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RELATIONSHIP AMONG THE LEADERSHIP STYLES, ORGANIZATIONAL CITIZENSHIP BEHAVIOR AND HEALTH WORKER PERFORMANCE IN PUBLIC HOSPITALS

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ABSTRACT

This study explores the relationship between the superior leadership styles such as Task-Oriented Leadership (TOL), Relationship-Oriented Leadership (ROL), Change-Oriented Leadership (COL) and subordinates' organizational citizenship behavior (OCB) and Health Workers' performance. In addition, it examines organizational citizenship relations to Health workers' performance. In accordance with these aims, related literature was researched and after developing a research model and hypotheses, some analyses were carried out. The data analyzed was obtained from 88 health workers in public hospitals in Sakarya Province, Turkey. In addition, relationships between organizational citizenship behavior (OCB) and Health Workers' performance were researched by using correlation and regression analyses. The results indicated that there is positive and significant relation between Relationship-Oriented Leadership (ROL) and Health Workers' performance and a similar relationship between Task-Oriented Leadership (COL) and subordinates' organizational citizenship behavior (OCB). The internal consistency reliability coefficients for all the scales were satisfactory. All the scales had coefficient Cronbach Alpha greater than 0.95.

Key words: Leadership Styles, Organizational Citizenship Behavior, Health Worker Performance, Hospital.

1. INTRODUCTION

The importance of leadership style as predictor of organizational citizenship behavior (OCB) has been well established in Western settings. Leadership style has been a challenging topic for organizational effectiveness. The model proposed by Bass is consisted of three types as Transformational, Transactional, Laissez Faire leadership (Bass, 1990; Gordon, JR. 1993; Baas and Avoilo, 1994; Glad and Blanton, 1997; Pillai et al., 1999; Greenberg and Baron, 2000; Sosik and Godshalk, 2000; Eren, 2010; Lather et al., 2009; Gri and Santra, 2010).

Leadership is defined as being capable of changing and transforming the the whole organization and its employees, while management is simply described as reaching organizational goals. Management mainly focuses on inner structure and dynamics of a business whereas leadership requires looking at both dynamics and the structure of outer environment of a business. Managers are supposed to do the works correctly. However, leaders are expected to do the correct works (Koçel, 2010:574).

Watson defines the difference between a manager and a leader as follows: managers do business based on 3S, which are strategy, structure and system. On the other hand, leaders do business, based on 4S described as style, skills, staff and shared goals, managing people in a very different way. Leadership is a complicated process composed of the relationship among duration, leader, viewers and conditions (Koçel, 2010:74-75).

Traditional leadership theory regards relationships between leaders and employees as between the active and the passive. Contingency theory insists that leaders design proper behaviors in accordance with situational factors and employees accept such behaviors only passively. New leadership theory holds that leaders gain trust and respect from employees; thus, leadership is a kind of continuously adjusted process in which a leader's behavior changes according to feedback from employees. New leadership theory emphasizes employee's working skills and capabilities to solve problems, encouraging employees to query current systems and situations to solve problems in a rational and creative way. Furthermore, it combines leaders' behaviors with construction of organizational culture (Fang Yi Wu, 2009).

1.1. Leadership

Leadership is defined as the ability to set employees in motion to get works done. It reflects an influence relationship behavior between leaders and followers in a particular situation with the common intention to accomplish the organization end results (Stogdill, 1948; Bass, 1981). Generally, leadership researchers suggest that an effective leader should be able to articulate vision, instill trust, belief and loyalty as well as leading employees' talents directly towards achieving the organizational goals (Kirkpartrick and Locke, 1996; Strange and Mumford, 2002; Levin, 1999; Bennis, 2002; DePree, 2002).

Traditional leadership requires punishment and reward for the staff to get certain predetermined jobs done (Kanungo, Mendonca, 1996:56). The main feature of this sort of social exchange is this, on one hand, leader controls the behaviours of the staff by using authority and power, and on the other hand he/she satisfies the requirements of the staff. For the compliance of the staff, leader provides them with necessary organizational sources, but he doesn't change the value of his direct reports and doesn't make any effort for their participation to the process (Grundstein, 1991:25). Traditional leadership based on relations composed of unidirectional effects, which may affect staff adversely in internalizing organizational goals (Shamir, 199:284).

