

RESEARCH IN THE MEDICAL DEVICE INDUSTRY ON LEADERSHIP STYLES AND GROWTH STRATEGIES OF BUSINESSES

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Abstract. Leadership styles can directly affect enterprises' growth potential because they can improve the overall performance of the business by increasing the performance of the employees and providing the right guidance in strategic decision-making processes. In this study, the scores of medical device managers, one of the most important actors in the health sector, regarding leadership dimensions and growth strategies were determined and their leadership styles in terms of gender, age and length of service were determined. As a result of the study, it was found that medical device managers exhibited transformational leadership style in terms of age, gender and length of service.

Keywords: Leadership in Health Institutions, Growth Strategies in Health Institutions.

TİBBİ CİHAZ SƏNAYƏSİNDƏ BİZNESİN LİDERLİK ÜSLUBLARI VƏ İNKİŞAF STRATEGİYALARI ÜZRƏ TƏDQİQAT

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Xülasə. Liderlik üslubları müəssisələrin inkişaf potensialına birbaşa təsir göstərə bilər, çünki onlar işçilərin performansını artırmaq və strateji qərarların qəbulu proseslərində düzgün rəhbərliyi təmin etməklə biznesin ümumi performansını yaxşılaşdırmağa bilər. Bu araşdırmada səhiyyə sektorunun ən əhəmiyyətli rollarından biri olan tibbi cihaz menecerlərinin liderlik ölçüləri və inkişaf strategiyaları ilə bağlı balları müəyyən edilmiş, eləcə də cins, yaş və xidmət müddəti baxımından liderlik üslubları müəyyən edilmişdir. Tədqiqat nəticəsində məlum olmuşdur ki, tibbi cihaz menecerləri yaş, cins və xidmət müddəti baxımından transformasiya liderlik tərzini nümayiş etdirmişlər.

Açar sözlər: Səhiyyə müəssisələrində liderlik, səhiyyə müəssisələrində inkişaf strategiyaları.

ИССЛЕДОВАНИЯ В ОТРАСЛИ МЕДИЦИНСКОГО ОБОРУДОВАНИЯ ПО СТИЛЯМ ЛИДЕРСТВА И СТРАТЕГИЯМ РОСТА БИЗНЕСА

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Резюме. Стили лидерства могут напрямую влиять на потенциал роста предприятий, поскольку они могут улучшить общую производительность бизнеса за счет повышения производительности сотрудников и предоставления правильного руководства в процессах принятия стратегических решений. В этом исследовании были определены баллы менеджеров по медицинскому оборудованию, одного из важнейших игроков в секторе здравоохранения, относительно измерений лидерства и стратегий роста, а также были определены их стили лидерства с точки зрения пола, возраста и стажа работы. В результате исследования было обнаружено, что менеджеры по медицинскому оборудованию демонстрируют трансформационный стиль лидерства с точки зрения возраста, пола и стажа работы.

Ключевые слова: Лидерство в учреждениях здравоохранения, стратегии роста в учреждениях здравоохранения.

1. Introduction

Leadership has always played a central role in human history and will continue to do so in the future. How communities and organisations overcome the challenges they face and achieve their goals depends to a large extent on the vision and management of leaders. In the modern world, leadership is becoming more complex. Globalisation, diversity and the rapid advancement of technology require leaders to have constantly evolving skills and adaptability. Leaders are no longer only influential within the confines of their own culture but must also be effective in multicultural and large-scale ecosystems. This makes the concept of leadership a constantly updated and evolving field. New theories, models and strategies continually enrich leadership practices. New leadership approaches aim to be more effective in motivating individuals, empowering teams and managing organisational change in a changing world of work.

Growth is indispensable not only in economic terms but also in social and personal terms. Companies aim for continuous growth as a prerequisite for innovation progress and competitiveness in the market. The ability to offer innovative ideas, products and services is among the factors that determine a company's viability and success. However, growth must also be sustainable, considering environmental, economic and social impacts. This applies not only to businesses but also to individuals. Personal growth and development enable individuals to improve their quality of life and success. Lifelong learning, career development and the expansion of personal competencies are constantly on the agenda and critical for people to lead more fulfilling lives.

