

A BLENDED LEADERSHIP MODEL FOR TURKISH HEALTH POLICY GOVERNANCE: INSIGHTS FROM PRIVATE HOSPITAL EXECUTIVES

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ABSTRACT

OBJECTIVE:

To determine the leadership characteristics of health policymakers in Türkiye from the perspectives of private hospital managers and to propose the most appropriate blended leadership model in line with the unique characteristics of the health sector.

DESIGN:

The study employed a qualitative research design with content analysis based on face-to-face semi-structured interviews.

SETTING:

Using purposive sampling, this exploratory case-based study included five managers from private hospitals (four secondary-level and one tertiary-level) operating in the Gaziosmanpaşa district of Istanbul, providing context-specific insights into the perspectives of private hospital executives.

MAIN OUTCOME MEASURES:

It was determined that all private hospital managers interviewed positioned Turkish healthcare policymakers as autocratic leaders, and it was observed that this leadership style caused resistance and loss of institutional autonomy in the sector.

RESULTS:

On the other hand, when private hospital managers were asked to recommend an appropriate leadership style to healthcare policymakers for the effective and efficient delivery of healthcare services, all managers recommended the adoption of Visionary, Democratic and Ethical leadership styles together, while 3 managers expressed the view that Servant leadership should also be included.

CONCLUSIONS:

The findings suggest that, due to the unique characteristics of the Turkish healthcare system, a single leadership style is not sufficient. Consequently, it has been established that healthcare policymakers should adopt a leadership model that combines Visionary, Democratic, Ethical, and Servant leadership styles. The adoption of this model by health policymakers to increase both transparency and stakeholder participation is not merely an academic recommendation but also an important managerial necessity for establishing efficiency and trust in the healthcare sector.

KEYWORDS

health policy, blended leadership, healthcare governance, autocratic leadership, qualitative research, private hospitals, policy makers.

INTRODUCTION

The healthcare sector in Türkiye operates within a highly centralized governance structure in which major policy decisions are primarily shaped by national health authorities and directly affect both public and private healthcare providers. As private hospitals play a substantial role in healthcare delivery and are highly sensitive to regulatory decisions, reimbursement policies, and competitive pressures, the leadership style adopted by health policymakers is of critical importance for the functioning and sustainability of the sector. The healthcare sector has a politically complex structure due to persistent ethical challenges, regulatory pressures, and rapid technological developments. Pandemics, economic crises, and other unforeseen global systemic shocks require health policymakers to adopt leadership approaches that are not only effective under current conditions but also adaptable to future developments. In such a volatile environment, maintaining quality and efficiency in healthcare provision depends heavily on the relational dynamics between policymakers and field actors. Studies have shown that top-down management approaches that do not adequately consider the views of healthcare managers may undermine institutional autonomy, reduce adaptability, and erode trust over time [1–6].

Private hospital managers represent a particularly important stakeholder group because they are directly affected by policy decisions related to reimbursement, pricing regulations, accreditation requirements, and market competition. As far as is known, their perspectives can provide valuable insights into how policy decisions are translated into operational realities and how leadership approaches may influence organizational performance and service delivery. In addition, emerging leadership literature suggests that complex healthcare systems may benefit from blended or fusion leadership approaches rather than reliance on a single leadership style [7-9]. Although a substantial body of research has examined different leadership theories, an extensive literature review indicates a paucity of research specifically exploring the leadership style of health policymakers and the most appropriate leadership model from the perspective of private hospital managers in Türkiye. Accordingly, this study explores how private hospital managers perceive the current leadership type(s) of Turkish health policymakers and proposes a blended leadership model consisting of visionary, democratic, ethical, and servant leadership styles.

METHODS

The study was conducted using a qualitative research design with content analysis and is best interpreted as an exploratory case-based inquiry [10]. The target population of the study comprises private hospital managers in Istanbul, while the sample is specifically drawn from the Gaziosmanpaşa district. Private hospital managers in the Gaziosmanpaşa district were identified as key stakeholders.

