity which revealed statistically important relationships.

Table 2. Studies Revealing the Effect of Leadership on Subordinates and Organizational Outcomes (n = 11)

Primary Subject Area	Citation	Primary variables studies	Major Findings
Effects of Leader on Subordinates	Bayindir, 2004	Impact of perceived leadership behavior on job satisfaction	It had been found out that there is a strong relationship between the job satisfaction of 68 intensive care nurses working in a university hospital in Istanbul and the leadership type of the supervisor nurse.
	Tengilmoglu & Yigit, 2005	The impact of leadership behavior on job satisfaction of personnel	As study on 355 employees of a state hospital in Tokat determined that participative leadership is the type of leadership that had the highest correlation with job satisfaction.
	Ugurluoglu, 2009	Determination of strategic leadership traits of hospital managers	A study covering the 440 managers of hospitals under the Ministry of Health in Turkey revealed that, in the case managers use strategic leadership traits in their working environment, they were perceived more successful.
	Kocak, 2011	The effects of managers' leadership traits on employees' motivation and performance	It had been found out that the leadership traits of 340 managers working in public and private hospitals affect the motivation and perception of the employees positively.
	Goksel & Aydintan, 2012	The effect of leader-member interaction on organizational commitment	It had been found out that leader-member interaction level of 57 chief nurses in a university hospital in Ankara affected the organizational commitment positively.
	Arabaci, 2012	The effect of leadership behaviors of nurse managers on nurses' motivation	It had been determined that 267 intensive care nurses working in various hospitals in Istanbul perceived the leadership style of the nurse managers as "task focused" and the behaviors of nurse managers affected the motivation levels of nurses.
	Akbolat, Isik & Yilmaz, 2013	The effect of transformational leadership behavior on motivation and emotional commitment	According to the result of a study carried out with 452 employees of two private hospitals in Sakarya, transformational leadership had statistically significant effect on motivation and emotional commitment.
Effects of Leadership on Organizational Outcomes	Karahan, 2009	The impact of knowledge leadership on productivity.	It had been concluded that knowledge leadership of 120 managers working in university hospitals in various provinces in Turkey had a positive impact on productivity.
	Derin & Demirel, 2011	The impact of transformational leaders on procuring patient safety	In a study on 198 nurses working in public hospitals in Malatya revealed that there was a positive relationship between transformational leadership and improvement of patient safety.
	Ergen, 2011	Strategic leadership and its role in teamwork	According to the study conducted with 107 employees working at 112 emergency health care services in Erzurum; there was a statistically significant relationship between strategic leadership and teamwork.
	Uysal et al., 2012	The relationship between the hospital managers' leadership traits and productivity levels	In a study conducted with 525 employees in 7 hospitals in Isparta; paternalistic and transformative leadership types increased productivity.

DISCUSSION AND CONCLUSION

The important social changes from 1980's to today brought the need for a change in the focus of leadership studies. The increasing need for leaders in health care services, increasing cultural diversity in work places, globalization of organizations, rapid changes in the business environment and informational revolution can be given as examples of important social changes. Concurrently, the leadership literature also changed. For example, the effects and outcomes of leadership which had been often neglected in leadership research became notably interested topics (Vance & Larson, 2002, p.166).

It can be said that leadership studies in health care services field in Turkey had begun increasing especially since 2000's. It is thought that this increase is stemming from not only because of the social changes listed above but also because of the Health Transformation Program (HTP) started in 2003 in Turkey. Along with the implementation of the HTP, significant increase had been seen in the number of private health care institutions and localization and autonomy of the public health care organizations began to be among the basic principles of health care services provision. This in turn created the need for professional leaders and academic studies began focusing on several features of these leaders and their impact on individual and organizational outcomes. The purpose of this study is to examine the studies on leadership in health care services that had been carried out between 2000 and 2013 and gather them into various categories besides trying to find out their common points and fundamental tendencies.

Of the 70 studies included in this study, 67 (95.7%) of them had been built on a field research. 35 (52.2%) of these studies examined the relationship between nurses' leadership traits and behaviors with various outcome variables. But there are relatively smaller number of leadership studies focusing on especially physicians (3/67, 4.5%) and managers (8/67, 11.9%). Most studies on leadership had been conducted in public health institutions (32.8%) and university hospitals (22.4%). Every one out of three studies covered in this article had been conducted in public health care institutions which can be explained with the fact that, especially with the coming of the SDP, hospital managers in public health care institutions have been recruited on contract with performance follow-up conditions. Leadership traits of these managers and their effects on organizational outcomes attract the attention of researchers and practitioners.