Perceptions of leadership are based on cognitive categorization processes by comparing the leadership features of an inner prototype to the ones of an observed potential one (Lord and Brown, 2001; Brodbeck, 2000; Lord Emrich, 2001). Therefore, the leader's perception is largely affected by the cultural development of the perceivers. Social culture plays an important role in the development of the adopted leadership theories (Den Hartog et al, 1999:226-227).

Expectations concerning leadership behaviours and features attributed to effective leadership by cultural groups vary largely. Leadership behaviours whether “task-oriented” or “relation-oriented”, may be attributed to varying details in different cultures. For this reason, different leadership profiles can be witnessed in different societies with different cultural profiles (Den Hartog, 1995:225) Likewise, the perception and evaluation of the leadership characteristics and behaviours may be different in different cultures. To illustrate, in a culture supporting an authoritarian style, sensitivity of a leader may be seen as a sort of weakness. As a result, culture not only has a direct effect on the behaviours of the leaders but also on the expectations of the employees regarding leadership behaviours (Dorfman et al, 1997:236).

Surprisingly, Turkish leaders are expected to focus on the process rather than the result, anticipated to make rational, quick and intuitive decisions without any hesitation and seen as wise individuals knowing every detail and solving every problem at once. Followers imagine the leader as an extraordinary human being, having the capability to inspire, besides being a proactive, forward-looking planner (Sargut and Özen, 2000:538).

2. LEADERSHIP STYLES

There are several well established dichotomy approaches to the classification of leadership styles. Stogdill (1963, 1974) proposes a leadership dichotomy as “consideration leadership” and “structure leadership”, likewise Fiedler (1967) suggests “task orientation” versus relationship orientation” and Hersey and Blanchard (1977) recommend “concern for people” and “concern for task”.

Leadership has been a challenging topic for organizational effectiveness. The model proposed by Bass is consisted of three types as Transformational, Transactional and Laissezfaire leadership (Bass,1990; Gordon JR.1993; Bass Avoilo 1994; Glad and Blanton,1997; Pillai et al.,1999; Greenberg and Bar n,2000; Sosik and Godshalk, 2000; Eren, 2010; Lather et al., 2009; Giri and Santra, 2010).

In other way, the leadership is defined as “the process of influencing others and agree about what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish the shared objectives”. A three-dimensional leadership model is proposed. This model consists of task-oriented leadership, relations-oriented leadership and change-oriented leadership dimensions (Yukl, 2002).

2.1. Task-Oriented Leadership (TOL)

Task-oriented leadership is a behavioral approach in which the leader focuses on the tasks that need to be performed in order to meet certain goals, or to achieve a certain performance standard. Task-oriented leaders focus on getting the necessary task, or series of tasks, at hand in order to achieve a goal. These leaders are typically less concerned with the idea of catering to employees, and more concerned with finding a step-by-step solution required to meeting specific goals. They will often actively define the work and the roles required, put structures in place, and plan, organize, and monitor progress within the team (Manktelow, J., 2012).

This type of behavior is primarily concerned with accomplishing the task, utilizing personnel and recourses efficiently, and maintaining orderly reliable operations. Three specific types of task-oriented behaviors are planning, clarifying and monitoring (Yukl, 2002).

2.2. Relations-Oriented Leadership (ROL)

This type of behavior is primarily concerned with improving relationships and helping people, increasing cooperation and teamwork, increasing subordinate job satisfaction, and building identification with the organization. The specific types of relations oriented behaviors are supporting, developing and recognizing.

Relations oriented leadership is a behavioral approach in which the leader focuses on the satisfaction, motivation and the general well-being of the team members. Relations oriented leadership characteristics are emphasis on interaction facilitation, focus on relationships, well-being and motivation, foster positive relationship is a priority, emphasis on team members and communication within, communication facilitation, causal interactions and frequent team meetings (Anzalone, 2012).

This style of leadership encourages good teamwork and collaboration, through fostering positive relationships and good communication. Relations oriented leaders prioritize the welfare of everyone in the group, and will place time and effort in meeting the individual needs of everyone involved (Griffin and Ebert, 2010).

2.3. Change-Oriented Leadership (COL)

This type of behavior is primarily concerned with increasing strategic decisions; adapting to change in environment; increasing flexibility and innovation; making major changes in processes, products, or services; and gaining commitment to the changes (Yukl, 2002). Specific types of change-oriented behavior can be classified as influencing organizational culture, developing a vision, implementing change, increasing innovation and learning (Yukl,2002).