At the time of the study, it was determined that there were 8 private hospitals in the Gaziosmanpaşa district. However, interviews were conducted with 5 private hospital managers; 4 of these hospitals are second-level private hospitals and 1 is a third-level private hospital. Although 3 managers declined to be interviewed, the 5 interviews yielded repeated data, and no new themes or codes emerged after the fifth interview, suggesting that data saturation had been reached.

Participants were provided with brief definitions of 18 leadership types, adapted from Northouse (2021), to ensure terminological consistency across interviews [11]. These included charismatic, democratic, autocratic, laissez-faire, delegative, team, servant, visionary, participative, interactive, coercive, relational, educational, transformational, paternalistic, supportive, creative, and ethical leadership. Following this introduction, participants were asked the following questions:

Interview questions:

1. In the provision of healthcare services in Türkiye, which leadership style would you place healthcare policymakers in, and why?

2. Considering the unique characteristics of healthcare, what leadership style(s) would you recommend for healthcare service delivery?
3. What do you think might be the advantages and disadvantages of implementing this leadership model?

Data were collected through face-to-face interviews (June 2022) using a semi-structured form, with interviews lasting an average of 30 minutes. Data analysis was performed through content analysis of transcribed audio recordings. Subsequently, the written data were coded; categories were determined, themes of common topics were formed, and findings were defined and interpreted. Based on the participants' responses, the themes, categories, and codes created are presented in Table 1 in the findings section. Furthermore, the participants' statements corresponding to the codes indicated in the table are presented verbatim in quotation marks and italics. The numbers at the end of the statements indicate the participant numbers.

To enhance analytical credibility, the coding and theme development process was independently reviewed by a qualitative research expert.

ETHICAL CONSIDERATIONS

The study procedures were conducted in accordance with relevant institutional/national ethical standards. The study was conducted in accordance with the decision of the Istanbul Medipol University Ethics Committee dated 23 June 2022, No. 579. Informed verbal consent was obtained from participants on a voluntary basis during interviews. To ensure the confidentiality of participants' and hospitals' names, hospitals and participants are referred to using codes (e.g., H1, H2).

RESULTS

TABLE 1: PRIVATE HOSPITAL MANAGERS' PERCEPTIONS OF HEALTH POLICY LEADERS: CONTENT ANALYSIS RESULTS

Theme	Category	Codes	H1	H2	H3	H4	H5
1. Determining the Type of Leadership Used by Health Policy Makers and Factors Influencing This Choice	1.1. Type of Leadership Used	Autocratic Leadership	X	X	X	X	X
		Lack of Consultation	X	X	X		X
	1.2. Factors Influencing the Type of Leadership Used	Restriction	X	X	X		X
		Sanctions		X	X		
		Inability to Reach Authorities		X	X	X	X
2. Leadership Types Proposed by Hospital Managers in the Provision of Healthcare Services	2.1. Recommended Leadership Types	Ethical Leadership	X	X	X	X	X
		Servant Leadership	X	X	X		
		Visionary Leadership	X	X	X	X	X
		Democratic Leadership	X	X	X	X	X
3. Opinions on the Use of Leadership Styles Recommended by Hospital Administrators in the	3.1. Advantages of Using the Recommended Model	Rapid Decision Making	X	X	X	X	X
		Ability to Compete on Equal Terms	X	X	X		

Provision of Healthcare Services		System Development	X	X		X	X
		Feeling Valued	X	X	X		X
		Growth of the Sector	X	X			X
		Easy Access	X	X	X	X	X
		Reduced Workload	X	X	X		X
		Service Quality	X	X	X	X	X
		Efficiency	X	X	X	X	X
		Satisfaction	X	X	X	X	X
		Up-to-date Data	X	X	X	X	X
		Time Saving		X			X
	3.2. Disadvantages of Using the Proposed Model	Undermining Authority		X			
		Misuse		X			
		Inability to Make the Right Decision				X	
		No Disadvantage	X		X		X

THEME 1: DETERMINING THE TYPE OF LEADERSHIP USED BY HEALTH POLICYMAKERS AND THE FACTORS INFLUENCING THIS CHOICE

Category 1.1 in the table: There was unanimous agreement among all five participants that Turkish health policymakers predominantly adopt an autocratic leadership style.