The interaction between leadership and growth is also noteworthy. Influential leaders develop visions and strategies that lead to growth. They enable team members to make the best use of their talents and focus on maximising the potential of both individuals and organisations. On the other hand, a healthy growth environment also sets the stage for leadership, as growing organisations offer leaders more opportunities, resources and often more significant challenges. Leadership and growth are thus two fundamental elements that feed into each other, one of which cannot fully function without the other. The continuous exploration, debate and redefinition of both are essential to contemporary business and social order vitality.

Therefore, leadership and growth not only remain topical but also increase in importance as cornerstones of the present and future.

2. Conceptual framework

The medical equipment (device) sector in Turkey, as an indispensable part of the health sector, is vitally important in terms of the quality, accessibility and technological level of the devices used by doctors in diagnosis and treatment processes. The health sector is highly dependent on high-tech medical devices, which indicates that Turkey needs to localise and reduce external dependency to compete globally and become a dominant player in this sector.

Leadership styles in the health sector are essential for increasing domestic production, being effective in national and international competition and following rapid technological developments. In terms of health policies and service delivery, factors such as who will produce health services, sources of financing, methods of payment of wages and how services will be purchased are determinative. In the medical device sector, where competition at the global and local levels is high, success is closely related to managers' leadership styles.

The efficiency and effectiveness of health institutions depend on the use and planning of medical devices. It has been emphasised that the contemporary delivery of health services, the use and safety of medical devices and instruments and the relations between stakeholders should be regulated and monitored. In medical device regulation, these devices' functions and intended uses are defined in detail.

Why are some hospitals growing while others are closing or not growing? Why do some hospitals expand their market share while others lose market share? Why do some hospitals prefer only private patients while others accept SSI patients? Why do some hospitals charge patients a 200 per cent co-payment determined by the government, while others charge less or no difference fee? Why do some hospitals provide services such as MRI and Tomography with their facilities, while others prefer to outsource these services? The answers to these questions can be found in the strategies that hospitals decide on and implement. Success or failure is not a random outcome; success or failure results from the strategy and strategies decided and implemented.

Strategy is one of the most frequently used concepts in daily life. We hear the concept of strategy very often in daily life: “I made a very strategic mistake in the exam; I started with verbal questions”, “the location of the house is very strategic; it is close to home and work”, “the subject we will cover today is the most strategic subject of our course”. The word strategy, which we frequently hear in our daily lives, is sometimes used as “very important”, sometimes as “critical (vital)”, sometimes as “action plan” and sometimes as “road map” [6, p.12].

In general, managers of health institutions in all countries are dealing with the quality problems that arise even though they work together with highly qualified health personnel to reduce the increasing service costs on the one hand and the other. Although managers endeavour to achieve these objectives by ensuring efficiency in resource utilisation, developing clinical guidelines (treatment plans), shortening waiting times and establishing an electronic patient file system, they cannot achieve striking results at the desired level. Managers should focus on developing new strategies rather than operational improvements. According to Porter and Lee, the core of this new strategy should be creating maximum value for patients. For the services provided to create maximum value for patients, a “patient-centred” service delivery system based on the needs of patients should be adopted from the supply-driven service delivery system directed by physicians. In other words, managers should focus on service delivery

results (improvement in the health status of the patient) rather than the quantity and profitability of the services provided (outpatient and inpatient treatment, medical procedures and tests) [8].

Although leadership is a frequently researched topic in management and social sciences, there is a wide disagreement on its definition. Leadership can be seen as a process of influence and is often defined in terms of group processes, behavioural influence, personality congruence, power relations and direction. Research on leadership reflects different perspectives from various disciplines and definitions of leadership vary according to the leadership trait or dimension the researcher is interested in [11; 10, p.259; 1; 9, p.314].