In the change-oriented leadership process, in order to reach the organizational goals, the leader tries to change the ideas and value perceptions of the staff. Studies define “the change oriented leadership” in different ways. Rouse, Baker and Rose define “the change oriented leadership” as the ability of affecting beliefs, behaviours and judgements of subordinate (Rouse, Baker and Rose, 1989:38). According to Bass, such leaders, being inspired from the respect and confidence in their surrounding environment, convince their direct reports to transcend themselves in order to realize a better organization. In this sense, this leadership is composed of four interrelated dimensions, such as charisma, individual assessment, intellectual encouragement and the ability to inspire. The mentioned leaders set big goals for direct reports and empower employees more, relying on reciprocal respect and communication. In addition, by having a sense of duty to help and serve their employees, and making efforts to change the minds and value judgements of their subordinates, the ones may easily motivate their staff to achieve certain goals. In short, the strategic tasks of a change oriented leader are to be studied in three stages: Determining the need of change, shaping the shared vision and giving aninstitutional identity to the change (Eren,2000:418). Studies also indicated that leadership features are related to organizational citizenship behaviours (Muçaoğlu, 2006).

3. ORGANIZATIONAL CITIZENSHIP BEHAVIOUR (OCB)

Organizational citizenship behavior represents a human conduct of voluntary action and mutual aid without request for pay or formal rewards in return and now become quite a relatively new concept in performance analysis. According to George and Brief (1992), OCB is an important element of employees’ productivity as organizations cannot foresee the entire job scope required for goals attainment except the contractually stated minimum job descriptions. Examples of employees OCB include: accepting extra duties and responsibilities at work, working overtime when needed and helping subordinates with their work (Organ, 1988; Masterson, Lewis, Goldman and Taylor, 1996). Past researches have suggested that there is a relationship between OCB and a host of outcomes, such as satisfaction (Bateman and Organ, 1983); commitment (O’Reilly and Chatman, 1986); perceptions of fairness (Folger, 1993; Martin and Bies, 1991; Moorman, Rohitand Zaltman, 1993; Tepper and Taylor, 2003) and perceptions of pay equity (Organ, 1988).

Organizational citizenship behaviors include, finishing the job on time; helping colleagues, being open to innovation, change and development; performing behaviors such as pro-sociality. In addition, these behaviors require avoiding mistake searching, unnecessary discussion, and complaining about friends (Turnipseed, 2002:3).

Organizational citizenship behavior is defined as, all positive behaviors about organization of members (Graham, 2000:70).

3.1. Leadership Styles and Organizational Citizenship Behavior

The importance of leadership style as predictor of OCB has been well established in Western settings (Bass, 1985; Organ, 1988; Podsakoff, MacKenzie, Morrman and Fetter, 1990; Howell and Avolio, 1993; Lowe, Kroeck and Sivasubramaniam, 1996; Podsakoff, MacKenzie and Bommer, 1996; MacKenzie, Podsakoff and Rich, 2001; Geyer and Steyrer, 1998; Wang, et al., 2005; Schlechter and Engelbrecht, 2006; Boerner, Eisenbeiss, Griesser, 2007). However, there is scant research explore the indirect effects between these two variables. Hence, the inclusion of subordinates' competence and downward influence tactics served to investigate the role of intervening effect between leadership styles and OCB.

Graham (1988) and Podsakoff, MacKenzie, Moorman and Fetter (1990) have indicated that superior's leadership style and subordinates' OCB are inter-related. Inappropriate leadership styles may trigger negative sequences, which might further increase the sensitivity and susceptibility to misunderstanding that may lead to organizational dysfunction such as decline in work performances, absenteeism and high turnover (Lamude, 1994 and Motowidlo, 2003). Thus, prevention of subordinates' negative outcome is important visa-visthe use of different leadership styles.

Studies also indicated that leadership features are related to organizational citizenship behaviors (Muçaoğlu, 2006). In a study carried out by Podzakoff and his fellow researchers, it was proved that behaviors of leaders affect direct reports to exhibit extra role behaviors (Podzakoff et al., 1996: 259). Accordingly, by helping or cooperating with their staff, undertaking extra responsibilities and representing the organization well, leaders increase the chance of their employees, who see their leaders as a role model, to exhibit organizational citizenship behaviors (Muçaoğlu, 2006).

Several empirical studies offer strong support for the idea that the most effective leaders in organizations should understand the nature of influence, "what" influence tactics are available to them, and "how" and "when" to use those tactics (Case, et al., 1988; Kaplan, 1986; Kipnis and Schmidt, 1988; Mowday, 1978; Schilitand Locke, 1982; Yukl andFalbe, 1990). These works seem to infer that influence is important in all human relationships.