H5: 'Autocratic leadership because the state alone determines all the rules of the healthcare services we provide, and we are obliged to sign the contract...'

Category 1.2 in the table: The codes under this category indicate that participants perceived the current policy environment as highly centralized and restrictive. Participants consistently reported limited consultation, extensive sanctions, and difficulties in communicating directly with policymakers. Together, these experiences suggest that the prevailing leadership approach reduces institutional autonomy and constrains the ability of private hospitals to respond effectively to operational challenges.

H1: *'Regardless of the hierarchical position as a hospital manager, or where you are in the healthcare system, in this country, many healthcare issues are managed through official letters sent to you a certain time in advance. For example, the conditions and capabilities of my hospital are never the same as those of hospital X in terms of being able to comply with the decision(s) taken, but these rules apply equally to all of us. So, the boundaries are very sharply drawn here ...'*

Participants attribute the abundance of sanctions and the inability to reach the authorities to the sector being managed with autocratic leadership.

H2: *'The SGK tells me that it allows me to charge the patient a 200% difference, but I cannot charge more than that. For example, the SGK pays me 32 TL for an internal medicine consultation, 3x2, 64 TL, and says you can charge the patient this amount. But it is impossible for me to run the hospital with these amounts. Unfortunately, when we try to convey the problems we experience in this field, we cannot reach the authorities...'*

THEME 2: TYPES OF LEADERSHIP PROPOSED BY HOSPITAL MANAGERS IN THE PROVISION OF HEALTHCARE SERVICES

Category 2.1 in the table: Participants consistently emphasized that no single leadership style would be sufficient to address the complexity of healthcare governance. There was unanimous agreement that ethical, visionary, and democratic leadership styles should be adopted together, while three participants additionally recommended the inclusion of servant leadership to strengthen operational support for healthcare institutions.

H5: *'By consulting those directly involved in the field, we can achieve the best outcome for the healthcare system. Furthermore, technology is advancing rapidly, and there are numerous innovations to keep up with. The world has become quite small; diseases and epidemics can spread through human travel. From this perspective, healthcare policymakers need to clearly define their vision for the future, and all leaders must act fairly and ethically...'*

Regarding politicians adopting a servant leadership style:

H3: *'As the healthcare sector is an incredibly fast-growing structure, unfortunately, unilateral decision-making proves ineffective in the current dynamic landscape, they must support hospitals by backing policy decisions with necessary financial allocations to improve the country's healthcare system...'*

THEME 3: VIEWS ON THE USE OF LEADERSHIP STYLES RECOMMENDED BY HOSPITAL MANAGERS IN THE PROVISION OF HEALTHCARE SERVICES

Category 3.1 in the table: The codes under this category indicate that participants expected the proposed blended leadership model to facilitate more rapid and informed decision-making, improve communication and access to policymakers, reduce operational burdens, strengthen perceptions of being valued, promote fair competition, enhance efficiency and service quality, increase patient satisfaction, provide more up-to-date information, save time, and support the overall development and growth of the healthcare sector.

- On the possibility of competing on equal terms, the growth of the healthcare sector, and the development of the healthcare system:

H1 *'First and foremost, I believe that the conditions of competition would be fairer. It would force you to work by reducing the scale of the risks you take without forcing you into anything, thereby encouraging you to provide better services. The most important thing we would achieve or aim for here would be an advanced healthcare system and the further growth of the sector...'*

- Regarding the ability to make quick decisions, making them feel more valued, reducing their workload, and improving service quality:

H2 *'...When the authorities support us in our responsibilities and work, we can already provide more dedicated service by minimizing the difficulties of our work... If these views are considered, managers' work environment will be eased, and they will be able to make faster decisions...'*

- Regarding increased patient satisfaction:

H3: *'It brings significant satisfaction to patients and the system develops...'*

- Regarding easy access to policymakers, time savings, and enabling officials to access up-to-date data on field issues:

H5 *'...when we try to reach the health minister, we first try to meet with the general manager, we try to meet with the department heads, and they also say they cannot meet with the minister themselves...As a result, time losses of perhaps 6 months, 8 months, 1 year, 2 years, or 5 years occur... Therefore, it is not possible to move forward and make decisions. However, if the model we propose is implemented, we can access the authorities more easily, and problems can be quickly resolved by hearing directly from the first hand, i.e., the managers in the field...'*

- Regarding increased efficiency:

H4 *'...When different ideas are heard, a more accurate decision will emerge... strategic thinking, research and developments will always steer the healthcare system in the right direction and increase efficiency...'*

Category 3.2 in the table: *When asked about the disadvantages that could arise from using the model they proposed in combination, three participants stated that there would be no disadvantages.*

Although most participants reported that the proposed model would have no significant disadvantages, two participants raised concerns regarding the possible erosion of authority, misuse of participatory processes, and the risk that decisions could be influenced by less informed stakeholders.

- In this regard:

H3: *'There will be no disadvantages. After you have trained someone, selected the right person and placed them in the right department, given them the right authority, and made decisions democratically by discussing your decisions and visions together, combining these management models will never harm anyone...'*

- Regarding the possibility of undermining authority and potential misuse:

H2: *'... If implemented, the disadvantage is that authority may be undermined due to more moderate leadership, and of course, it may be abused depending on the individuals ...'*

- Regarding the failure to make the right decisions:

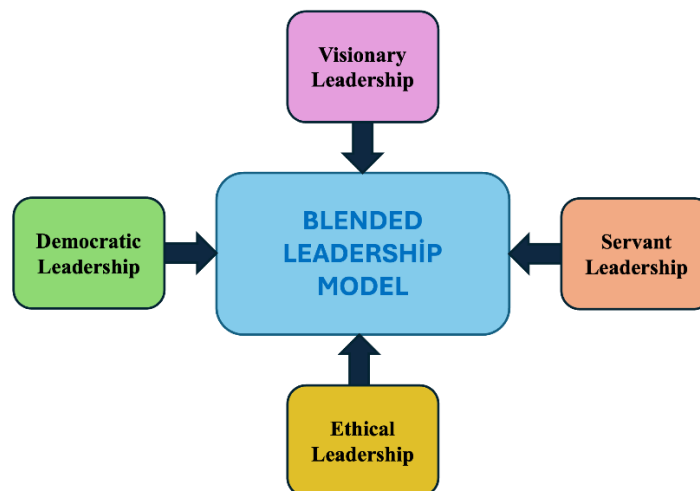
H4: *'When everyone participates in the decision-making process, and since the participants do not have the same level of education and experience, and everyone has the same amount of say, those with less experience and knowledge can also be heard within the system. If everyone's opinion is equal, what the majority says becomes more important than how valuable the ideas are. Evaluating ideas can sometimes become difficult in such situations ...'*

Overall, the findings indicate that private hospital managers unanimously perceived Turkish health policymakers as adopting an autocratic leadership style characterized by limited consultation, regulatory restrictions, sanctions, and difficulties in accessing decision-makers. At the same time, participants consistently emphasized that no single leadership style would be sufficient to address the complexity of healthcare governance. Instead, they recommended a blended leadership model integrating visionary, democratic, ethical, and, where appropriate, servant leadership. According to participants, this model would improve communication, accelerate and enhance decision-making, strengthen efficiency and service quality, and support the long-term development of the healthcare sector. Although most participants anticipated no major disadvantages, some expressed concerns regarding the potential erosion of authority and the risk of less informed decision-making in highly participatory processes.

DISCUSSION

The study examined private hospital managers' perceptions of the current autocratic leadership style and recommended the adoption of a blended leadership model. Subsequently, as shown in Figure 1, a discussion will be held on the theoretical justification of each component of the blended leadership model, which combines different leadership styles, in line with the challenges of modern healthcare governance.