One of the first systematic analyses of leadership is the Great Men approach, which focuses on leadership characteristics. This approach argues that people defined as leaders are born with the traits that enable them to become leaders. This approach emphasises that famous leaders in history had innate leadership qualities. Since the 1900s, research on leadership has approached leadership from an organisational perspective and tried to determine which characteristics must be appointed to managerial positions. These researches aimed to identify the distinguishing characteristics of influential and great leaders [4, p.566; 5, p.21].

Behavioural leadership models make leadership more measurable and observable by examining leaders' behaviours and their effects on followers. These models include the University of Michigan Model, Ohio State University Model, Blake Mouton Model, Rensis Likert's System I-System IV Model and Tannenbaum and Schmidt's Line of Management Model.

Situational leadership approaches examine how leadership changes according to the context of specific situations and how leadership styles adapt to situational factors. Fred Fiedler's Situational Leadership Model explains that effective leadership depends less on leadership style and more on the nature of the task, the leader-subordinate relationship and the leader's degree of authority (reward and punishment). Hersey and Blanchard's Maturity Model emphasises how leadership style should be adjusted according to the readiness level of followers. Path-Goal Theory examines how leaders influence subordinates' perceptions about goals and the paths to achieve them. The Vroom-Yetton Decision Tree Leadership Model determines leadership style by considering the level of followers' participation in the leader's decision-making process. This model analyses the leader's interaction with followers and their role in decision-making processes.

Multiple leadership approaches are transformational leadership, transactional leadership and laissez-faire leadership. Transformational leadership is based on emotions, values, ethics, standards and long-term goals. Transformational leadership is an extraordinary influence that leads subordinates to do more than expected and includes charismatic and visionary leadership [7, pp.161-191; 2, p.4]. The sub-dimensions of transformational leadership are idealised influence-attitude, idealised influence-behaviour, inspirational motivation, intellectual stimulation and individual attention.

The main philosophy of interactionist leadership is based on the mutual exchange between leader and follower. In transactional leadership, followers are motivated by leaders' promises, rewards and reinforcement methods or corrected by negative feedback, disciplinary measures and reprimands [3, p.114]. The sub-dimensions of transactional leadership are contingent rewards, active management with exceptions and passive management with exceptions.

Bass defines laissez-faire leadership as the leader giving authority to team members and allowing them to assume their responsibilities. The leader trusts and supports team members but does not control them. Unleashed leadership supports the development of team members and provides an environment where they can replace the leader. Unleashed leadership can increase team members' self-confidence and improve the organisation's performance [1, pp.65-66].

3. Purpose of the research

The study aims to determine the relationship between the growth of medical enterprises in Ankara and their leadership styles. In the study, the Multifactor Leadership Questionnaire (MLQ 5X - SHORT) developed by Bass and Avolio (1995) was used to reveal the relationship between the growth of medical enterprises and their leadership styles. The Multifactor Leadership Questionnaire is a 5 Likert-type scale consisting of 45 questions in total. Each question has five options. These options are never, seldom, sometimes, usually and always or very often. Each question is scored by dividing it by five and the lowest score of 0 and the highest score of 4 can be obtained from the whole scale.

To establish a relationship with the size of the enterprises, four questions on the number of personnel of the enterprises, the value of the fixed assets of the enterprises, the annual sales revenues of the enterprises and the growth strategies of the enterprises were added to the questionnaire. In addition, three questions were added regarding the age, gender and length of service of the managers participating in the survey.

4. Research method

The leadership styles exhibited by medical managers, one of the most important actors in the health sector, in terms of their gender, age and length of service, were determined by determining their scores related to leadership dimensions and growth strategies. By reaching 148 medical managers in Ankara, data were collected and analysed using the Multifactor Leadership Questionnaire-MLQ 5X - SHORT, initially developed by Bass and Avolio (1995). To reach the results, percentage, arithmetic mean and standard deviation were obtained and regression analysis was applied.

5. Findings and Results

The findings obtained from the study are discussed below.