***Hypothesis 1:** The leadership styles are positively associated with organizational citizenship behaviors.*

3.2. The relationship between Organizational Citizenship Behavior and Health Worker Performance

Performance is a term used to define to what extent a person uses his/her potential, knowledge and abilities to achieve his/her goals or expectations. In other words, performance is the percentage of one's potential to be used successfully to complete a given task in a certain period of time. While reaching to the predetermined standards is regarded as a success, remaining behind the standards is seen as an indicator of unsuccessful performance (Yild z et al., 2008: 240).

To sum up, it can be said that variable of organizational citizenship behavior accounts for about 45% of the employee's performance. When the related literature is studied, it is seen that individuals with high performances tend to be interested in and sensitive to the issues concerning themselves and their fellow workers. Besides being kind and helpful to the others, they also place a great importance on the organization itself (Şehitoğlu et al, 2010:87-110).

Organizational Citizenship defined as a valuntaryinvidual behavior which helps organization to function as a whole in the most efficient way without taking into consideration structured rewarding system (Organ, 1988:4). The

“shared values”, together with cooperation and collaboration are main components of organizational citizenship. As conclusion, organizational citizenship helps to increase unit productivity and health worker performance (Daniel, 2001:541).

Hypothesis 2: *There is a positive relationship between the organizational citizenship and health worker performance.*

4. HEALTH WORKER PERFORMANCE

The product of a hospital is service to people provided by its personnel with a variety of skills. A hospital deals daily with the life, suffering, recovery and death of human beings. The customers of the hospital (the patients) have individual needs and require highly personalized and custom-made services. The diagnostic, therapeutic and preventive services provided by physicians, nurses and technicians, with the aid of expensive and specialized equipments and medication are tailored to the needs of each individual customer. The hospital also provides a wide range of scientific and technical services such as nursing, diet therapy, anaesthesiology, pharmacy, radiology, clinical laboratory, physiotherapy and medical social work. Also, many of its services are provided continuously, round the clock, every day of the year.

Administration in hospitals differs from that in most other fields, similarly, public relations aspects and problems of hospitals are more pervasive, delicate and volatile. The human elements—the consumers (patients), producers of care and services (doctors, nurses and other personnel), the variety of community health agencies, the other competing hospitals, the people in the community (relatives and friends of the patients) and the conditions and environment in which they are brought together (the hospital), present public relations problems of a sort and variety vastly different from those of most other institutions.

4.1. The Relationship between the Leadership Styles, and Health Worker Performance

According to leadership theorists, the performance of leader is dependent on his or her leadership style to influence subordinates with vary competency level to carry out the tasks successfully. Past research findings suggest that subordinates’ ability has effect on leadership styles (Dockery and Steiner, 1990).

An efficient and effective health-care delivery system largely depends on having “carefully planned, effectively trained, equitably distributed and optimally utilised” health Workers. Health worker performance may be affected by different factors such as hospital management, investment opportunities, justice, commitment, or leaders. Organizational performance is comprised of three dimensions namely; financial, operational, and employee performance. Organizations are considered as an open system which means organizations enviroment such as dynamism munificence, and complexity may have influence on its performance (Fuentes et al., 2004). Leadership is an important aspect of work enviroment for employee (Oldham and Cummings, 1996).

Health worker performance in health care is more than just important, it can affect patient safety. Without a systematic method of ensuring that employees understand and meet their performance–appraisal goals, maintain their competencies and engage in learning opportunities, hospitals put themselves at risk of increased turnover, and risk of lower quality of care and patient safety.

Hypothesis 3: *Leadership styles are positively correlated with health worker performance.*

5. METHOD

The study was conducted in Sakarya, Turkey. The motivation of this research is to examine the relationship among leadership styles, organizational citizenship behavior and health worker performance in respect to health staff in public hospitals. A 5-point Likert scale ranging from 1 strongly disagree to 5 strongly agree was used. Data needed for field search has been collected through face to face questionnaire technique with health workers of various size public hospitals. The health workers participating to the study are randomly selected. From the total of 99 questionnaires used, and only 88 were usable and 11 rejected due to incomplete response.

5.1. Data Analysis Procedure

The data were analyzed with SPSS version 15.00. Correlation, reliability tests, the means of variable and regression analysis were used to analyze the relationship between variables of the research models.