FIGURE 1: PROPOSED BLENDED LEADERSHIP MODEL



Although each leadership style in the blended leadership model proposed in Figure 1 is distinct, they are complementary in nature. The visionary leadership style provides long-term strategic direction. It also enhances preparedness for both technological and epidemiological changes. Democratic leadership not only encourages stakeholder participation but also ensures that policy decisions are informed by operational processes. Ethical leadership provides a normative safeguard by strengthening justice, accountability and transparency. Servant leadership, meanwhile, complements these elements by emphasising organisational support and sensitivity to the needs of healthcare providers. When all these leadership styles are used together, they form an integrated management model aimed at balancing strategic consistency, participation, ethical integrity and operational support.

Studies revealing the policy style in Türkiye have emphasized that the policy style has not changed despite changes in administrations and that characteristics reflecting the autocratic type have been reinforced under the leadership of healthcare policymakers [12,13]. This finding is consistent with the results of the study. As stated by private hospital managers, issues such as 'not being consulted' and 'restrictions' clearly reveal a centralized management style, particularly during the pandemic, where the rapid decision-making process was concentrated among a few health policymakers. On the other hand, there are studies in the literature that argue that an inclusive approach has been adopted in policy design and implementation in Türkiye [14].

This contradiction can be explained by differences in perspective and analytical focus. Previous studies appear to have characterized the policy-making process in Türkiye as inclusive at the macro level. In contrast, the findings of this study reflect the operational experiences of private hospital managers who are directly affected by reimbursement policies, pricing regulations and administrative sanctions. In particular, the urgency of crisis management during the COVID-19 pandemic may have strengthened the centralized decision-making process and reduced opportunities for stakeholders to participate meaningfully in decision-making processes. Therefore, policy processes described as inclusive at the macro policy level may still be perceived as more centralized in operational practice. Especially since health policy requires rapid decisions involving considerable risk, decisions made by policymakers can be dominant. This situation prevents private hospital managers from taking initiative due to sanctions, slowing down the adaptation process for healthcare service provision and negatively affecting innovation capacity.

The perception among private hospital managers that health policymakers adopt an autocratic leadership style serves both as a critique of the leadership style itself and as an indication of the extent to which institutional autonomy and health management professionals are constrained in policy design processes. Despite being the actors most affected by policy decisions in the field, hospital managers' views on 'inability to reach authorities' and 'excessive sanctions' indicate that the top-down management model in the literature is also evident in health policy processes [3-6]. Implementing autocratic decisions based on the assumption that all hospitals (private/public, small/medium/large) have equal conditions, regardless of type, can lead to inequality and inefficiency, especially for private healthcare institutions with

different conditions. This situation highlights the lack of horizontal cooperation and stakeholder participation, which is vital for effectively and efficiently resolving urgent and complex healthcare policy issues (pandemics, technological innovations, etc.) The lack of horizontal collaboration resulting from the autocratic leadership style in Turkish healthcare policy extends the study's findings to a global context. This situation shares conceptual similarities with healthcare governance challenges in other low-to-middle-income countries (LMICs) where policy processes are centralized and top-down. The study provides important empirical evidence supporting these global challenges, demonstrating how autocratic tendencies negatively affect hospitals' capacity for adaptation and innovation on a global scale [15-17]. Consequently, the evidence suggests that health policymakers' adoption of autocratic leadership may negatively affect the work productivity of hospital managers. The lack of decision-making power for managers under autocratic leadership, the inability to take initiative, and feeling disregarded are consistent with the finding of decreased work productivity [18].