According to Table 1, 144 of the managers participating in the study selected the idealised influence-attitude dimension, the sub-dimension of transformative leadership, with a mean of 2.81 and a standard deviation of 0.73. The idealised influence-behaviour dimension, which is the sub-dimension of transformative leadership, was chosen by 147 participants with a mean of 2.65 and a standard deviation of 0.71. The Inspirational motivation dimension, the sub-dimension of transformative leadership, was selected by 145 participants, with a mean of 2.83 and a standard deviation of 0.78. The intellectual stimulation dimension, the sub-dimension of transformative leadership, was chosen by 146 participants with a mean of 2.61 and a standard deviation of 0.68. The Individual attention dimension, the sub-dimension of transformative leadership, was selected by 141 participants, with a mean of 2.82 and a standard deviation of 0.67.

Table 1. Average scores for the leadership dimensions concerning age groups

Leadership Dimension / Age Group		Idealised Influence/ Attitude	Idealised Influence/ Behaviour	Inspirational Motivation	Intellectual Stimulation	Individual Consideration	Contingent Reward	Active Management by Exception	Passive Management by Exception	Laissez-Faire Leadership
Under 25	Average	2,4559	2,4474	2,5000	2,2794	2,8056	2,5263	2,3421	1,5132	1,5526
	Number of Managers	17	19	19	17	18	19	19	19	19
	Standard Deviation	1,03545	,83574	,95743	,77501	,73542	,86961	,71303	1,04905	1,10107
35-39	Average	2,9306	2,7431	2,9444	2,6903	2,7714	2,6528	2,4485	1,3643	1,1071
	Number of Managers	36	36	36	36	35	36	34	35	35
	Standard Deviation	,49139	,44915	,65768	,62949	,59214	,63885	,74564	,82324	1,04016
40-44	Average	2,7750	2,6774	2,7833	2,6371	2,8929	2,5887	2,4083	1,3952	1,1250
	Number of Managers	30	31	30	31	28	31	30	31	30
	Standard Deviation	,8313	,80154	,86785	,65777	,70194	,77875	,82128	,82607	,97766
Above 45	Average	61	2,6598	2,8833	2,6427	2,8167	2,5927	2,3333	1,3685	,9443

	Number of Managers	61	?	60	62	60	62	60	62	61
	Standard Deviation	,66998	,74026	,72408	,67580	,69023	,67483	,78744	,80624	1,06102
TOTAL	Average	2,8108	2,6565	2,8276	2,6110	2,8191	2,5980	2,3776	1,3918	1,1007
	Number of Managers	144	147	145	146	141	148	143	147	145
	Standard Deviation	,72616	,70663	,77813	,67720	,66956	,70989	,76905	,84121	1,05167

As seen in Table 1, 148 of the managers participating in the study selected the contingent reward dimension, the sub-dimension of transactional leadership, with a mean of 2.60 and a standard deviation of 0.71. The dimension of active management, with exceptions, the sub-dimension of transactional leadership, was chosen by 143 participants, with a mean of 2.38 and a standard deviation of 0.77. Passive management by exception, the sub-dimension of interactionist leadership, was selected by 147 participants, with a mean of 1.39 and a standard deviation of 0.84.

As Table 1 shows, 145 of the managers who participated in the study chose the released leadership, with a mean of 1.10 and a standard deviation of 1.05.

Table 2. Average scores of leadership dimensions according to gender of medical managers

Leadership Dimension /Gender		Idealised Influence/ Attitude	Idealised Influence/ Behaviour	Inspirational Motivation	Intellectual Stimulation	Individual Consideration	Contingent Reward	Active Management by Exception	Passive Management by Exception	Laissez-Faire Leadership
Male	Average	2,8046	2,6639	2,8396	2,5711	2,8248	2,5691	2,3814	1,3890	1,0951
	Number of Managers	119	122	120	121	117	123	118	123	122
	Standard Deviation	,71985	,69886	,73250	,66536	,67933	,69121	,77191	,82895	1,06069
Female	Average	2,8750	2,6023	2,7955	2,8227	2,7500	2,7500	2,3864	1,4524	1,2000
	Number of Managers	22	22	22	22	22	22	22	21	20