6. RESEARCH RESULTS AND DISCUSSIONS

The internal consistency reliability coefficients for all the scales were satisfactory (Altunışiket al., 2004). All the scales had coefficient Cronbach Alpha greater than 0,95.

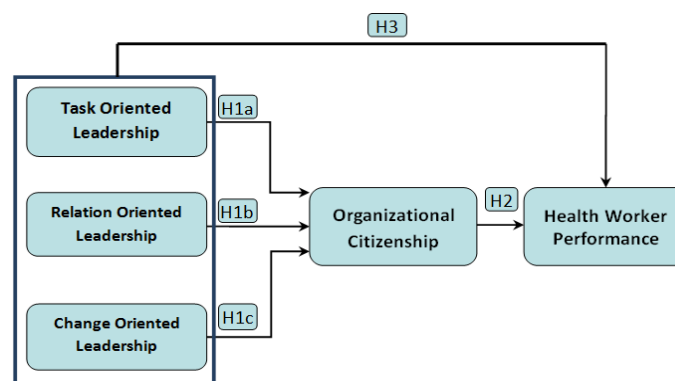
6.1. Hypothesized Relationship

Three hypotheses considering a three dimension-leadership model (task-oriented leadership, relations- oriented leadership and change oriented leadership) in respect to organizational citizenship and health worker performance are edited below. Figure1 provides research model including the relationships among leadership styles, organizational citizenship behaviors and health worker performance.

Hypothesis 1: The leadership styles are positively associated with organizational citizenship.

Hypothesis 2: There is a positive relationship between the organizational citizenship behaviors and health worker performance

Hypothesis 3: Leadership styles are positively correlated with health worker performance.



7. FINDINGS

A slightly over half of the respondents are males (53%), a majority of them are more than 30 years old (74%), a big majority has university degree (82%), and approximately one-quarter of respondents (23,9%) is employed at the management departments of public hospitals. An important finding is that the number of managers and physicians (43,2%) should not be underestimated. Almost half of the participants' work experience (45,5%) is 1 to 5 years. The demographic data including working department, age, education, gender, title/status and work experience are provided in Table1.

Table1: Frequency Analysis Results of the Demographic Data in respect to the Participants

Variable		N	%			N	%
Department	Outpatient Service	31	35,2	Gender	Male	47	53,4
	Emergency	18	20,5		Female	41	46,6
	Auxiliary Medical Services	9	10,2		Total	88	100
	Management Services	21	23,9	Title/Status	Physian	32	36,4
	Inpatient Services	9	10,2		Manager	6	6,8
	Total	88	100		Nurse	24	27,3
Age	18-24 Years	3	3,4		Technical Staff	9	10,2
	25-30 Years	20	22,7		Auxiliary	11	12,5
	31-35 Years	30	34,1		Medical	3	3,4
	36-40 Year	24	27,3	Pharmacit	1	1,1	
	41 Years and older	11	12,5	Midwife	2	2,3	
	Total	88	100	Total	88	100	
Education Level	Primary education	3	3,4	Work Experience	1 to 5 Years	40	45,5
	High school	12	13,6		6 to 10 Years	28	31,8
	Associate degree	1	1,1		11 to 15 Years	14	15,9
	Undergraduate	45	51,1		16 Years and	6	6,8
	Graduate	27	30,7		Total	88	100,0
	Total	88	100				

7.1. Regression Models Related to the Study

Regression analysis was used to test Hpyphotesis 1, that is, “The leadership styles are positively associated with organizational citizenship”. From the analysis of the findings in Table 2, the regression model is seen to be significant (F = 5,311; p<0,01). The correlation between dependent and independent variables representing the R value was determined as 0,399. R2 value of the model is 0,129. This value shows the types of leadership explained 12,9% of organizational citizenship.

Looking at the types of leadership on the beta values in Table 2, it is understood that the task-oriented leadership type has the highest description level of three dimation ($\beta = 0,257$; p < 0,01). It was determined that except the task-oriented leadership style there wasn’t statistically significant relationship between the leadership styles and organizational citizenship.