The Visionary and Servant leadership types, which are key elements of the blended leadership model proposed by private hospital managers, stem from the unexpected nature of healthcare policy-making needs and the requirement for operational support. The healthcare sector is subject to continuous technological developments and may suddenly face global pandemic crises. Therefore, it is crucial for healthcare policymakers to adopt visionary leadership and develop adaptable strategies to address different problems, enabling them to make the necessary policy decisions to deliver high-quality and efficient healthcare services that can keep pace with technological advancements [1,2]. Furthermore, private hospital managers demand that healthcare policymakers, who embrace servant leadership, prioritise and support the needs of hospitals, thereby countering the criticism of the currently implemented 'top-down' management approach. This expectation supports the approach in the literature that servant leadership contributes to managerial success [19,20]. The adoption of democratic and ethical leadership, other key elements of the blended model, is essential for the quality of health policies and the establishment of trust in the health sector. The hospital managers' statement that 'no opinions were sought' clearly demonstrates the necessity of democratic leadership. Studies in the literature show that democratic leadership requires stakeholder participation and sensitivity to diverse communities to solve complex public health problems [21,22]. Accordingly, involving key actors such as hospital managers in the decision-making processes of health policymakers will also increase the applicability of the decisions taken in the field. On the other hand, the adoption of ethical leadership by health policymakers is imperative due to the risky nature of the healthcare sector [20,23]. However, although ethical leadership is extremely important in management, it should be used in conjunction with different leadership styles as it can be limited in supporting innovation [23]. In this respect, consistency with the research results has been established. The inclusion of these two main elements in the blended model will also create a foundation for hospital managers to feel that their opinions are valued and for the establishment of a sustainable environment of trust in the healthcare sector.

Studies in the literature reveal that adopting a single type of leadership is insufficient in the complex and dynamic field of healthcare governance [7-9,24]. Research findings indicate that current healthcare policymakers adopt an autocratic leadership style; however, this leadership style does not reflect the expectations of private hospital managers or the needs of the sector. The model proposed by private hospital managers is a blended model, as shown in Figure 1. This model consists of a blend of visionary, democratic, ethical, and servant leadership styles. The model aims to ensure that health policies are ethical, increase stakeholder participation, and prepare for crises. This study contributes to the literature by not only presenting the current leadership type but also proposing a leadership model that blends the four main leadership styles. Furthermore, this model is highly valuable from both an academic and practical perspective, as it is the first model to directly present the views and expectations of private hospital managers in Türkiye based on evidence obtained from the field.

Some participants expressed concerns that greater stakeholder involvement in decision-making processes could undermine authority, lead to abuse, or increase the influence of less experienced stakeholders on decision-making. This finding indicates that there is a legitimate tension between inclusivity and decisiveness in healthcare management. However, the proposed blended leadership model aims to balance these risks. In this regard, while visionary leadership ensures the preservation of strategic direction, ethical leadership contributes to strengthening the principles of

accountability and justice. It is believed that the combined use of these leadership styles will help to strengthen, rather than weaken, decision-making authority through broader stakeholder participation in decision-making processes.

CONCLUSIONS

The perceptions of private hospital managers reveal that the current autocratic leadership style of healthcare policymakers is inadequate due to the sector's specific needs. The primary contribution of this research is the conceptualization of a blended leadership model (Figure 1) consisting of Visionary, Democratic, Ethical, and Servant leadership styles that healthcare policymakers should adopt.

In terms of policy implementation, the adoption of Democratic and Ethical leadership should ensure transparent management and stakeholder participation. Managers anticipate that using the proposed model will increase decision-making speed, efficiency, and service quality facilitated by streamlined communication and a first-hand flow of up-to-date data. When the blended model is adopted, policy decisions will be made in a transparent and inclusive manner, improving the quality and efficiency of health policies. This also demonstrates the need for health policymakers to exhibit servant and visionary leadership styles.

In this framework, ethical leadership serves as a safeguard by reinforcing fairness, accountability, and transparency, thereby helping to ensure that broader stakeholder participation strengthens rather than undermines decision-making authority.

This study has some methodological limitations. It is a qualitative research design, and the findings are based on the perceptions of five private hospital managers in the Gaziosmanpaşa district of Istanbul. Therefore, the findings should be interpreted as context-specific and are intended to provide in-depth insights into the experiences and perceptions of private hospital managers within the study setting. Furthermore, it is recommended that the validity of the proposed blended leadership model be tested through mixed-methods research conducted in public and private hospitals in different regions of Türkiye. On the other hand, future research focusing on studies examining the effects of the leadership styles adopted by healthcare policymakers on hospital performance indicators using a quantitative research design could further examine the practical benefits of the model.

CONTRIBUTORS:

The author contributed to all stages of the study, including conceptualization, methodology, data collection, analysis, interpretation, and manuscript preparation. The author approved the final version of the manuscript.

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The author declares no competing interests.

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