	Standard Deviation	,80825	,76243	,92786	,71193	,64087	,84163	,73892	,95727	1,06561
TOTAL	Average	2,8156	2,6545	2,8327	2,6098	2,8129	2,5966	2,3821	1,3983	1,1099
	Number of Managers	141	144	142	143	139	145	140	144	142
	Standard Deviation	,73171	,70649	,76244	,67629	,67169	,71576	,76422	,84552	1,05822

According to Table 2, among the managers who participated in the research regarding gender, 145 people chose the contingent reward dimension, which is a sub-dimension of interactionist leadership, with a mean of 2.60 and a standard deviation of 0.71. The dimension of active management, with exceptions, a sub-dimension of transactional leadership, was chosen by 140 participants, with a mean of 2.38 and a standard deviation of 0.76. Passive management by exception, a sub-dimension of interactionist leadership, was selected by 144 participants, with a mean of 1.40 and a standard deviation of 0.84.

According to Table 2, 142 of the managers who participated in the research chose the released leadership, with a mean of 1.11 and a standard deviation of 1.06, regardless of their gender.

Table 3. Average scores of leadership dimensions according to length of service of medical managers

Leadership Dimension - Tenure Period		Idealised Influence/ Attitude	Idealised Influence/ Behaviour	Inspirational Motivation	Intellectual Stimulation	Individual Consideration	Contingent Reward	Active Management by Exception	Passive Management by Exception	Laissez-Faire Leadership
1-5 Yıl	Average	2,7083	2,5395	2,7632	2,5658	2,9474	2,8026	2,5526	1,5395	1,4306
	Number of Managers	18	19	19	19	19	19	19	19	18
	Standard Deviation	1,01550	,88688	,89936	,66584	,59849	,77091	,74805	1,01469	1,20905
6-10 Yıl	Average	2,7761	2,6581	2,7538	2,5201	2,7538	2,5147	2,4621	1,2463	,9142
	Number of Managers	67	68	66	67	65	68	66	67	67
	Standard Deviation	,71660	,74049	,80681	,72530	,71191	,77854	,77490	,76437	,91655

	Deviation									
11-15 Yıl	Average	2,7643	2,6643	2,9357	2,7171	2,8162	2,6111	2,4044	1,5833	1,3386
	Number of Managers	35	35	35	35	34	36	34	36	35
	Standard Deviation	,65570	,57504	,74098	,57739	,58163	,53601	,70446	,84726	1,07834
Above 16	Average	3,0521	2,7300	2,9200	2,7400	2,9022	2,6500	1,9688	1,3940	1,0300
	Number of Managers	24	25	25	25	23	25	24	25	25
	Standard Deviation	,57568	,65717	,66427	,67885	,73754	,68845	,76369	,86462	1,17331
TOTAL	Average	2,8108	2,6565	2,8276	2,6110	2,8191	2,5980	2,3776	1,3918	1,1007
	Number of Managers	144	147	145	146	141	148	143	147	145
	Standard Deviation	,72616	,70663	,77813	,67720	,66956	,70989	,76905	,84121	1,05167

According to the data presented in Table 3, regarding length of service, 148 managers who participated in the study chose the contingent reward dimension, a sub-dimension of interactionist leadership, with a mean of 2.60 and a standard deviation of 0.71. The dimension of active management, with exceptions, a sub-dimension of transactional leadership, was chosen by 143 managers, with a mean of 2.38 and a standard deviation of 0.77. Passive management by exception, a sub-dimension of interactionist leadership, was selected by 147 participants, with a mean of 1.39 and a standard deviation of 0.84.

As seen in Table 3, in terms of length of service, 145 of the managers who participated in the study chose the released leadership with a mean of 1.10 and a standard deviation of 1.05.