Most common subjects of study are other identifiers such as leader's personality, behavior and characteristics, leadership perceptions and the impact of leadership traits on subordinates which had been examined by nearly one third of the studies that had been covered in this article. The impact of leadership on subordinates' job satisfaction and job commitments had been the most popular topic of research, followed by the effect of leadership on subordinates' motivation, perception of organizational justice, organizational citizenship, organizational confidence and subordinates' performance. In such studies, statistically significant and strong relationships had been revealed between various leadership characteristics and subordinates' job satisfaction (Bayindir, 2004), work commitment (Goksel& Aydintan, 2012) and motivation levels (Arabaci, 2012). Among the studies examined, there were also the ones which explored the impact of leadership on organizational outcomes such as productivity (Karahan, 2009) and labor productivity (Uysal et al., 2012), revealing important relationships. The most studies leadership type was transformational leadership followed by strategic leadership. Every one

study out of five focusing on a specific type of leadership were found to be examining the transformational leadership characteristics of health care employees. The impact of leadership on subordinates and organizational outcomes were especially the main subject area of the studies conducted between 2008 and 2013. However, none of the studies examined in this article had focused on the impact of leadership on patients or patient care outcomes. There are examples of such studies in the international literature. It can be stated that, despite the increase in the studies focusing on the impact of leadership on organizational outcomes in recent years, the number of such studies is still limited. Only 3 (4.3%) studies had been conducted on leadership measurement tools. It is thought that, there should be an increase in the number of studies focusing on adapting various leadership measurement tools to health care sector in order to increase the number of leadership studies in health care sector.

This study shows that, despite many studies on leadership in the Turkish health care services literature; there are still health care profession groups whose characteristics had never been studied, besides there are still fundamental areas and leadership characteristics which had never been or seldom studied. It is thought that the results of this study will help researchers who want to work on leadership in health care services in the future. However there are some limitations this work. The studies which could not be accessed in full-text and the ones with the characteristics of presentations had been kept out of the coverage of this article. In more comprehensive studies on this subject which will be conducted in the future, these limitations should be taken into account.

REFERENCES

1. Akbolat, M., Isik, O. & Yilmaz, A. (2013) Effect of Transformational Leadership Behavior on Motivation and Emotional Commitment. *International Journal of Economic and Administrative Studies*. 11. p. 35-50.
2. Alexander, J. A. A. & Morlock, L. L. (1997) Essentials of Health Care Management. In: Shortell, S. M. & Kalunzy, A. D. (eds.). *Power and Politics in Health Services Organizations*. United States of America: Delmar Publishers. Chapter 9. p.244-269.
3. Arabaci, S. (2012) *The Influence of Nurses Motivation of The Leadership Behaviours of Nurse Managers Working in Intensive Care Units*. Master's Thesis. Istanbul: Halic University Institute of Medical Sciences.
4. Atun, R. A. (2003) Doctors and Managers Need to Speak a Common Language. *British Medical Journal*. 326(7390). p.655.
5. Barr, J. & Dowding, L. (2012) *Leadership in Healthcare*. 2nd Ed. London: Sage Publications.
6. Bass, B. M. (1985) *Leadership and Performance Beyond Expectations*. New Young: Free Press.
7. Bass, B. M. (1997) Does the Transactional-Transformational Leadership Paradigm Transcend Organizational and National Boundaries. *American Psychologist*. 52 (2). p.130-139.

8. Bass, B. & Avolio, B. (1999) Re-Examining the Components of the Transformational and Transactional Leadership Using the Multifactor Leadership Questionnaire. *Journal of Occupational and Organizational Psychology*. 72. p.441-462.
9. Bayindir, A. (2004) *The Affects of the Perceived Leadership Behavior of Managers on the Job Satisfaction of Nurses Employed in Intensive Care Unites*. Master's Thesis. Istanbul: Marmara University Institute of Medical Sciences.
10. Boal, K. B. & Hooijberg, R. (2000) Strategic Leadership Research: Moving on. *Leadership Quarterly*. 11(4). p.515-549.
11. Burns, J. M. (1978) *Leadership*. New York: Harper & Row.
12. D'Aunno, T., Succi, M. & Alexander, J. (2000) The Role of Institutional and Market Forces in Divergent Organizational Change. *Administrative Science Quarterly*. 45. p.679-703.
13. Derin, N. & Demirel, E. T. (2011) Applications of Patient Safety for Productivity Growth in Hospitals and the Effect of Transformational Leadership on the Provision of Patient Safety. *The Journal of Productivity*. 3. p. 51-81.
14. Ergen, T. (2011) *Strategic Leadership and its Role in Teamwork an Application in 112 Emergency Health Services in the Province of Erzurum*. Master's Thesis. Erzurum: Ataturk University Institute of Social Sciences.
15. Ergeneli, A., Gohar, R. & Temirbekova, Z. (2007) Transformational Leadership: Its Relationships to Culture Value Dimensions. *International Journal of Intercultural Relations*. 31. p.703-724.
16. Gilmartin, Mattia J. & D'Aunno, Thomas A. (2007) 8: Leadership Research in Healthcare. *The Academy of Management Annals*. 1(1). p.387-438.
17. Goksel, A. & Aydintan, B. (2011) The Effect of Leader-Member Exchange on Organizational Commitment: An Empirical Research. *Suleyman Demirel University The Journal of Faculty of Economics and Administrative Sciences*. 17(2). p.247-271.
18. Hartley, J. & Benington, J. (2010) *Leadership for Healthcare*. Britain: The Policy Press.
19. Hasanfeld, Y. (2010) *Human Services as Complex Organizations*. 2nd Ed. USA: Sage Publications.
20. Hosmer, L. T. (1982) The Importance of Strategic Leadership. *The Journal of Business Strategy*. 3(2). p.47-57.
21. Jasper, M. & Jumaa, M. (2005) *Effective Healthcare Leadership*. UK: Blackwell Publishing.