Table 2: Regression Analysis Results on the Relationship between Leadership Types and Organizational Citizenship

Independent Variables	Beta	Std. Error	Std. Beta	t	Significance	R	Adjusted R2	F	Sig (Model)
Task Oriented Leadership	0,257	0,074	0,439	3,456	0,001*	0,399	0,129	5,311	0,002*

Relation Oriented Leadership	-0,194	0,099	-0,327	-1,956	0,054				
Change Oriented Leadership	0,128	0,085	0,227	1,508	0,135				
*p<0,01 significant Dependent variable: Organizational Citizenship									

The relationship between relationship types (task-oriented, relationship-oriented and change-oriented) and employee performance was transferred through Table 3. The regression model was significant (F = 6,038; p<0,01). R value explaining correlation between the dependent and independent variables was found 0,421. This value can be considered as a positive and significant relationship between the variables. R2 value of the model was calculated as 0,148. This situation shows that the types of leadership explain the health worker performance at the level of 14,8%.

Looking at the beta values for the types of leadership in Table 3, it is understood that the highest explanation level is related to the relation-oriented leadership style ($\beta = 0,575$; p<0,01). It was determined that except for the relation-oriented leadership style there isn't a statistically significant relationship between the leadership styles and health worker performance.

Table 3: Regression Analysis Results on the Relationship Between Leadership Types and Health Worker Performance

Independent Variables	Beta	Std. Error	Std. Beta	t	Significance	R	Adjusted R2	F	Sig (Model)
Task Oriented Leadership	0,002	0,143	0,001	0,011	0,991	0,421	0,148	6,038	0,001*
Relation Oriented Leadership	0,575	0,192	0,497	3,000	0,004*				
Change Oriented Leadership	-0,122	0,164	-0,111	-0,748	0,457				
*p<0,01 significant Dependent Variable: Employee Performance									

7.1. The Correlation Analysis on Research Variables

Correlation analysis was performed in order to specify the relationship between health worker performance and organizational citizenship. The results obtained from the correlation analysis are shown in Table 4. In Table 4, it is seen that there isn't a statistically significant relationship between the mentioned variables above.

Table 4: The Correlation Analysis in accordance with the Relationship between the Organizational Citizenship and Health Worker Performance

Variable	Organizational Citizenship	Health Worker Performance
Organizational Citizenship P N	1	0,072
		0,508
	88	88
Health Worker Performance P N	0,072	1
	0,508	
	88	88

8. CONCLUSIONS

The purpose of this study is to document empirical support of relations among leadership styles, organizational citizenship and health worker performance. According to the results of this study, there is a positive significant relationship between task oriented leadership as a sub-dimension of leadership types and organizational citizenship.

Task oriented leader shows organizational citizenship behaviors by assisting his employee, getting extra responsibilities, finishing the job on time cooperating, and representing his institution well. In this way he can increase the possibility of organizational citizenship behaviors of his employees. Taking into consideration the characteristics of health services, this situation is an expected result. A fundamental right of all people, health care is the diagnosis, treatment, and prevention of diseases, illnesses, injuries, and other physical and mental impairments in humans.

Healthcare industry is a wide and intensive form of services which are related to wellbeing of human beings. Health care is very sensitive to errors and uncertainties. The majority of health care services is urgent and can not be postponed and there is no substitution. Task oriented leadership is primarily concerned with accomplishing the task, utilizing personnel and recourses efficiently, and maintaining orderly reliable operations.

Some of task-oriented leadership features are emphasis on work facilitation, focus on structure, roles and tasks and producing desired results. They focus on setting goals and step by step clear plans to achieve these goals in addition to strict use of schedules and a punishment/incentive system. These characteristics clearly explain why there is a positive relationship between task oriented leadership style and organizational citizenship.

Apart from depending on the results, there is a positive significant relationship between relation oriented leadership and health worker performance. Relation-oriented leaders are focused on supporting, motivating and developing the people on their teams and the relationships within. This style of leadership encourages good teamwork and collaboration, through fostering positive relationships and good communication.

The benefits of relation-oriented leadership are that team members are in a setting where the leader cares about their well-being. Relation-oriented leaders understand that building positive productivity requires a positive environment where individuals feel driven. Personal conflicts, dissatisfaction with a job, resentment and even boredom can severely drive down productivity, so the these types of leaders put people first to ensure that such problems stay at a minimum. Additionally, team members may be more willing to take risks, because they know that the leader will provide the support if needed.

Furthermore, the relationship between organizational citizenship and health worker performance was investigated by correlation test. Organizational citizenship behavior include: accepting extra duties and responsibilities at work, working overtime when needed and helping subordinates with their work. In spite of organizational

citizenship now become quite a relatively new concept in performance analysis there was no significant relationship between the mentioned variables above. This result may be related to the characteristics of health services carried out in public hospitals. The receiver of health services is human and also issuer of them is human, the topic is human health. That's why there shouldn't be performance anxiety for health workers.

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