Table 4. Increase in the number of staff according to the leadership behaviour scores of medical managers

LEADERSHIP BEHAVIORS	Non-standard Coefficients		Standard Coefficients	t Value	Sig.
	Beta	Standard Error	Beta		
Constant	,251	,824		,305	,761
TRANSFORMATIONAL LEADERSHIP					
Idealised Influence-Attitude	,344	,309	,166	1,113	,268
Idealised Influence-Behavior	,286	,291	,133	,982	,328
Inspirational Motivation	-,524	,307	-,273	-1,709	,090
Intellectual Simulation -	-,311	,276	-,138	-1,128	,262
Individual Consideration	,428	,276	,194	1,549	,124
TRANSACTIONAL LEADERSHIP					
Contingent Reward	,333	,273	,159	1,217	,226
Active Management by Exception	-,528	,183	-,276	-2,877	,005
Passive Management by Exception	,140	,224	,081	,624	,534
LAISSEZ-FAIRE LEADERSHIP	-,076	,198	-,052	-,386	,700

Table 4 gives the results obtained from the regression analysis performed to reveal the structural model of the relationship between the rate of increase in the number of personnel of the enterprise, which is a variable indicating the growth tendency and the leadership behaviours of the medical managers.

As shown in Table 4, it was determined that only the leadership behaviour of active management, with exceptions among the leadership behaviours, had a statistically significant effect ($t=2,877$; $p<0,05$) on the growth variable of the rate of increase in the number of personnel.

The regression model given in Table 4 is statistically significant ($F=2,015$; $p<0,05$) and this model explains 13,7% of the variation in the growth variable.

Table 5. Increase in business revenues according to leadership behaviour scores of medical managers

LEADERSHIP BEHAVIORS	Non-standard Coefficients		Standard Coefficients	t Value	Sig.
	Beta	Standard Error	Beta		
Constant	1,127	,552		2,041	,044
TRANSFORMATIONAL LEADERSHIP					
Idealised Influence-Attitude	-,104	,210	-,068	-,497	,620
Idealised Influence-Behavior	,243	,199	,153	1,217	,226
Inspirational Motivation	-,168	,209	-,118	-,806	,422
Individual Consideration	-,153	,187	-,092	-,818	,415
Individual Consideration	,100	,188	,061	,531	,596
TRANSACTIONAL LEADERSHIP					
Contingent Reward	-,027	,186	-,018	-,145	,885
Active Management by Exception	,457	,125	,322	3,649	,000
Passive Management by Exception	-,457	,153	-,352	-2,991	,003
LAISSEZ-FAIRE LEADERSHIP	-,012	,135	-,011	-,088	,930

Table 5 gives the results obtained from the regression analysis performed to reveal the structural model of the relationship between the increase in business revenues, which is a variable indicating the growth tendency and the leadership behaviours of medical managers.

As given in Table 5, it was determined that active management leadership behaviour with exceptions ($t=3,649$; $p<0,05$) and passive management behaviour with exceptions ($t=2,991$; $p<0,05$) among the leadership behaviours statistically significantly affected the growth variable of increase in business revenues.

The regression model given in Table 5 is statistically significant ($F=4,644$; $p<0,05$) and this model explains 26,5% of the variation in the growth variable.

Table 6 gives the results from the regression analysis performed to reveal the structural model of the relationship between the business's effect on asset increase, a variable indicating the growth tendency and the leadership behaviours of medical managers.

As given in Table 6, the effect of leadership behaviours on the asset increase of the business does not statistically significantly affect the growth variable ($p>0,05$).