22. Karahan, A. (2009) The Effect of Knowledge Leadership on Productivity: A Research on Health Sector. *Information World*. 10(1). p.81-108.
23. Kocak, R. D. (2011) *The Effects of Leadership Characteristics of the Executives on the Employees? Motivation and Performance: A Study of Public and Private Hospitals*. Master's Thesis. Ankara: Gazi University Institute of Education Sciences.
24. Kocel, T. (2013) *Business Management*. 13th Ed. Istanbul: Beta Publications.
25. Kouzes, J. M. & Posner, B. Z. (2003) *Leadership Practices Inventory Participant Workbook*. 3th Ed. San Francisco: Jossey-Bass A Wiley Imprint.
26. Luthans, F. (1992) *Organizational Behavior*. 6th Ed. USA: Mcgraw-Hill Inc.
27. Maxwell, J. C. (2007) *The 21 Irrefutable Laws of Leadership*. 10th Ed. USA: Yates & Yates.
28. Morgan, G. (2006) Images of Organization. In: Morgan, G. (eds.). *Interests, Conflicts and Power: Organizations as Political Systems*. London: Sage Publications. Chapter 6. p.149-206.
29. Northouse, P. G. (2010) *Leadership: Theory and Practice*. 5th Ed. USA: Sage Publication.
30. Ohio State University (1957) *Leader Behavior Description Questionnaire*. Columbus: Fisher College of Business.
31. Paina, L. & Peters, D. H. (2012) Understanding Pathways for Scaling up Health Services Through the Lens of Complex Adaptive Systems. *Health Policy and Planning*. 27. p.365-373.
32. Perrow, C. (1961) The Analysis of Goals in Complex Organizations. *American Sociological Review*. 26(6). p.854-866.
33. Savigny, D., Adam, T., Campbell, S. & Best, A. (2009) Systems Thinking: What it is and What it Means for Health Systems. In: Savigny, D. D. & Adam, T. (eds.). *Systems Thinking: For Health Systems Strengthening*. Geneva: WHO Press.
34. Stodgill, R. M. (1948) Personal Factors Associated with Leadership: A Survey of the Literature. *Journal of Psychology*. 47. p.1-14.
35. Tengilimoglu, D. & Yigit, A. (2005) Determining the Effects of Leadership Behaviors on the Job Satisfaction of Personnel in Hospitals: A Field Study. *Hacettepe Journal of Health Administration*. 8(3). p.374-400.
36. Ugurluoglu, O. (2009) *Assessment of Strategic Leadership Characteristics of Hospital Managers*. Doctoral Dissertation. Ankara: Hacettepe University Institute of Medical Sciences.

- 37.** Ulgen, H. & Mirze, S. K. (2013) *Strategic Management in Business*. Istanbul: Literatur Publications.
- 38.** Uysal, Serife A., Keklik, B., Erdem, R. & Celik, R. (2012) Examination of the Relationship Between Hospital Managers' Leadership Traits and Levels of the Employees' Work Productivity. *Hacettepe Journal of Health Administration*. 15(1). p.25-57.
- 39.** Vance, L. & Larson, E. (2002) Leadership Research in Business and Health Care. *Journal of Nursing Scholarship*. 34(2). p.165-171.
- 40.** Yukl, G. (1989) Managerial Leadership: A Review of Theory and Research. *Journal of Management*. 15(2). p. 251-289.