Table 6. The effect of medical managers' leadership behaviours on business asset growth

LEADERSHIP BEHAVIORS	Non-standard Coefficients		Standard Coefficients	t Value	Sig.
	Beta	Standard Error	Beta		
Constant	1,534	,880		1,742	,084
TRANSFORMATIONAL LEADERSHIP					
Idealised Influence-Attitude	,014	,335	,007	,041	,967
Idealised Influence-Behavior	-,187	,318	-,085	-,589	,557
Inspirational Motivation	,060	,333	,030	,181	,857
Individual Consideration	,076	,299	,033	,255	,799
Individual Consideration	-,027	,300	-,012	-,089	,929
TRANSACTIONAL LEADERSHIP					
Contingent Reward	,080	,297	,038	,271	,787
Active Management by Exception	-,301	,200	-,153	-1,505	,135
Passive Management by Exception	-,161	,243	-,089	-,661	,510
LAISSEZ-FAIRE LEADERSHIP	,099	,216	,065	,460	,647

6. Discussion

The results obtained from the research are listed below.

According to the perceptions of medical managers in terms of age groups, it was found that the most realised sub-dimension of transformational leadership style was inspirational motivation (2,83) and the least realised sub-dimension was intellectual stimulation (2,61). According to medical managers' perceptions regarding age groups, the most realised sub-dimension of transactional leadership style is a contingent reward (2,60) and the least realised sub-dimension is passive management with exceptions (1,39). According to medical managers'

perceptions regarding age groups, the realisation rate of the laissez-faire leadership style is (1,10).

Regarding age groups, medical managers realise that the transformational leadership style is more than the interactionist and laissez-faire leadership styles.

According to the perceptions of male medical managers regarding their gender, it was found that the most realised sub-dimension of transformational leadership style was inspirational motivation (2,84) and the least realised sub-dimension was intellectual stimulation (2,57). According to the perceptions of female medical managers, it was found that the most realised sub-dimension of transformational leadership style was idealised influence-attitude (2,87) and the least realised sub-dimension was idealised influence-behaviour (2,60).

According to the perceptions of male medical managers regarding their gender, it was found that the most realised sub-dimension of transactional leadership style was contingent reward (2,57) and the least realised sub-dimension was passive management with exceptions (1,39). According to the perceptions of female medical managers, it was found that the most realised sub-dimension of transactional leadership style was contingent reward (2,75) and the least realised sub-dimension was passive management with exceptions (1,45).

Regarding gender, the rate at which the laissez-faire leadership style is adopted is 1.10 for male medical managers and 1.20 for female medical managers.

In terms of gender, both male and female medical managers realise the transformational leadership style more than the transactional or laissez-faire leadership styles.

According to medical managers' perceptions of length of service, the most realised sub-dimension of transformational leadership style was inspirational motivation (2,83) and the least realised sub-dimension was intellectual stimulation (2,61).

According to medical managers' perceptions of length of service, contingent reward was the most realised sub-dimension of interactionist leadership style (2,60) and passive management with exceptions (1,39) was the least realised sub-dimension.

According to medical managers' perceptions of length of service, the laissez-faire leadership style's realisation rate is 1.10.

In terms of length of service, medical managers realise that the transformational leadership style is more than the interactionist and laissez-faire leadership styles. However, no significant difference was found between the groups.

Among the leadership behaviours, only the leadership behaviour of active management by exception has a statistically significant effect on the growth variable of the rate of increase in the number of personnel ($t=2,877$; $p<0,05$).

Among the leadership behaviours, active management with exceptions leadership behaviour ($t=3,649$; $p<0,05$) and passive management with exceptions leadership behaviour ($t=2,991$; $p<0,05$) have a statistically significant effect on the growth variable of the increase in revenues of the enterprise.

The effect of leadership behaviours on the increase in assets of the enterprise did not statistically significantly affect the growth variable ($p>0,05$).

As a result, we can say that the results obtained from the study apply to the health sector. It is essential and expected that leaders in the health sector will be able to prepare their businesses for the future by determining the correct and applicable strategies and benefiting from the research results. The success of health institutions is not a result that occurs randomly. Success and failure are the results of the plan and strategies that are decided and implemented. By utilising the results of this research, leaders in the health sector will be able to protect their businesses from the adverse effects of the environment. On the other hand, they will be able to help their companies to grow.

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